The Learning Circle Story: Building Capacity in Continuing Care

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Executive Summary

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Rationale

Continuing care environments reflect growing complexity when balancing the needs of those requiring care with the capacity of those delivering care services. This complexity highlights both the opportunity and challenge in supporting staff with effective continuing learning strategies. This project focused on supporting staff through the use of Learning Circles (LCs), which are a form of collaborative learning, that brings practitioners together in workplace learning groups to identify and address practice priorities.

Project Overview

The purpose of this project was to establish and evaluate LCs that support clinical practice changes and effective workplace learning for direct care providers. Started in September 2014, this project established and evaluated nine LCs across seven organizations within Alberta.

Our LCs consisted of 6-8 participants who met 1 to 1.5 hours monthly for six months. The LC was led by a facilitator who used strategies to help adult learners work together, analyze current practice challenges, and develop common solutions.

The evaluation was framed by a participatory action research approach and the philosophy of Appreciative Inquiry (AI).

Project Scope:

9 Learning Circles
8 continuing care facilities
15 site visits
14 coaching journals
53 tracking sheets
81 self-assessment questionnaires
15 focus groups
16 interviews

Our Key Findings

The following questions were addressed by the evaluation: 1) How have the LCs contributed to practice change? 2) How have the LCs supported organizational priorities? And, 3) how has the project contributed to LC sustainability?

What did we learn about LCs supporting practice change?

The implementation and effectiveness of LCs require skilled facilitators, and supportive management to address logistical challenges.

- 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 a novel and effective learning strategy for professional development through creating time and space for dialogue, reflection, and experimentation. It requires a period of time for staff learning and team development within the LC group before any practice change occurs. Skilled facilitators and supportive management are crucial to implement

LCs and encourage practice changes. Various practice changes at both the individual and site level were reported by participants.

What did we learn about LCs supporting organizational priorities?

LCs are effective when there is a balance between organizational priorities and staff learning needs.

- The LC is democratic and staff-driven. It is a complementary educational tool to in-service training and staff meetings. It allows staff to interact with each other and integrate learnings and information into their practice. When using a LC to address organizational priorities, a facilitator or an administrator needs to keep a balance between organizational priorities and staff learning needs.
- The LC cannot replace in-service education or clinical training, but offers a complementary tool to in-service education. The LC is participatory and interactive, allowing dialogue, exchange, reflection, and experimentation. Although the LC is driven by participants, it should be clearly distinguished from a support group – there needs to be a clear goal built into it.

What did we learn about LCs sustainability?

Eight case studies and a toolkit were developed to support knowledge mobilization within the participating organizations. The toolkit can be used to encourage other organizations or sites to initiate a LC. LC sustainability requires support from staff, facilitators, and management.

- The project contributed to LC sustainability by developing case study reports and a toolkit. The case studies communicated findings and the value of the LCs to each of the participating sites. The toolkit introduces knowledge and techniques to key stakeholders. Sustaining LCs also requires buy-in and ownership from participants, facilitators and management. The skill-level of facilitators and relevancy of content and curriculum also contribute to LC sustainability.

Project Deliverables

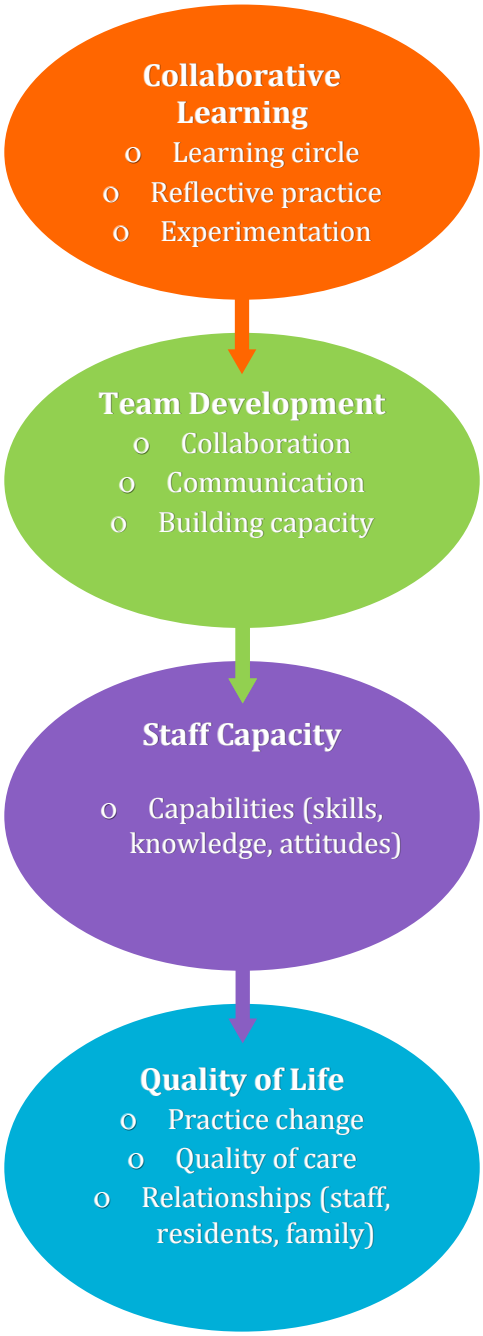
1. LC toolkit for facilitators, site administration and management to provide necessary knowledge, structures and resources for planning, implementing and sustaining LCs;
2. A developmental evaluation approach to data collection that included extensive stake-holder involvement and addressed key issues at both the site and project levels;
3. A Learning Circles Forum for CC providers to share experiences and best practices about new and emerging LCs;
4. Strengthened processes and practices within an existing collaborative network (i.e., ICCER) to share best practices and provide continual support for LCs beyond the project timeframe;
5. Enhanced awareness of post-secondary programs regarding use of LCs and reflective practice.

Project Recommendations

Funders: Continue to explore and support collaborative learning strategies to build staff capacity in resource restrictive environments.
Organizational Leaders: Commit to creating and sustaining a learning culture that supports collaborative learning at the frontline.
Site Leadership: Implement learning circles as an educational strategy that compliments established training approaches.
Educators: Value and create space for reflective learning to improve practice.
Frontline Staff: Use reflective practice to improve team collaboration and communication.

Summary

The LC provides a powerful mechanism for collaborative learning and team development. This contributes to increased staff capacity and may improve quality of life for residents. Within LCs, staff reflect on their practice in a meaningful way and are encouraged to experiment with new care strategies in the workplace. The LC enables team development by allowing staff to communicate and build better relationships with each other. Such communication skills and working relationships are carried forward beyond LCs and translate into greater team collaboration. In turn, team development contributes to improved staff capacity by ensuring staff have the knowledge, skills and attitudes to provide quality care. These positive changes in the workplace should help increase quality of life for residents through improved practice, enhanced quality of care and better relationships with staff, residents and families.



Introduction and Overview of Project

How is a learning culture fostered in an organization where staff education is perceived as 'non-productive work hours' and the funding model does not support education?

This was the challenge that set this project into motion. Knowledge transfer and increasing the capacity of health providers to integrate best practices into care continue to be both an urgent challenge and an opportunity for quality improvement 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. **From the perspective of direct care providers**:

1. In-service training does not translate well into care or the care settings;
2. Information is not available when staff need it, particularly when dealing with urgent situations, such as responsive behaviours on the part of residents; and
3. Staff feel time spent on traditional approaches to education are not useful, thus lowering staff motivation and managerial support.[1]

Therefore, it is **critical to determine the best ways to deliver continuing education experiences** for both regulated and unregulated staff in continuing care settings.

Learning circles are proposed as a possible solution to these challenges. The Learning Circle (LC) is a form of cooperative learning that brings together experienced practitioners in structured collaborative learning groups to discuss topics of mutual interest. This workplace learning strategy includes 6-8 participants who meet on site with a trained facilitator for approximately an hour each month to explore practice topics of mutual interest.

Previous Pilot Study

The current project was based on a successful pilot project[2] that explored the use of LCs to build workplace capacity in continuing care (CC) in sites from Bethany Care Society and Excel Society. On a small scale, they had an impact on practice and a number of positive changes were observed by the project's evaluation. These included changes to care strategies and increased peer support for isolated workers.[2] The LCs created safe places for staff to discuss issues, explore new ideas, and reflect on their experiences. The pilot demonstrated that LC participants increased their capacity to contribute positive changes to the delivery of care.

The Current Project

As a result of key recommendations from the pilot project's evaluation that the LC approach to workplace capacity building be expanded, the current project was crafted by the Institute for Continuing Care Education & Research (ICCER).

Purpose of current project: *to establish and evaluate Learning Circles that support clinical practice changes and effective workplace learning for regulated and unregulated direct care providers.*

Specifically, it was designed to examine a collaborative learning model for CC to improve resident care by:

1. Enhancing and sustaining the existing pilot LCs;
2. Implementing and evaluating LCs in new sites;
3. Developing a toolkit to support implementation, evaluation and sustainability of LCs;
4. Expanding the existing evaluation framework to evaluate implementation and results of the project; and
5. Supporting the integration of a participatory action research approach into the evaluation to determine the change in site culture and impact on care.

Project Deliverables:

1. LC toolkit for facilitators, site administration, management, and frontline staff, to ensure the systematic documentation of the required knowledge, structures and resources for planning, implementing, evaluating and sustaining LCs, both for single discipline and inter-professional LCs;
2. Evaluation approach that explores the inclusion of CC sites, as central to the evaluation process and outcomes;
3. Learning Circles Forum, for CC providers to share experiences and best practices about new and emerging LCs;
4. Strengthened processes and practices within an existing collaborative network (i.e., ICCER) to share best practices and provide continual support for LCs beyond the project timeframe; and
5. Enhanced awareness of post-secondary programs regarding use of LCs and reflective practice.

This project addressed two of the Network of Excellence in Seniors' Health and Wellness priorities:

- *Maintaining and Enhancing Seniors' Health and Wellness*—a focus on quality of care services through the increased capacity of health care providers and the effectiveness of health care teams;
- *Fostering Long-Term Sustainability*—the development and establishment of structures and processes for continual peer learning and practice reflection

Scope of LC Project

The project included both long term care and supportive living sites. Table 1 provides information about the nine LCs that participated in this study including sponsoring organization, site, location and participant group.

Table 1: Location of LC Sites with Participant Groups

Organization	Site	Location	Participant Group
AgeCare	Sagewood	Strathmore	HCAs & LPNs
Bethany Care	Collegeside	Red Deer	RNs & LPNs
Capital Care	Kipnes Centre for Veterans	Edmonton	Multi-disciplinary
Excel Society	Balwin Villa	Edmonton	HCAs
			LPNs
Excel Society	Grand Manor	Edmonton	Multi-disciplinary
Lifestyle Options	Whitemud	Edmonton	HCAs
St. Michael's Health Group	Vegreville Manor	Vegreville	HCAs & HCA Assistant
Wing Kei Nursing Home Association	Wing Kei Care Centre	Calgary	RNs & LPNs

Table 2: Timeline of Key Activities

	2014		2015		
	April-July	Aug-Dec	Jan-March	April-July	Aug-Dec
Project Start-up					
Project management					
Ethics review					
Key Project Activities					
Initiation and implementation of LCs					
Facilitator Training					
Development of LC Toolkit					
Evaluation of the LCs					
Knowledge Transfer					
Communications to Organizations					
LC Stakeholder Forum					
Final report					
Presentations at conferences					

Key Findings

The sites involved in this project have created time and space for collaborative learning by adopting the LC model to suit their specific staff and organizational priorities. In total, nine LCs were established and eight of them were successfully implemented in spite of some difficulties. The project has allowed us to learn lessons both from the challenges and successes experienced by the LCs involved. The key findings from the project are highlighted below:

Learning Circles develop staff capacity for creating practice change.

- Building blocks for practice change include: (1) team development to build trust and deepen relationships, and (2) reflective practice and shared learning to enhance staff knowledge and skills.
- The LC creates a mechanism for team development through increased team communication, better team relationships and enhanced team collaboration. Recognition and appreciation of the role of others in the team leads to greater understandings and better team relationships.
- The LC is a powerful capacity building tool. It creates time and space for experiential learning which allows for reflection and discussion. LCs allow staff to interpret their existing practice and training in a meaningful way and in light of organizational standards, culture, and policies.

A Learning Circle is a distinctive and complementary learning strategy.

- The LC is a distinctive approach from in-service education, clinical training, or staff meetings. They are not didactic or top-down, but are interactive, self-directed and participatory. The issues and topics addressed in LCs should be raised by frontline staff.
- LCs cannot replace in-service education or clinical training, but are a complementary learning strategy which allows participants to integrate learning and information into their practice.

Training and support for facilitators is key.

- The LC is a different learning approach, which requires particular facilitation skills. For example, facilitators should be aware that participants may take time to get used to this approach and might need to allow for silence before participants become comfortable.
- Training and support are necessary to prepare facilitators for the specific knowledge and skills required (e.g., use of the LC Model).
- Educators seem to be a more appropriate staff role for the LC facilitator, as opposed to clinical leadership. Educators are trained to facilitate and bring in educational materials to LCs. They tend to be more impartial leaders, which may be an important consideration for staff openness.

Site-specific factors impact the implementation of Learning Circles.

- The staff composition of LCs can be either single-discipline or interdisciplinary and will vary depending on the goal of the LC and existing levels of trust and communication across participants.
- Participants must be introduced to the LC as a participatory approach and need to make an ongoing commitment to LCs.
- The LC is supportive of organizational priorities, but may be more effective and create a better sense of ownership if topics are selected by participants. Organizational priorities must be balanced with staff learning needs.

Management buy-in and support of Learning Circles is essential.

- Management can provide support by sharing administrative responsibilities with the facilitators to address logistical considerations.
- The level of management support can also impact the buy-in of participants, their participation, and changes to practice.

The Learning Circle model can be challenging.

- The experiential learning loop was often not closed. Participants shared practice stories and reflected on their past experiences, but often did not move on to abstract conceptualization, experimentation or decision-making on actions.
- The four phases of the LC model may not necessarily occur within one session. The entire model sometimes required a few sessions to complete.
- The short time-frame of one-hour per month and the skill level of facilitators also impacted the implementation of the LC model.

What is a Learning Circle?

Learning Circles are based on Experiential Learning Theories

There are different versions of experiential learning theories (ELT) involving a learning cycle process, which can be used to structure a learning circle. The learning model we have relied on within this project is based on a healthcare practice talk model.[3] This model maps closely to Kolb's ELT.[4] In our project, we drew specifically on this model and provided facilitators with the four learning phases and corresponding questions as guidance for the structuring of the discussions held within the learning circles (see Figure 1). Our model also emphasized and highlighted the need for attention to three spatial aspects to the learning occurring at the LCs: 1) the physical space, 2) the relational space and 3) the learning space (see Figure 2).

Where did Learning Circles Originate?

LCs have been linked historically to the late nineteenth century adult education 'Chautauqua' movement in the US,[5] the Swedish study circle movement,[5,6] and to quality circles which emerged from the quality improvement movement in Japan.[7]

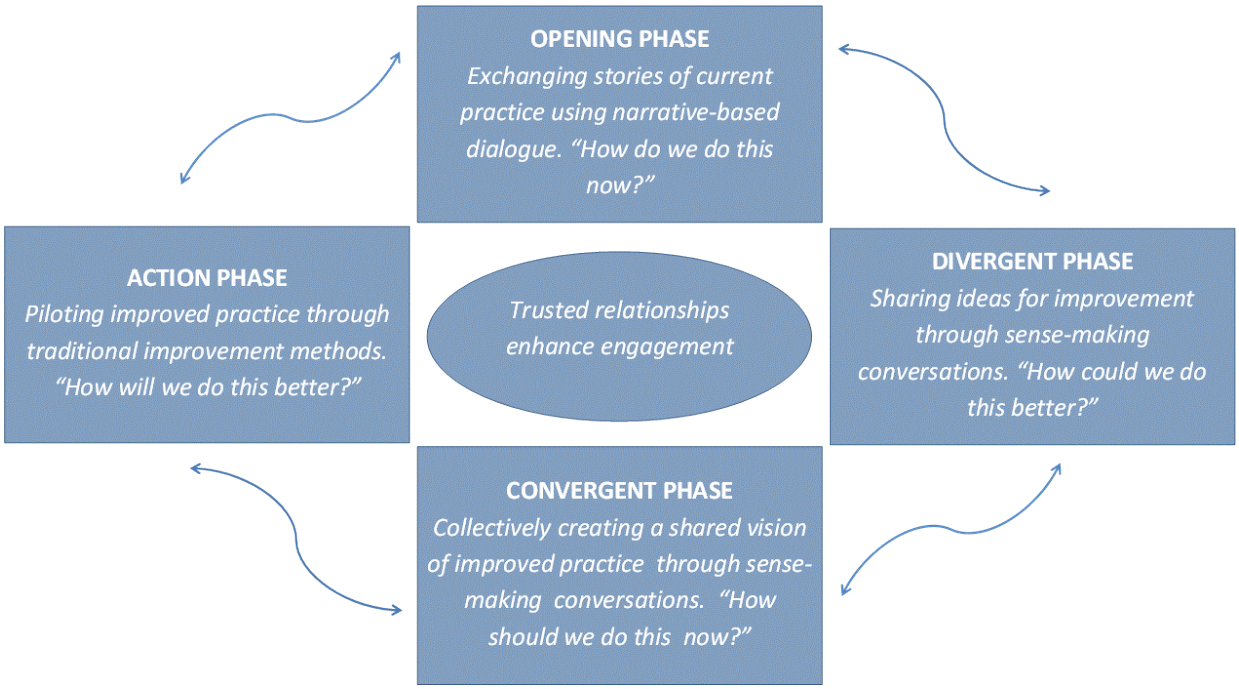


Figure 1: 4 Phases of a Learning Circle Discussion (Hess et al, 2015).

Learning Circles are based on Experiential Learning Theories, cont'd

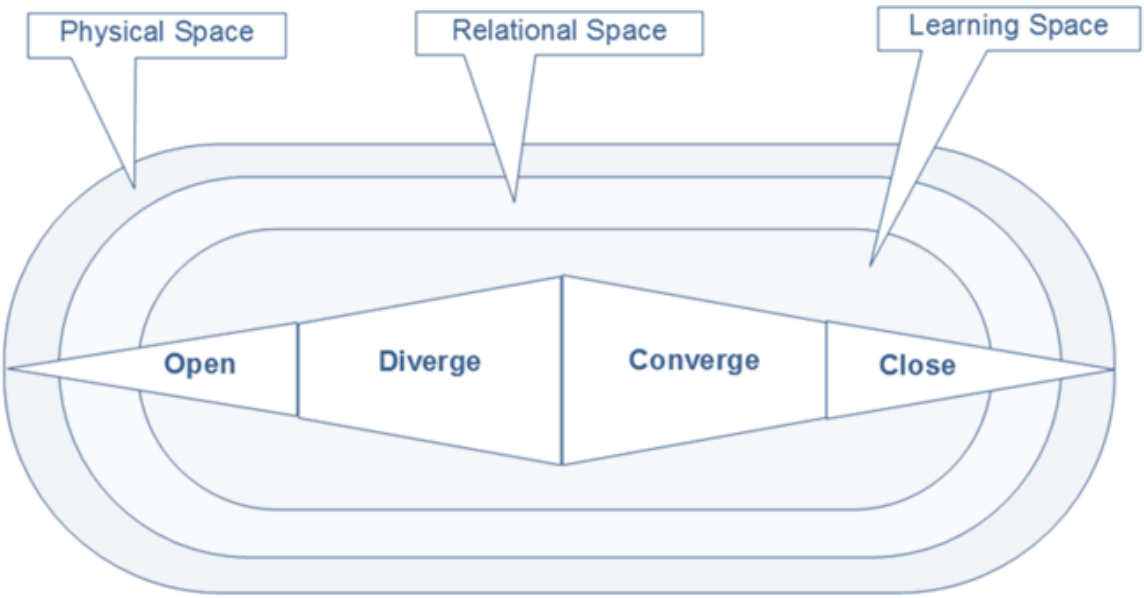


Figure 2: Three Spaces and Four Phases

A Learning Circle is Collaborative

LCs create space for **collaborative learning**. They ensure experience and prior practice knowledge of participants is a starting point for learning and the co-construction of new knowledge. This form of collaborative learning brings individuals together into a trusting, democratic space for deliberate discussion, which is learner-directed and action-focused.[5] The delivery method is strongly influenced by adult and experiential learning principles and by theories of reflective practice.

Learning Circle success depends on a number of operational issues, including:

- number of members in the circle;
- diversity of group membership;
- frequency of activities;
- scheduling;
- meeting time within work day; and
- workplace support and coverage while participants are away from their normal duties.

A Learning Circle is Facilitated

LCs are guided by a trained facilitator who is selected for his/her knowledge of the workplace context and training in group dynamics. The facilitator uses strategies to help adult learners work together, analyze current practice challenges, and develop common solutions, maintaining balance in the group, encouraging full participation, solving differences, and reinforcing learning.

The facilitator works with the LC to:

1. Engage in practice stories related to the discussion topic;
2. Create time for reflection and sharing about participants' own stories and thoughts;
3. Discuss concrete strategies or content related to the topic; and
4. Determine one key action to experiment with and integrate into practice that addresses the topic. This action will form the basis of the practice stories at the start of the next LC.

A Learning Circle Provides Space for Reflection

LCs offer participants the opportunity for **reflective practice**, a form of experiential learning. They involve a movement back and forth between reflection and action and through a cycle of learning phases. Experiential learning is particularly suited to adult education since experience plays an important role in the education of adults[8] and because this form of learning supports informal aspects to learning.[9] As they are a form of reflective practice, LCs also offer participants a chance to **solve problems in their practice**. Because LCs begin with the knowledge of participants as a starting point and support the co-creation of solutions, participants can use LCs to focus in on practice solutions, which are relevant and applicable to their specific context.

LCs are a unique form of learning, which staff in the continuing care setting do not usually have the time to engage in. There have been calls from the literature for better support of such forms of reflective practice within healthcare settings generally[10] and continuing care settings more specifically.[11] Using a collaborative learning structure, LCs can be seen as a potential best practice for the current continuing care context with its emphasis placed on **interprofessional practice, team-based approaches and collaborative care**.

The potential for practice change to stem from the LCs comes from their **ability to support staff discussions and problem solving from multiple perspectives/disciplines on issues which present with no clear solution**. This allows staff to respond to practice problems that have not been clearly defined and may involve value conflicts.[12] LCs can support a more in- depth understanding of practice and can lead to practice changes by allowing participants to first frame and figure out their different approaches to problems before they set about solving them.[13]

Evaluation Plan

Evaluation Goals and Philosophy

The evaluation goals were to:

- document how LCs were established;
- monitor success, challenges and outcomes; and
- apply a participatory action research approach that involves participating sites in evaluating the effectiveness of the LC approach.

Specifically, the evaluation was designed to answer the following broad questions:

1. How have the learning circles contributed to practice change?
2. How have the learning circles supported organizational priorities?
3. How has this project contributed to learning circle sustainability?

The Alberta Context

The study occurred in Alberta at a time when health care was characterized by turbulence, change and uncertainty due to funding cuts, job losses, relocation, restructuring, and reorganization. This had a negative impact on staff morale and staff felt overworked, de-valued and disempowered. While the egalitarian approach of the LC worked to address this mindset, it was also important to match the evaluation philosophy to the intervention itself. As a result, the evaluation was framed by the philosophy of Appreciative Inquiry (AI).[14]

Appreciative Inquiry: Identifying the best of 'what is'

AI uses group processes to inquire into, identify, and further develop the best of "what is" in an organization to create a better future. Underlying the approach is a belief that the questions we ask are critical to the world we create. Instead of focusing on problems and what is not working, AI allows participants to discover what is working particularly well and to envision what it would be like if these positive outcomes occurred more frequently. It is **asset-based and emphasizes the strengths and resources of people and their environments, fostering problem-solving capacities, and moving towards development and growth.**

AI has been well received in health care settings.[15] It can promote change in organizational processes[16,17] and in clinical practice.[18] Further, it can be used to explore professional development initiatives, create a team vision, and improve the work environment.[19] Preskill and Catsambas[14] depict it as follows:

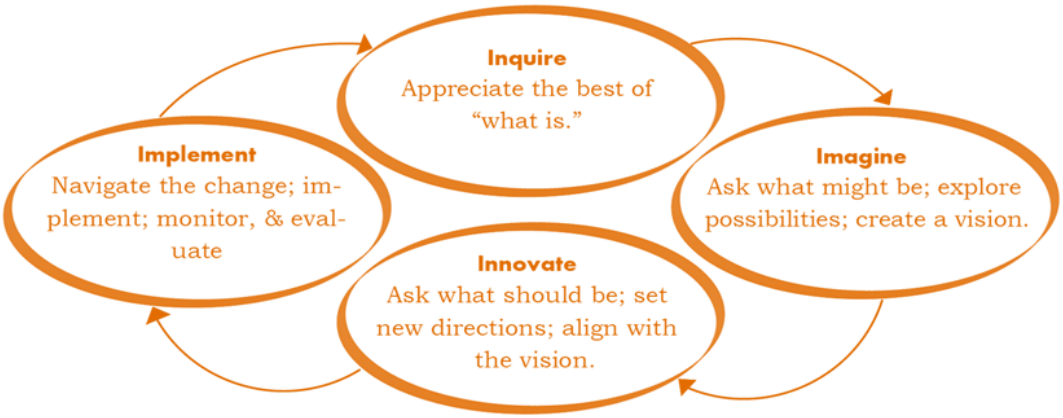


Figure 3: The Four Phases of Appreciative Inquiry

Evaluation Logic Model and Evaluation Framework

In order to develop an evidence-based approach to the evaluation, an analysis of the program's assumptions (or program theory) was developed[19]. It is organized into a logic model which is comprised of three components:

1. **Inputs or the organizational plan**, how to gain, configure and deploy resources and how to organize program activities so that the intended interventions are developed and maintained;
2. **Activities or the service utilization plan**, how the intended target population receives/ interacts with the intended interventions through the program's activities/ delivery system. This includes Outputs as evidence that the Activities occurred; and
3. **Outcomes or the impact theory**, how the intended intervention for the specified target population brings about the desired social benefits. This is expanded into Immediate, Intermediate, and Ultimate Outcomes.

The logic model addressed **three main questions** identified in the study and linked the components of the program theory in a crosswalk framework.

Question 1: How have the LCs contributed to practice change?

Question 2: How have the LCs supported organizational priorities?

Question 3: How has this project contributed to learning circle sustainability?

Based on this program logic, an evaluation framework or Data Collection Matrix (DCM) was designed to guide evaluation activities. It linked the evaluation topics identified in the Logic Model with the related evaluation questions, performance indicators and data sources. The Logic Model Crosswalk is shown in Appendix 1 and a copy of the DCM is provided in Appendix 2.

Evaluation Tools

Initially it was planned that the tools from the pilot evaluation would be used with only minor revisions. While this was the case, evaluation tools and methodology evolved due to the increased number of participating sites and the collaborative nature of the approach. The inclusion of more varied assumptions, intersecting philosophies, approaches to qualitative research, training expectations and the need for more formal training protocols resulted in added complexity. While the pilot had seven tools, this project had a dozen tools, some administered at two points in time. Details about the evaluation questions addressed by the tools can be found in the DCM in the Appendix 2. Details about the tools and data sources are located in the Appendix 3.

Evaluation Tools included:

- Consent Form
- Facilitator Workshop Satisfaction Surveys and Field Notes
- Self-Assessment Tools for LC participants
    - The Capability Questionnaire
    - The Knowledge Transfer Questionnaire
- Learning Circle Tracking Sheet
- Coaching Journal
- Learning Circle Observation Form
- Learning Circle Field Notes Protocol
- Focus Groups
- Facilitator Feedback Interview
- Administrator/Site Sponsor Feedback Interview
- Case Study Validation Survey

For details regarding the evaluation tools, see Appendix 3.

Evaluation Data Collection and Analysis

There were multiple data collection points and data sources throughout the project. For example, facilitators completed tracking sheets after each LC; coaching journals were completed if a counseling session occurred between LC coaches and facilitators; two members of the research team observed each LC on two occasions; interviews were conducted with facilitators and site administrators and focus groups were held with LC participants. For a complete details of the data collection and analysis, see Appendix 4.

Evaluation Reporting

Throughout the course of the evaluation, a monthly Status Report was prepared to record team accomplishments and provide an update on evaluation tasks and data collected. As data collection was completed, a case study report was prepared for each site. Case studies summarized the key qualitative and quantitative findings at the site level. These reports were then circulated to the site facilitator and administrator/site sponsor for feedback and validation.

Evaluation Results

Getting Started with Learning Circles—Site Profiles

Nine LCs were established in the eight participating sites. Three LCs had HCA participants, three involved LPNs and/or RNs, one had a mix of LPNs and HCAs, and two were interdisciplinary in nature involving a mix of HCAs, LPNs, Physical Therapists, Occupational Therapists, Recreational Therapists, administrative staff, etc.

Broad practice themes were identified for the LCs by each participating site (Table 11, Appendix 5). In conjunction with the evaluators, the facilitators developed three to four learning objectives that related to the identified themes. These objectives also served as measures for the evaluation.

The topic for each LC session was determined in a variety of ways. In most cases, at the end of each session, participants identified the topic they wanted to address at the next session. In some circumstances, the facilitators selected topics to encourage the participants to solve a series of related issues.

One or two facilitators were selected for each LC. Three of the LCs were facilitated by educators and the rest by clinical leaders (Table 3).

Table 3: LC Profile and Facilitator Role

Site	Facility Type	Participants	Facilitator(s) Role
Site A	Long-term care (only LTC participated)	RNs and LPNs	Care Service Manager (formerly Educator)
Site B	Long-term care	Interdisciplinary	Best Practice Leader
Site C	Supportive living	HCAs	Clinical Support
Site D	Supportive living	LPNs	Lead LPN
Site E	Supportive living	Interdisciplinary	Lead LPN
Site F	Supportive living	HCAs	Nursing Supervisor
Site G	Supportive living	HCAs	Director of Supportive living
Site H	Long-term care	RNs and LPNs	Educator
Site I	Long-term care and supportive living (only SL participated)	LPNs and HCAs	Educator and Resident Care Manager (co-facilitators)

What we Found

The results section is organized by the **three key evaluation questions** we identified at the start of the project:

Question 1: How have the LCs contributed to practice change?

Question 2: How have the LCs supported organizational priorities?

Question 3: How has this project contributed to learning circle sustainability?

Question 1: How have the LCs contributed to practice change?

An overarching question we had was how LCs contribute to practice change. However, what we discovered was that there were several foundational aspects to implementing LCs that

This section is divided into three main categories:

1. Facilitator Role;
2. LC Process and Implementation; and
3. Outcomes from Learning Circles.

1. Facilitator Role

Facilitator Orientation and Coaching

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. As part of the training, facilitators were invited to participate in a mock LC where they gained experience about participating in an actual LC. Positive feedback was received from facilitators regarding the training event.

> *We did have the mock LC, [or] we could have been lost. That hands-on learning was excellent.*
>
> *(Facilitator Debriefing Meeting)*

At the end of the training workshop, the administrators and facilitators responded to a satisfaction survey. On a seven-point scale, it was reported that the training was valuable (N = 15, M = 6.27, SD = 1.223).

Two coaches with previous LC experience were assigned to support the facilitators. Although the workshop participants valued coaching in a general sense (N = 14, M = 6.29, SD = 0.825), the coaching support was under-utilized. Six facilitators worked with the coaches and perceived them to be helpful.

> *The first [coach contact] was very needed. I just needed to know I was on the right track…That gave me confidence to go to the first LC because my mentor said I was right.*
>
> *(Facilitator Debriefing Meeting)*

It was found that those with a pre-established relationship with a coach were more likely to access the support.

> *"[The coach] and I touch based very regularly because I knew her already."*
>
> *(Facilitator Debriefing Meeting)*

Facilitator Group Process Skills

In their interviews at the end of the project, facilitators indicated that they had improved skills and enhanced confidence in facilitating LCs.

> *I think my facilitator skills have improved…It didn't turn out to be as scary as I thought it was going to be.*
>
> *(Facilitator Interview)*

After each LC session, the facilitators reflected on their group process skills on the LC Tracking Sheet. In all, 53 tracking sheets were submitted by facilitators from nine LCs during the project. Overall, facilitators tended to indicate that group process skills improved in most areas. Two exceptions were C*ommunication, clarification & summarization* and *Encouraging full participation, collaboration & shared responsibility*, which both decreased slightly (Table 5, Appendix 5).

2. Learning Circle Process and Implementation

LCs established learning environments valued by participants and their organizations. 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.** This designated time and space created in LCs was valued by participants.

The **environment of trust** created in LCs enabled participants to build better relationships on both professional and personal levels.

> *The group went from "co-workers" to "confidants." Watching them bonding and taking on a whole new feel within the group.*
>
> *(LC Tracking Sheets)*

In creating a learning space, participants were expected to **share tacit knowledge** (i.e., thoughts and feelings) as well as **explicit knowledge** (i.e., external knowledge). Although it was observed that few educational materials were brought into the LCs, participants highlighted the opportunities they did have to share thoughts and express feelings.

> *This LC group gave us an opportunity to vent and we discussed this together and you know kind-of problem solved. The private discussion helped a lot to express what we think and when we need help we can express this here.*
>
> *(Focus Group)*

The LCs supported reflective practice and participants had the opportunity to observe and reflect on their own practice and that of their colleagues.

> *We've been talking of one particular resident and we even had the same concern. They shared how they handled it. It worked for them and I'm, like, "How can it work for me? How did it not work?"*
>
> *(Focus Group)*

At another LC, participants discussed issues related to **conflict management**. Each participant shared a personal experience handling conflicts in the workplace and then reflected on their own conflict management style.

However, the LC discussion typically did not move forward to the stages of abstract conceptualization and active experimentation where participants could generalize their experiences and plan new strategies to solve problems.

Facilitators reported that LC participants enhanced their skills in experiential learning from Time 1 to Time 2. **The most improvement was found in the items: *Providing feedback on how experimentation has unfolded in the workplace* and in *Using reflection to develop new understanding.*** Full table of results in Table 6, Appendix 5.

Support from Management

The implementation of LCs was supported by management at each participating site and the facilitators rated the amount of management support received. Overall, they rated management support as quite positive (N = 50, M = 3.80, SD = 1.457) although there was some variability across sites. Some facilitators consistently perceived greater management support whereas others found it lacking.

In addition to the variability across sites, the amount of management support decreased over time (Figure 6, Appendix 5). While it was perceived to be high at the beginning of the project, it dropped over time towards the end of the project. The lowest level of support occurred at the 4th LC session (M=3.14, SD = 1.574). Similarly, the LC overall effectiveness slightly dropped from 4.40 (SD = 0.548) at Orientation to 3.86 (SD = 1.345) at the last LC session (Figure 7, Appendix 5).

I'd have to say that management supported us 100, 110 per cent...They ensured that the nurses were able to leave the floor…They actually changed the nurses' meeting to the following week so that the Learning Circle would not be interrupted.

(Facilitator Interview)

Although I say they (management) didn't give any support, they didn't do anything to make it not possible either. I actually think they had forgotten we were still doing this.

(LC Tracking Sheet)

Barriers to Implementation of LCs

1. **Scheduling** was a significant challenge. LCs often involved staff who worked on different shifts and it was difficult to find a time that worked well for everyone.

2. **Coverage** on the care units was problematic. The LCs took staff away from their unit during working hours. Without proper coverage on their unit, some participants had to remain connected with their work which could be very distracting. At one site, the LC participants brought their work phones to the meetings and ringing telephones and sidebar conversations made it difficult for participants to concentrate. The facilitator of this LC was concerned about LC effectiveness as a result.

Five barriers to implementation identified by the facilitators and site administrators:

1. Scheduling
2. Coverage
3. Consistent participation
4. LC model
5. Organizational culture

3. **Consistent participation** was reported as a challenge by some facilitators. This was attributed to reasons such as staff turnover, busyness on the unit, and days off/vacations. A couple of sites had to cancel or postpone LC sessions due to limited participation.

4. The **LC model** itself, which included four phases (Opening, Diverging, Converging and Closing), was a challenging for facilitators to follow. It was found that the four phases did not necessarily occur in one LC session, especially when complex issues were examined. For example, several sessions were taken at one site to brainstorm, plan, and launch a breakfast service program. In other cases, the full model was not addressed at all. As the researchers observed, some facilitators demonstrated increased skills in Opening and Diverging, where participants were eager to share their experiences and practice stories, but were not able to manage Converging and Closing.

> *I found it was really hard to push them into that next step. We told stories at LCs, but it was tough to come up with how we could improve because they focused on the positive so it was tough to get to an action or an outcome.*
>
> *(Facilitator Interview)*

In addition, some facilitators found that they did not have enough time to reach the Closing phase. Most of the LCs were scheduled for one hour per month and some facilitators found it was hard to facilitate the discussion to a closure within one hour.

> *It would be nice if we were able to have an hour and a half time frame…We never really had a good opportunity to do a good "closing" because of time constraints.*
>
> *(Coaching Journal)*

5. **Organizational culture** could be another barrier to practice change, as identified by facilitators. In continuing care settings, frontline caregivers may not be encouraged, or have the time to develop and apply critical thinking and decision-making skills.

> *I think it's culture too. Their comments were always "Do we need approval?" "Who do we need to ask permission from?" I thought that was very interesting that they didn't feel empowered. That maybe [this was] the piece that was stalling them from moving forward [to action].*
>
> *(Facilitator Interview)*

3. Outcomes from Learning Circles

The data identified three major outcomes from the LCs:

1. Learning Outcomes;
2. Team Development Outcomes; and
3. Practice Change Outcomes.

Learning Outcomes—Learning through Shared Experiences

Although the researchers observed that the experiential learning concept was not fully implemented, participants did report that learning occurred through shared experiences. For instance, at one site participants discussed an ethical issue regarding a palliative patient, and the group came to a joint decision about their approach to caring for this patient.

> *I certainly learned something from it. It's a very good case even though the person passed. If I were put in that situation I wouldn't know what to do. But now I have more ideas about what I can do next time.*
>
> *(Focus Group)*

Participants' knowledge and skill levels were measured by three to four site specific objectives and three project objectives (common across all sites). Identifying project and site objectives represented a key step towards LC outcomes. For example, person-centred care was a practice theme discussed at one site. In identifying site objectives, participants soon realized that there was not a workable definition of person-centred care, and so they developed the following: *"Remember yesterday, care in the moment, working together for a better tomorrow."*

> *The LC provided an on-the-ground understanding of person-centred care which was a really good outcome.*
>
> *(Administrator interview)*

On average, participants at each LC self-reported high levels of knowledge and skills in both site and project learning objectives (see Table 7, Appendix 5). Among the project objectives, *To be able to discuss what I have learned* was rated the highest at 4.52 on a 5-point scale (SD = 0.597).

Participants' **levels of confidence in applying knowledge and skills** were also measured in the Capability Questionnaires. Participants (N = 42) indicated high levels of confidence regarding their site and project objectives. Overall, both project objectives, 1) *To think about making changing care strategies more successful* and *2) To plan to make changes to care strategies as needed*, were rated high for confidence levels at 4.55 (SD = 0.597) and 4.48 (SD = 0.599) respectively (Table 8, Appendix 5).

A participant at one site described how the impact of sharing practice stories affirmed her own practice and enhanced confidence in her practice:

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

At another site, participants told their facilitator that they had become confident leaders on their units.

> *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)*

At the last LC session, participants were asked to rate to what extent they have applied the knowledge and skills they learned in the LC at their job. **Participants at each site indicated that they had applied knowledge and skills related to site and project objectives.** With regards to the project objectives, participants (N = 39) rated both project objectives, *To think about the success of these strategies* and *To plan changes to my practice as needed,* equally high at 4.46 (Table 9, Appendix 5).

At a site which focused on person-centred care, participants suggested that they had **changed their care strategies from task-oriented to person-centred**. One participant explained how he/she was "in the moment" with residents and how "the moment" was important for them.

> *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)*

At one site, participants initiated appreciative communication on their units by asking staff to provide positive feedback to each other.

> *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)*

Team Development Outcomes

The LCs also contributed to team communication. **LC communication was described as effective, open, honest, and equal**. Participants found it was more comfortable to communicate with each other and to express their feelings in the confidential and trustworthy environment created within the LCs. The LCs also allowed communication across different shifts and disciplines. One participant commented that the cross-shift communication was beneficial and had allowed them to connect and collaborate with colleagues working on different shifts. In the interdisciplinary LCs, a unique opportunity was provided for participants to gain an understanding of other disciplines.

> *I've been here 10 years and this (LC) would be the first time that I've been in an interdisciplinary meeting and have somebody from each department and get other peoples' feedback… I'm just excited.*
>
> *(Focus group)*

> *I've been bullied and it hurts like hell. Everybody has something that you can learn from, otherwise would they tell you this if we didn't have the circle?… You have these people here to help you, you're healing.*
>
> *(Focus Group)*

The participants were positive about **being able to discuss practice issues and solve problems**. Sometimes, issues addressed at the LCs were sensitive and participants did not have a chance to talk about otherwise. For example, at one site, workplace bullying was discussed. Participants shared personal accounts of negative workplace experiences and provided strong support for each other.

Communication across shifts and disciplines also contributed to the development of better working relationships. **LC participants began to understand that although they worked on different shifts or in departments they shared the same goals and faced the same challenges**. One facilitator indicated that fewer complaints and less tension now existed among LC participants.

> *I would say that I've definitely had fewer complaints about other shifts… And now they can see that …you're not the only one dealing with this problem and this is how they're dealing with it.*
>
> *(Facilitator Interview)*

Communication opportunities provided in LCs supported interpersonal interactions between team members. **Participants indicated that they had "genuine" relationships with colleagues because of the LCs**. These interactions contributed to enhanced trust which further led to increased levels of support to each other.

> *I had a resident who jumped our fence - a locked gate at seven feet. So when I called her (an RN who was another LC participant) and told her that I needed her now she was there within [a few minutes].*
>
> *(Focus Group)*

As better working and personal relationships developed through the LCs, participants became more comfortable counting on their co-workers.

> *They would be more communicative with their co-peers and more confident to count on their co-peers without the risk of competing with each other.*
>
> *(Administrator Interview)*

Practice Change Outcomes

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.

In addition to changes at the individual level, participants initiated broader site changes. At one site, a brief meeting for all nursing staff at the beginning of the morning and evening shifts was re-implemented after a lapse in practice. These meetings were called the AIM Huddles.

Individual Level Change

Participants reported that they had changed their ways of:

- managing time;
- communicating with residents' families; and
- managing challenging behaviors.

Some other changes were less tangible:

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

> *I found that since we started it (the AIM Huddle), there are a lot more phone calls between the houses, even just "Can you come to help me?"…We're all communicating so much more than we were.*
>
> *(Focus Group)*

"Are You Free for Breakfast" Campaign was launched at another site as a result of the LC. During breakfast hours, emails were sent out to non-care staff to ask for help serving breakfast when units were short staffed. Positive changes have been described as a result of this campaign.

The first day that they sent that out, four people showed up to help with breakfast whereas normally they wouldn't have had anybody. So that has led to a big practice change.

(Facilitator Interview)

When a site experienced a flu outbreak, staff felt a lack of support from off-site management. Through the LC, participants proposed that regulated professionals should be on site to assist them in controlling future outbreaks. In addition, they initiated changes to enhance new staff training.

At another site, the LC addressed the use of the Communication Book, a notebook used by staff to leave messages for the next shift. LC participants indicated that reporting medication errors in it negatively affected staff openness and trust. As a result, the reporting process regarding mistakes and errors was re-examined and modified to provide more confidentiality.

One Health Care Worker said she wished that the information (medication errors) could be placed where their colleagues would not see it…so we changed that.

(Administrator Interview)

Participants at another site described an improvement on shift change protocol. During shift change, LPNs gave written reports, and LPNs and HCAs walked around each resident room. Nevertheless, this shift change protocol was not consistently applied and became an ongoing challenge at the site. New strategies were proposed by the LC participants to ensure that the shift change protocol was followed by staff.

Participants were also asked to rate the extent of practice change as a result of LCs. Participants from seven LCs indicated that they had **changed practice regarding their site objectives**, ranging from 3.94 (SD = 0.851) to 4.69 (SD = 0.473). One project objective, *To change my practice when needed,* was also included to measure practice change generally. On average, this item was rated high at 4.38 (SD = 0.747) (Table 10, Appendix 5).

In addition, the participants (N = 39) were asked to identify factors that allowed them to apply new learning to their job (Figure 4).

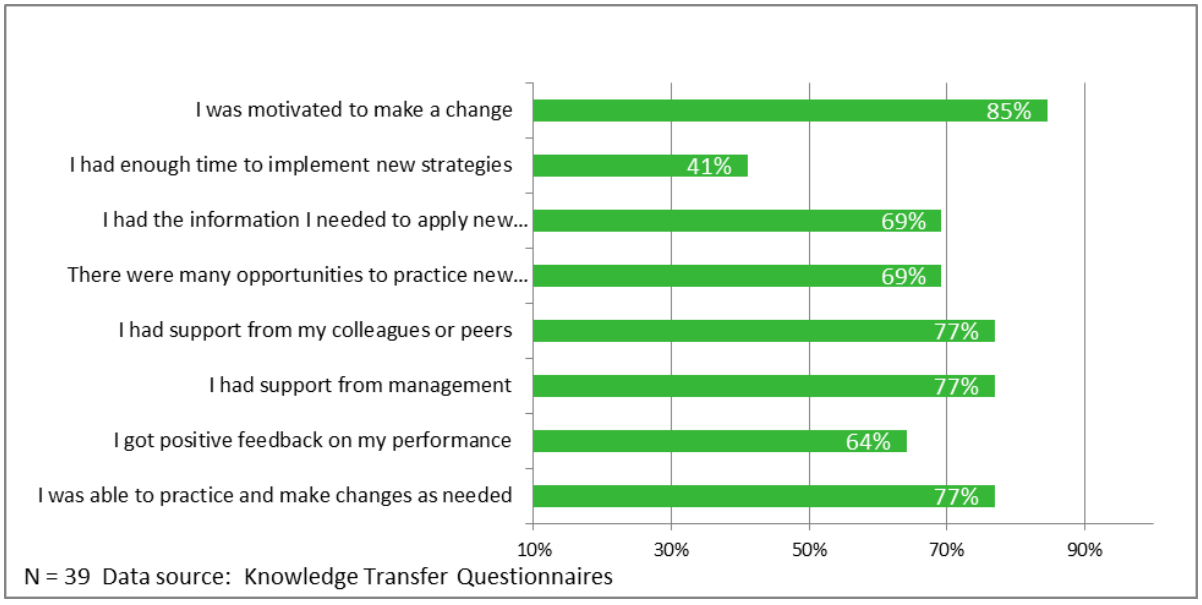


Figure 4: Factors that Helped Apply Learning to the Job

85% of LC participants were motivated to make a change.	**77%** of LC participants selected felt they had support from colleagues/ peers, support from management, and were able to practice and make changes as needed.	Only **41%** of the LC participants felt they had enough time to implement new strategies.

How have the Learning Circles supported Organizational Priorities?

One of the objectives of this project was to determine the extent to which the LCs addressed organizational interests and priorities. **Across the nine LCs, the common themes related to team development and leadership**. Some LCs were clearly able to address these organizational priorities. For example, person-centred care was identified as the organizational priority for one site and the LC addressed the topic of teamwork in supporting person-centred care.

> *"Person-centred care is (an) organizational (priority), that's (a) big movement and so I think this (LC) was a good way to bring in the terminology."*
>
> *(Administrator Interview)*

While these organizational priorities were viewed as important, it was also recognized that participants' selection of themes and topics created a sense of ownership about the LC.

> *What I liked about this (LC) was giving ownership to them but if I tell them what I want them to work on, that defeats the whole purpose. That's me assuming that I know what the issues are in that group, but I don't.*
>
> *(Facilitator Interview)*

Therefore, selecting LC themes and topics should be a two-way dialogue which balances the organizational priorities and staff learning needs. For instance, at another site, leadership was identified by management as the overarching theme and the participants selected topics within that theme that interested them the most.

> *The management has said that they thought leadership would be a good topic for us to start with…what happened was after each session they determined the topic they wanted to talk about within the scope of leadership, and how it affected their leadership for the next time.*
>
> *(Facilitator Interview)*

The LCs also responded to identified practice issues. Various practice issues experienced by the frontline staff were discussed such as managing challenging behaviours, resolving family conflicts, and improving nursing leadership. At one site, it was clear that staff were not following the shift change protocol and that it was an ongoing issue at the site. This issue was brought up at one LC session and participants began to make progress in addressing it.

> *The shift change was an ongoing issue; it still is. Some do a better job than others with shift exchange but there is still a lack of consistency.*
>
> *(Administrator Interview)*

Both facilitators and administrators indicated that the LCs used staff time efficiently. The LCs only took staff one hour per month and yet benefits ranged from developing teams to changing practice. Nevertheless, a couple of facilitators indicated that managing LCs was a burden for them due to the need to solve logistical issues and follow up with participants. For example, one facilitator sent summary notes to participants after each LC session and this was extra work on top of her daily routine.

> *We're busy. Sometimes it's almost a burden to do it. You know there's a reward but it was burden to get the summary out.*
>
> *(Facilitator Debriefing Meeting)*

A Powerful Mechanism for Professional Development

In continuing care, traditional in-service training and education are described as didactic and top-down and are used to teach procedures, policies, and best practices. However, the traditional approaches do not allow staff to integrate learnings into practice. In comparison, LCs draw upon previous experiences and allow time for reflection and practice change. **LCs are, therefore, an ideal complementary tool to in-service training because they allow dialogue, exchange, reflection, strategizing and experimentation**.

> *I don't think that LCs could completely replace in-service education but they certainly support it... that's the difference between didactic learning and participatory learning. It's just like getting people engaged in the dialogue about the information so that they integrate it into their practice.*
>
> *(Facilitator Interview)*

However, LCs should be distinguished from support groups or complaining sessions. A **clear goal needs to be built into a LC to ensure that participants have a focused discussion and solve identified problems.** LCs are also different from clinical staff meetings and do not have an agenda from management to address. Instead, they focus on challenges identified by frontline staff.

Buy-in from managers and facilitators was found to be crucial in order to build capacity. At one site the active support provided by the managers and the facilitator translated into increased participant capacities including enhanced confidence, improved practice, and willingness to continue the LC. In comparison, where the facilitator at another site did not buy into the LC approach, referring to it as "fluffy learning", the LC failed to thrive.

Staff capacity was defined as staff possessing the:

1. Resources to do their job – time, equipment, space; and
2. Capabilities to provide care – skills, knowledge and attitudes.

Examples of building staff capacity at sites:

- Participants began to give each other feedback on their strengths and weaknesses and reported high levels of learning and utilizing knowledge and skills;
- Participants developed leadership skills through the LC and intentionally acted as role models when they worked on their units; and
- The interdisciplinary team built their capacity through increased role clarity, trust and empathy, and an appreciation for other roles.

How has this project contributed to learning circle sustainability?

All of the LC groups (apart from the one which ended prematurely) expressed an interest to continue or expand their LCs. Facilitators at two sites planned to expand the LC to other sites

within their organizations. The administrator at another site planned to integrate the LC with staff meetings in order to address the issues of participation and scheduling.

A number of suggestions were raised as the LCs moved forward. For instance, participants and/or facilitators suggested changing the LC composition by including other professional groups (including managers) to minimize the divisions among disciplines. It was also suggested extending each LC meeting from one hour to 1.5 hours to allow for Convergence and Closure.

Two key sustainability outputs included customized case study reports and an online LC toolkit.

Case Studies

Case study reports were developed to communicate the results and value of the LC to each participating organization. Each report describes the LC experience at the site and shares key findings and successful stories with the management. Upon their review, site or organizational managers responded to the case study validation surveys and rated their report for its validity, relevance, utility, and value (Table 12, Appendix 5). Managers responded positively to the case study reports.

Learning Circle Toolkit

A LC toolkit has been developed to support the sustainability of current and future LCs. It addresses the interests of three audience groups: facilitators, site sponsors, and organizational sponsors. In addition to providing the background of this project, the toolkit addresses techniques to organize and facilitate LCs and ideas are provided to support and sustain them. A participatory approach was employed in its development with feedback and input provided by project facilitators and administrators. The toolkit is posted on the ICCER website. It is an open-access resource designed for organizational leaders, site managers and facilitators/educators.

http://www.iccer.ca/toolkit.html

I am glad to see the visual result of our last 6 month journey of Learning Circle experience…I found a great value of this site report for the continuation of LC in our organization for the future.

(Case Study Validation Surveys)

Comprehensive and focused. Whether a first time facilitator or experienced the toolkit's resources are applicable and useful for both.

(Participant Toolkit Feedback)

Enablers to LC Sustainability

- There has to be willingness or interest from participants, which will make them more likely to consistently participate in an LC and spread their positive experiences to their co-workers.
- The content or curriculum of LCs needs to be relevant to participants. They need to see that the content is relevant and valuable to their practice before they will invest their time in the activity.
- A confident and skilled facilitator is crucial to organize, facilitate and sustain the LC.
- Management at both site and organizational levels are expected to support practice change, balance organizational priorities and staff learning needs, and provide support in addressing operational challenges such as scheduling and coverage.
- A clear demonstration of the impacts of LCs will help with LC sustainability. Seeing the benefits of LCs, such as team development, practice change, and capacity building, will assist management in making decisions to implement and support LCs.

Key skills of a facilitator include:

- reflecting;
- clarifying;
- summarizing;
- shifting focus;
- leadership; and
- management skills.

Discussion

This section presents our learnings in the context of the three evaluation questions: 1) How have the LCs contributed to practice change?; 2) How have the LCs supported organizational priorities?; and 3) How has this project contributed to learning circle sustainability? We also provide a summary, which locates the place of learning circles as a potential contributor to quality of life for CC residents and families.

What did we learn about LC supporting practice change?

The implementation and effectiveness of LCs require skilled facilitators, and supportive management to address logistical challenges.

Facilitators were trained in a one-day workshop before LCs began. Organizational leaders and managers were included in the one-day workshop, which increased knowledge and awareness of the role of LCs. However, there was less time available for facilitator training as a result. Although the training was perceived as helpful, facilitators reported some difficulties in facilitation throughout the project. This may be attributed to the fact that LC is a different learning approach which requires different facilitation skills and techniques to engage participants and implement the LC model. Facilitators also need to practice to become more skilled with this very specific facilitation structure. A longer training could better prepare facilitators for the required knowledge and skills. It could also help facilitators build a more trusting and strong relationship with coaches, which could increase their willingness to approach coaches for support.

When the LCs first started, management at all participating sites were very supportive. However, the amount of support slightly reduced over time and the LC responsibilities largely fell on facilitators. It should be kept in mind that facilitators have their own jobs within their organization, and facilitating a LC and making logistical arrangement can be burdensome to them. It would be best if site management helped with logistics such as scheduling and coverage.

The overall effectiveness of LCs was perceived by facilitators to drop slightly towards the end of this project. Several reasons could impact the effectiveness of LCs, such as challenges around scheduling, coverage, and facilitation. Another possible reason could be the absence of participants. Several sites experienced the challenge of consistent participation and some LC sessions were cancelled or postponed due to low participation. To encourage continuing participation and increase LC effectiveness, the LC goal and expectations need to be clearly communicated to participants, and the LC topics should be of interest to participants and address their learning needs.

LCs contribute to practice change by creating time and space for reflection and communication. Staff learning and team development are fundamental to practice change.

When working on the units, staff consistently described being too busy to reflect on their practice or troubleshoot problems in a meaningful way. The LCs provided staff with a designated time and space for reflective practice and learning without distraction or stress.

However, due to challenges around coverage, sometimes participants had to respond to various issues happening on the units while they were in the LCs. Management and facilitators needed to ensure coverage and reaffirm ground rules (e.g., no phones) to minimize distractions in the LCs.

The LC is a distinct educational approach which is different from traditional in-service education and typical staff meetings. The LC is participatory, democratic and staff-driven where participants discuss and solve problems related to their jobs. The process of reflection was described as a chance to improve practice through gaining insights on diverse perspectives within the LCs. Facilitators are key to move the LC discussion towards action.

Staff who worked on different shifts and/or in different departments engaged in dialogue within the LCs, allowing participants to have open discussions on issues and gain greater understanding and respect towards each other. The increased communication contributed to better team relationships, which further led to greater team collaboration.

There is a period of growth with LCs before practice change occurs. When participants first come to a LC, they may not know each other. They need time to build trust and relationships. As the LCs encourage communication and reflection, participants are able to share and learn new strategies. Practice change happens once learnings occur, trust is built and relationships deepen.

What did we learn about LC supporting organizational priorities?

LCs are effective when there is a balance between organizational priorities and staff learning needs.

Team development and leadership were common interests across the participating organizations. However, facilitators/managers needed to balance the organizational priorities with staff learning needs in order to create ownership and maintain interest among participants.

The LC cannot replace in-service education or clinical training, but offers a complementary approach to in-service education. The LC is participatory and interactive, allowing dialogue, exchange, reflection, and experimentation. Although the LC is driven by participants, it should be clearly distinguished from a support group – there needs to be a clear goal built into it.

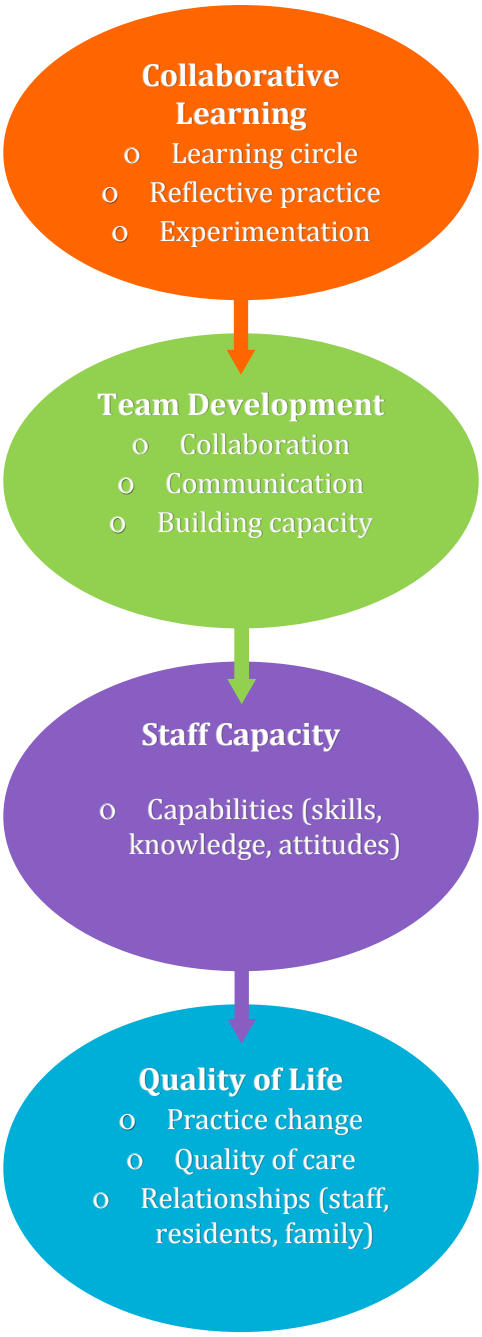
What did we learn about LC sustainability?

Eight case studies and a toolkit were developed to support knowledge mobilization within the participating organizations. The toolkit can be used to encourage other organizations or sites to initiate a LC. LC sustainability requires support from staff, facilitators, and management.

The project contributed to LC sustainability by developing case study reports and a toolkit. The case studies communicated findings and the value of the LCs to each of the participating sites. The toolkit introduces knowledge and techniques to key stakeholders. Sustaining LCs also requires buy-in and ownership from participants, facilitators and management. The skill-level of facilitators and relevancy of content and curriculum also contribute to LC sustainability.

Summary

The LC provides a powerful mechanism for collaborative learning and team development. This contributes to increased staff capacity and may improve quality of life for residents. Within LCs, staff reflect on their practice in a meaningful way and are encouraged to experiment with new care strategies in the workplace. The LC enables team development by allowing staff to communicate and build better relationships with each other. Such communication skills and working relationships are carried forward beyond LCs and translate into greater team collaboration. In turn, team development contributes to improved staff capacity by ensuring staff have the knowledge, skills and attitudes to provide quality care. These positive changes in the workplace should help increase quality of life for residents through improved practice, enhanced quality of care and better relationships with staff, residents and families.



Recommendations

The current environment of continuing care is one of ongoing instability and uncertainty due to fiscal restraints and subsequent difficulties with staff recruitment, retention and morale. Finding room for relevant and meaningful continuing education in this context is understandably a great challenge. Learning circles offer this sector a distinctive learning strategy which can be complementary to traditional educational approaches by beginning with and building upon the knowledge that staff already possess. In a broad sense, therefore, we recommend that this sector commit to sustaining learning circles as a form of continuing education. We conclude with our detailed recommendations, highlighted below.

Figure 5: Final Recommendations

The Learning Circle Story: Building Capacity in Continuing Care

Appendices

2015

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The Learning Circle Story: Building Capacity in Continuing Care

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This project is funded by:

Covenant Health
Network of Excellence in
Seniors' Health and Wellness

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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)
1.10 Evaluation plan 1.11 AI philosophy 1.12 Participatory action research approach	**Q3 How Has this Project Contributed to Learning Circle Sustainability?**				
	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		
	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				
	2.13 LC members & stakeholders participate in evaluation process	3.12 Evaluation is responsive & supports problem solving & project development	4.8 Study findings are disseminated to stakeholders & the fields of CC, post-secondary education & program evaluation	5.4 The ICCER research agenda is enhanced	6.4 ICCER obtains additional funding for research on innovative learning models

Appendix 2 - Data Collection Matrix (DCM)

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
1.0 Inputs			
1.1 Covenant Health/ Network of Excellence in Seniors' Health & Wellness funding 1.2 Project research team 1.3 Project management office 1.4 Continuing care project sites 1.5 Managerial & operational support at sites 1.6 Partners & KT users 1.7 Cooperative learning model 1.8 Adult & experiential learning principles 1.9 Pilot evaluation framework, tools & findings 1.10 Evaluation plan 1.11 AI philosophy 1.12 Participatory action research approach	• How was the project implemented? • What factors facilitated its development? • What factors hampered its development? • What changes occurred to project plans over time?	Degree of adherence to project plans Rationale for changes to plans	Project proposal Pilot evaluation report Project team meeting minutes Evaluation plan

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Q1 How Have the Learning Circles Contributed to Practice Change?			
Q1 Activities & Outputs (2014-2015)			
Activity 2.1 New LCs are established & operate at selected sites; established LCs continue	• How were the learning circles established? How did they operate? • To what extent did managers and operational staff support the Circles? • What issues were identified in providing support to the Circles?	Evidence of site project team implementation of LCs Evidence of operational support for Circles: ○ Size of Circle ○ Frequency of meetings ○ Meeting space ○ Timing in day ○ Scheduling ○ Coverage	LC Tracking Sheet ✓ Facilitator Interview ✓ Site Administrator Interview✓
Anticipated Outputs for 2.1 (3.1) LCs enable staff to discuss issues, reflect on experience & experiment with practice change.	• In the LCs, how did participants discuss practice issues and solve practice problems? • How did LC participants respond to the LC process?	Facilitator feedback Participant comments re: LC process	Capability Questionnaire LC Tracking Sheet Focus Groups T1 & T2 Field Notes Facilitator Interview ✓

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Activity 2.2 Facilitators are trained & supported in their group process skills	• How were facilitators prepared for the project? • To what extend did facilitators use their collaborative group process skills?	Evidence of collaborative 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 workshop survey LC Tracking Sheet Facilitator Interview ✓ Coaching Journal Field Notes
Anticipated Outputs for 2.2 3.2 Facilitators demonstrate enhanced group leadership	• How did facilitators' leadership skills change as a result of facilitating the LCs?	Impact of LC experience on Facilitators' leadership skills	LC Tracking Sheets Facilitator Interview ✓

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Activity 2.3 LCs support social learning theory **Anticipated Outputs for 2.3** 3.3 LC phases & stages are explored	• How did the learning space influence LC implementation? • To what extent did the LC meetings follow the 4 Phases of Practice Talk?	Description of learning space: ✓ Physical space ✓ Relational space ✓ Learning space Use of 4 Phases of Practice Talk (Hess et al, 2015): ✓ Opening Phase ✓ Divergent Phase ✓ Convergent Phase ✓ Action Phase/Closure	Facilitator Interview ✓ Observation Checklist
Activity 2.4 LCs support experiential learning & reflective practice	• How were the principles of experiential learning applied in the LCs?	Evidence of experiential learning principles (Kolb, 1984, Argyris, n.d.) ✓ Concrete experience (CE) ✓ Reflective observation (RO) ✓ Abstract conceptualization (AC) ✓ Active experimentation (AE)	Field Notes Facilitator Interview ✓
Anticipated Outputs for 2.4 3.4 Participants enhance their capacity in target skills & knowledge	• How did LC participants enhance their target skills and knowledge? • How did LC participants improve their confidence in applying target skills and knowledge?	Description of how target skills and knowledge were enhanced for: ✓ Site learning objectives ✓ Project learning objectives Evidence of improved confidence in target areas	Capability Questionnaire Focus groups T1 & T2

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Q1 Outcomes (2015-2020)			
Short-Term (2015-2016) 4.1 Project LCs contribute to practice change	• What changes occurred to LC participants' practice as a result of LC activities? • What lessons were learned about using LCs to impact practice change?	Evidence of LC participants' practice change in target areas Evidence of broader practice change in the participants' workplace Lessons learned about LC impact on practice	Focus Group T2 Field Notes Facilitator Interview ✓ Administrator Interview ✓
4.2 Participants demonstrate enhanced self-confidence to solve care-related problems	• How did LC participants demonstrate enhanced self-confidence to solve care-related problems?	Evidence of enhanced self-confidence in LC participants	Knowledge Transfer Questionnaire Focus Group T2 Field Notes Facilitator Interview ✓ Administrator Interview ✓
4.3 Participants apply target skills & knowledge in their workplace	• How did the participants apply their target skills and knowledge in their workplaces?	Evidence of application of target skills and knowledge by LC participants	Knowledge Transfer Questionnaire Focus Group T2 Field Notes Facilitator Interview ✓ Administrator Interview ✓
Mid-Term (2016-2017) 5.1 Clinical care in participants' workplaces shows positive change	• In what ways did clinical care in participant' workplaces show positive change as a result of LC project experiences?	Emergent	Emergent
Long-Term (2017-2020) 6.1 CC residents receive enhanced care as the capacity & responsiveness of health care providers & teams is increased	• In what ways was the care received by residents enhanced as a result of changes in LC participants & teams?	Emergent	Emergent

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Q2 How Have the Learning Circles Supported Organizational Priorities?			
Q2 Activities			
Activity 2.5 LC topics are identified to address staff learning needs	• What process was used to develop the LC topics and learning objectives?	Description of selection process for LC topics and learning objectives	Project research team minutes Facilitator Interview ✓
Anticipated Outputs for 2.5 3.5 LCs address identified practice issues	• What specific practice issues were addressed?	Description of practice issues addressed in LCs Similarities and differences of Identified practice issues across sites	Facilitator Interview ✓ Administrator Interview ✓ Project data analysis
Activity 2.6 LCs link their topics to organizational priorities	• What links were made between LC topics and objectives and organizational issues?	Match between organizational issues and LC topics and objectives	Tracking Sheets Facilitator Interview ✓ Administrator Interview ✓
Anticipated Outputs for 2.6 3.6 LCs address identified organizational issues	• How did the LCs address organizational issues?	Description of LC activities	Tracking Sheets Facilitator Interview ✓ Administrator Interview ✓
Activity 2.7 LCs use staff time & resources efficiently	• Did the LCs use staff time and resources efficiently?	Description of time and resource efficiencies demonstrated by LCs	Facilitator Interview ✓ Administrator Interview ✓

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Anticipated Outputs for 2.7 3.7 LCs provide an efficient form of capacity building	• Were the LCs seen as an efficient way to build capacity?	Description of ways LCs built capacity	Facilitator Interview ✓ Administrator Interview ✓
Q2 Outcomes (2015-2020)			
Short-Term (2015-2016) 3.8 LC topics & organizational priorities align	• In what ways did LC activities and organizational priorities align?	Match between LC activities and organizational priorities	Project data analysis
Mid-Term (2016-2017) 3.9 LCs are responsive to both staff & organizational development needs	• How responsive were the LCs to staff and organizational development needs? • What organizational changes resulted from LC activities?	Emergent	As available
Long-Term (2017-2020) 6.2 Organizations experience LCs as an effective & efficient in-service training tool.	• How effective were the LCs as an in-service training tool? • How efficient were they?	Emergent	As available
Q3 How Has this Project Contributed to Learning Circle Sustainability?			
Q3 Activities			

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Activity 2.8 Orientation, capacity building & coaching are provided for facilitators, participants & sites	• To what extent did facilitators understand the concepts, purposes, and techniques of LCs as presented in their orientation? • How comfortable and confident did facilitators feel about conducting LCs? • How did the coaches support the facilitators throughout the project?	Evidence of facilitator orientation Facilitator feedback re: LC concepts, purposes, and techniques Facilitator confidence with LC implementation Evidence of coaching support provided Coach feedback re: LC facilitator skills	Workshop Survey LC Tracking sheets Coaching Journal Facilitator Interview ✓ Coach Interview
Anticipated Outputs for 2.8 (3.8) LCs continue at each participating site after project completion	• What enabled project LCs to continue after project completion? • What barriers or challenges hindered project LCs' sustainability?	Evidence of LCs sustainability Reasons LCs did/did not continue	Facilitator Interview ✓ Administrator Interview ✓
Activity 2.9 LC Toolkit documents knowledge, strategies & resources for LC implementation	• What knowledge, strategies and resources were supported by LC Toolkit materials?	Description of Toolkit materials	LC Toolkit
Anticipated Outputs for 2.9 (3.9) Additional tools & materials are added to LC Toolkit based on project experience	• Based on the project experience, what additional tools and materials were added to the LC Toolkit?	Additional tools and materials	LC Toolkit Coaching Journal Coach Interview
Activity 2.10 ICCER network is updated on LC project experiences	• How was the ICCER network informed of LC project experiences?	Evidence of communications about project to ICCER network	ICCER minutes

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Anticipated Outputs for 2.10 (3.10) ICCER network strengthens relevant best practices	• How did ICCER network members expand their understanding of LCs' potential to build capacity and strengthen practice?	ICCER network discussion	ICCER minutes Possible deliberative dialogue
Activity 2.11 LC Forum shares LC experiences & best practices with broader CC community	• Who attended the LC Forum? • How were LC experiences and best practices shared?	LC Forum attendees Ways experiences were shared	LC Forum Documentation
Activity 2.12 Awareness of post-secondary programs regarding use of LCs & reflective practice is enhanced	• In what ways was awareness of post-secondary programs regarding use of LCs & reflective practice enhanced?	Evidence of increased awareness about LCs by post-secondary programs	Project Research Team Minutes
Anticipated Outputs for 2.11 & 2.12 (3.11) Knowledge mobilization fosters support & sharing between LC project & other KT users	• How was knowledge mobilization fostered between the LC project & other KT users?	Evidence of KT between project team participants & others	Project Research Team Minutes
Activity 2.13 LC participants & stakeholders participate in evaluation process	• How did LC participants & stakeholders participate in the evaluation process?	Evidence that participatory action research approach was employed in the project	Project Data Analysis
Anticipated Outputs for 2.13 (3.12) Evaluation is responsive & supports problem solving & project development	• In what ways was the evaluation responsive to project development?	Evidence of developmental evaluation approach Changes to methods and data collection based on early feedback	Project Data Analysis
Q3 Outcomes (2015-2020)			

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Short-Term (2015-2016) 3.10 Additional LCs at project sites build on project lessons & best practices	• Were additional LCs added at project sites? • How did new LCs build on project lessons and best practices?	Evidence of additional LCs Development process	Facilitator Interview ✓ Administrator Interview ✓
3.11 LC Toolkit continues to support planning, implementation & evaluation of LCs at new & existing sites	• How did the LC Toolkit support the development of LCs at new and existing sites once the project was completed?	Continued use of Toolkit materials	Emergent
3.12 ICCER network supports LC sustainability beyond project timeframe by developing a community of practice	• Did ICCER facilitate the development of a LC community of practice? If so, what did it look like?	Evidence of a LC community of practice Evidence of LC KT uptake Evidence of practice change	Emergent
Mid-Term (2016-2017) 5.3 ICCER network expands the LC approach beyond project sites	• How did the ICCER network expand the LC approach beyond project sites?	Evidence of LC expansion	Emergent
Long-Term (2017-2020) 5.4 ICCER network strengthens organizational learning in CC sector	• How did the ICCER network affect organizational learning in the CC sector as a result of this project? • What unanticipated outcomes resulted from this project?	Evidence of changes to organizational learning as a result of this project Evidence of lessons for other CC organizations Evidence of unanticipated outcomes	Emergent
Short-Term (2015-2016) 3.13 Study findings are disseminated to stakeholders & the fields of CC, post-secondary education & program evaluation	• How were study findings disseminated? • With what target audiences were the findings shared?	Conference presentations Articles	Emergent
Mid-Term (2016-2017) 5.5 The ICCER research agenda is enhanced	• .How did this project enhance the ICCER research agenda?	Evidence of linkages between project process & findings to new initiatives	Emergent

From Cooperative Learning Strategies to Quality Continuing Care Workplaces			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources**
Long-Term (2017-2020) 5.6 ICCER obtains additional funding for research on innovative learning models	• Were additional LCs and other innovative learning strategies in the ICCER network built on the findings of this project? • What projects were funded, by whom and for how much?	Evidence of funding for other projects involving LCs and other innovative learning strategies in the ICCER network	Emergent

Appendix 3 - Evaluation Tools

Initially it was planned that the tools from the pilot evaluation would be used with only minor revisions. While this was the case, a number of additions occurred due to the increased size of the project team and the collaborative nature of the approach. The inclusion of more varied assumptions, intersecting philosophies, approaches to qualitative research, training expectations and the need for more formal training protocols resulted in added complexity. While the pilot had seven tools, this project had a dozen tools, some administered at two points in time. Details about the evaluation questions addressed by the tools can be found in the DCM in the Appendix. Specific tools and data sources included:

Consent Form. An information letter and a consent form were created to inform study participants of their rights. All study participants signed and dated a form and each was witnessed by one of the study team members. The forms were retained in a locked cabinet at the Bethany Care Centre in Calgary.

Facilitator Workshop Satisfaction Survey and Field Notes. A facilitator training session was held before the implementation of LCs. Participants (i.e., facilitators and administrators) responded to a satisfaction survey by the end of the training session. At a second de-briefing session held with many of the facilitators, field notes were taken and later transcribed.

Self-Assessment Tools for LC participants. Based on the earlier work by Gillis (2009a, 2009b)[20,21] two self-assessment tools developed in the pilot project were modified to accommodate the topic and learning objectives for each LC. They included:

- ***The Capability Questionnaire*** which was administered at LC meeting #3 at each site to measure knowledge/skill level and confidence levels.
- ***The Knowledge Transfer Questionnaire*** which was administered at LC #6 to measure the achievement of specific LC goals.

Learning Circle Tracking Sheet. A one-page tracking sheet was completed by the facilitator after each LC meeting. The questions address the following topics:

- LC logistics (e.g. date, location, number of attendees, etc.)
- Topic, material, and key activities
- Support for or issues related to LC operation
- Facilitator's use of group process skills in this meeting
- Participants' use of experiential learning approaches
- LC summary, reflection, and overall effectiveness

Coaching Journal. The coaching check-in journal was adapted from the Study Circle Resource Centre[22]. LC coaches called facilitators for short conversations. A range of questions were asked to monitor the progress of facilitators, hear about their needs, and identify problem areas. Having the coaching session was optional for facilitators. It could happen after each LC session or as needed.

Learning Circle Observation Form. An observation form was developed to observe the LC process and the implementation of the LC model (i.e., 3 spaces and 4 phases). Evaluators

accessed each LC at their third and last meetings to record aspects of physical space and learning space. Activities that happened in each phase were also counted.

Learning Circle Field Notes Protocol. Evaluators took field notes when accessing each LC at their third and last meetings. The purpose of field notes was to help evaluators understand the LC process and how experiential learning occurred in LCs.

Focus Groups. Focus groups were conducted at each LC at two time points (i.e., LC#3 and LC#6). In the first focus group (LC#3), an AI question was asked in order to elicit best experiences from LC members:

> *Think back on your experience with the learning circle so for. Remember a favourite moment when you learned something and then were able to use it in your work. Tell us what happened and why it was a success.*

The second focus group (LC#6) emphasized how participants changed their practice as a result of LCs:

> *Can you give me an example of how you have changed the way you work as a result of what you learned in the learning circle? Try to describe that change for us. What helped you make those changes? What stood in your way?*

Facilitator Feedback Interview (in-person or by telephone). Near the end of the project, facilitators were interviewed on topics related to general observations on the LC, specific observed outcomes, practice change, and plans for the future.

Administrator/Site Sponsor Feedback Interview (by telephone). Near the end of the project, site administrator (site sponsor) were interviewed on topics related to practice change, how the LC supported organizational priorities, LC sustainability and future directions.

Site Report Validation Survey. When the completed case study reports were sent to each LC site, a Site Report Validation Survey was included to obtain feedback on the validity, relevance, utility and value or worth of the information. Additional comments on the report were also solicited.

Note: Some of the content of the LC Capability Questionnaire and the Knowledge Transfer Questionnaire was tailored to fit each LC. These are examples of the surveys.

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 this Learning Circle is:

To increase the ability of the interdisciplinary team to work together in providing person centered care

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!

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
To understand the different roles and focus of the other team members	☐	☐	☐	☐	☐
To identify respectful ways of working with fellow team members and residents	☐	☐	☐	☐	☐
To understand how appreciation and recognition increase my team's productivity	☐	☐	☐	☐	☐
To learn how to foster continuity of teamwork on my unit	☐	☐	☐	☐	☐
To think about the success of these strategies	☐	☐	☐	☐	☐
To plan changes to my practice as needed	☐	☐	☐	☐	☐

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

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
To understand the different roles and focus of the other team members	☐	☐	☐	☐	☐
To identify respectful ways of working with fellow team members and residents	☐	☐	☐	☐	☐
To understand how appreciation and recognition increase my team's productivity	☐	☐	☐	☐	☐
To learn how to foster continuity of teamwork on my unit	☐	☐	☐	☐	☐
Changing my practice when needed	☐	☐	☐	☐	☐

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

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?

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?

Should your organization continue to provide Learning Circles to support workplace learning? Why or why not?

Do you have any additional comments about your Learning Circle?

Thank you very much!

Learning Circle Evaluation: Capability Questionnaire

Letter to Participants

The goal of this Learning Circle is:

To increase the ability of the interdisciplinary team to work together in providing person centered 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 provided here. We greatly value your input and appreciate your cooperation.

Thank you!

Please provide the following information:

Position:	Department:	Date :

Questions about your Learning

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)*. (2.4)

Objectives	Very low 1	2	3	4	Very high 5	NA
To understand the different roles and focus of the other team members	☐	☐	☐	☐	☐	☐
To identify respectful ways of working with fellow team members and residents	☐	☐	☐	☐	☐	☐
To understand how appreciation and recognition increase my team's productivity	☐	☐	☐	☐	☐	☐
To learn how to foster continuity of teamwork on my unit	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐

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

So far, to what extent has this Learning Circle met your gaps in knowledge about improved teamwork? Select the number that best reflects your rating. If you don't know, indicate *Don't Know (DK)*. (3.4)

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

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

How **confident** are you in applying 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)*. (4.2)

Knowledge and Skills	Not at all confident 1	2	3	4	Very confident 5	NA
1. To understand the different roles and focus of the other team members	☐	☐	☐	☐	☐	☐
2. To identify respectful ways of working with fellow team members and residents	☐	☐	☐	☐	☐	☐
3. To understand how appreciation and recognition increase my team's productivity	☐	☐	☐	☐	☐	☐
4. To learn how to foster continuity of teamwork on my unit	☐	☐	☐	☐	☐	☐
5. To think about making care strategies more successful	☐	☐	☐	☐	☐	☐
6. To plan to make changes to care strategies as needed	☐	☐	☐	☐	☐	☐

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

How have you changed your approach to care because of what you have learned in this Learning Circle? (3.4)

What else have you learned in this Learning Circle that has helped you to be successful as a health care provider?

Thank you for your participation!

From Cooperative Learning Strategies to Quality Continuing Care Workplaces: Tracking Sheet

Circle Operation

Please provide the following information about today's Learning Circle:

Topic:	# Attendees:	Date :
Key Activities:	# Absent:	Time:
Materials:		
Facilitator:	Location:	
Learning Circle Team Change:		

1. Please describe any scheduling concerns related to this meeting:
2. Please describe any coverage issues related to participants' attendance at this meeting:
3. Please rate the extent of management support you received to run the Learning Circle meeting today:

   Comments?

No support 1	2	3	4	A great deal of support 5	NA
☐	☐	☐	☐	☐	☐

Use of Your Group Process Skills Today

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

Group Process Skill	Very dissatisfied 1	2	3	4	Very satisfied 5	NA
Leadership	☐	☐	☐	☐	☐	☐
Communication, clarification & summarization	☐	☐	☐	☐	☐	☐
Sensitivity to individual & group learning needs	☐	☐	☐	☐	☐	☐
Promoting group cohesion	☐	☐	☐	☐	☐	☐
Promoting trust & confidentiality	☐	☐	☐	☐	☐	☐
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
Focusing on experience so far	☐	☐	☐	☐	☐	☐
Exploring underlying assumptions, values, and beliefs	☐	☐	☐	☐	☐	☐
Using reflection to develop new understanding	☐	☐	☐	☐	☐	☐
Drawing conclusions	☐	☐	☐	☐	☐	☐
Developing plans to experiment with new skills and knowledge	☐	☐	☐	☐	☐	☐
Providing feedback on how experimentation has unfolded in the workplace	☐	☐	☐	☐	☐	☐

Summary Notes:

Reflections: *(What energized you the most? What needs more work?)*

Please rate the overall effectiveness of today's Learning Circle:

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

Final thoughts?

Thank you very much!

Learning Circle Observation Form

Date: _____

Site Name: _____

Observer Name: _____

LEARNING CIRCLE SPACE OBSERVATIONS: PART A

Physical Space

1. Please indicate how close the learning circle meeting space is from the majority of participants work area *(may need to ask facilitator or query participants when distributing survey form)*

Within work area (within unit)	
Outside but close to work area (within building)	
Outside but not close to work area (different building	

2. Are Learning Circle participants sitting in circle Y / N

3. Are there any physical barriers between learning circle participants Y / N

4. Please rate the level of risk for interrupting learning circle discussion for each of the following attributes of the physical space

	No Risk	Low	Med	High Risk
Auditory Privacy				
Visual Privacy				
Accessibility				

Learning Space

5. Did you observe LC discussion that included sharing knowledge/information based on emotions, experiences, insights, intuition, observations and internalized information (Tacit Knowledge)?

0 No **1 Not Sure** **2 Yes**

6. Did you observe LC discussion that included sharing knowledge/information using or referring to resources or formal knowledge (Explicit Knowledge)

0 No **1 Not Sure** **2 Yes**

7. Did you observe LC discussion that included sharing experiences and learnings indicating the application of knowledge gained through learning circle discussion

0 No **1 Not Sure** **2 Yes**

LEARNING CIRCLE PHASE OBSERVATIONS: PART B

Start Time _____

TIME 1 (0-10min)

	Opening	Opening/ Diverge	Diverge	Diverge	Converge	Converge/ Close	Close
	Follow up from last LC	New Practice Story	Sharing Experiences	Brainstorming approaches/ solutions	Evidence/ new content (Explicit Knowledge) presented	Prioritizing approaches/ solutions	Decision to test change(s); Commitment to action
Facilitator							
Participants							
Practice change							

TIME 2 (10-20min)

	Opening	Opening/ Diverge	Diverge	Diverge	Converge	Converge/ Close	Close
	Follow up from last LC	New Practice Story	Sharing Experiences	Brainstorming approaches/ solutions	Evidence/ new content (Explicit Knowledge) presented	Prioritizing approaches/ solutions	Decision to test change(s); Commitment to action
Facilitator							
Participants							
Practice change							

TIME 3 (20-30min)

	Opening	Opening/ Diverge	Diverge	Diverge	Converge	Converge/ Close	Close
	Follow up from last LC	New Practice Story	Sharing Experiences	Brainstorming approaches/ solutions	Evidence/ new content (Explicit Knowledge) presented	Prioritizing approaches/ solutions	Decision to test change(s); Commitment to action
Facilitator							
Participants							
Practice change							

TIME 4 (30-40min)

	Opening	Opening/ Diverge	Diverge	Diverge	Converge	Converge/ Close	Close
	Follow up from last LC	New Practice Story	Sharing Experiences	Brainstorming approaches/ solutions	Evidence/ new content (Explicit Knowledge) presented	Prioritizing approaches/ solutions	Decision to test change(s); Commitment to action
Facilitator							
Participants							
Practice change							

END Time _____

Appendix 4 - Evaluation Data Collection and Analysis

The following data collection and analysis activities occurred during this project:

- The facilitators completed a copy of the *Learning Circle Tracking Sheet* on line after each LC meeting and submitted it to the research team for data entry and coding. Quantitative items were entered in an Excel spreadsheet and later analyzed in SPSS and qualitative comments were coded and entered in N-Vivo.
- The *Coaching Journal*s were completed as counseling sessions were held between the LC coaches and the facilitators.
- A team of two researchers attended each LC at two time points (i.e., LC#3 and LC#6) for data collection. At each session attended, the researchers conducted several data collection activities:
    - Observed the LC process and prepared field notes using the *Learning Circle Field Notes Protocol*, cross-checking with each other afterwards for accuracy and completeness. This information was summarized for further analysis.
    - Administered the self-assessment tools (i.e., *The Capability Questionnaire* at LC#3 and *The Knowledge Transfer Questionnaire* at LC#6). Quantitative data was entered in SPSS and qualitative comments were coded and entered in N-Vivo.
    - Completed a *Learning Circle Observation Form* to track learning phases and spaces in relation to the conduct of the group. This information was summarized for further analysis.
    - Conducted a one-question *Focus Group* at the end of the session lasting approximately 10 minutes. This was audio taped and later transcribed, coded and entered in N-Vivo.
- Facilitator interviews were conducted after the last LC using the *Facilitator Feedback Interview* protocol either after the LC meeting or subsequently by telephone. In-person interviews were audio taped and transcribed for coding; telephone interviews were transcribed as they occurred. The texts were later coded and entered in N-Vivo.
- Near the end of the project, site administrators or sponsors were also interviewed using the *Administrator/Site Sponsor Feedback Interview* protocol by telephone and the information was transcribed during the call. The texts were later coded and entered in N-Vivo.
- Information from the *Site Report Validation Survey* was used to refine the case study reports.

Table 4 summarizes the data that was collected from each site using these tools:

Table 4: Number of Completed Data Collection Tools by Site

Site	Consent Form	LC Track. Sheet	Coach. Journal	Capability Q	KT Q	Obs. Form	Field Notes	Focus Grp. 1	Focus Grp. 2	Facilitator Int.	Admin. Int.
Sagewood (HCAs (?))	NA	1	NA	NA	NA	NA	NA	NA	NA	NA	1
Collegeside (RNs & LPNs)	4	5	3	3	4	2	2	1	1	1	1
Kipnes Centre for Veterans (Multi-disciplinary)	8	6	4	6	4	2	2	1	1	1	1
Balwin Villa (HCAs)	6	7	2	5	6	2	2	1	1	1	1
Balwin Villa (LPNs)	6	7	1	5	NA	1	1	1	NA	1	
Grand Manor (LPNs & HCAs)	10	7	NA	5	9	2	2	1	1	1	1
Whitemud (HCAs)	7	7	2	7	6	2	2	1	1	1	1
Vegreville Manor (ILAs & ILA Assistant)	6	6	NA	4	4	2	2	1	1	1	1
Wing Kei Care Centre (RNs & LPNs)	7	7	2	7	6	3	2	1	1	1	1
Total	54	53	14	42	39	16	15	8	7	8	7

Focus Group Questions

Focus Group Question Time 1:

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.

Focus Group Question Time 2:

Can you give me an example of how you have changed the way you work as a result of what you learned in the Learning Circle? Try to describe that change for us. What helped you make those changes? What stood in your way?

Appendix 5 - Evaluation Results

Q1: How have the LC contributed to practice change?

1. Facilitator Role

Table 5: Changes of Facilitators' Group Process Skills

Group Process Skills	Time 1			Time 2			Change (Mean)
	n	Mean	Std. Deviation	n	Mean	Std. Deviation	
Leadership	29	3.80	1.126	18	3.94	.725	0.14
Communication, clarification & summarization	30	3.93	.868	18	3.83	.618	-0.10
Sensitivity to individual & group learning needs	30	3.87	.776	20	4.05	.605	0.18
Promoting group cohesion	30	4.03	.765	19	4.26	.562	0.23
Providing trust & confidentiality	29	4.23	1.135	19	4.26	.733	0.03
Encouraging full participation, collaboration & shared responsibility	30	4.23	.898	20	4.10	.718	-0.13

2. Learning Circle Process and Implementation

Table 6: Changes of Participants' Experiential Learning Skills

Participants' Experiential Learning skills	Time 1			Time 2			Change (Mean)
	N	Mean	Std. Deviation	N	Mean	Std. Deviation	
Focusing on experience	28	4.11	1.066	19	4.58	.607	0.47
Exploring underlying assumptions, values, and beliefs	24	3.21	.932	18	3.61	.850	0.40
Using reflection to develop new understanding	29	3.48	.911	18	4.17	.707	0.68
Drawing conclusions	25	3.32	1.314	19	3.95	.705	0.63
Developing plans	25	3.88	.971	18	3.89	.900	0.01
Providing feedback on how experimentation has unfolded in the workplace	22	3.32	1.129	18	4.06	.873	0.74

Data source: LC Tracking Sheets

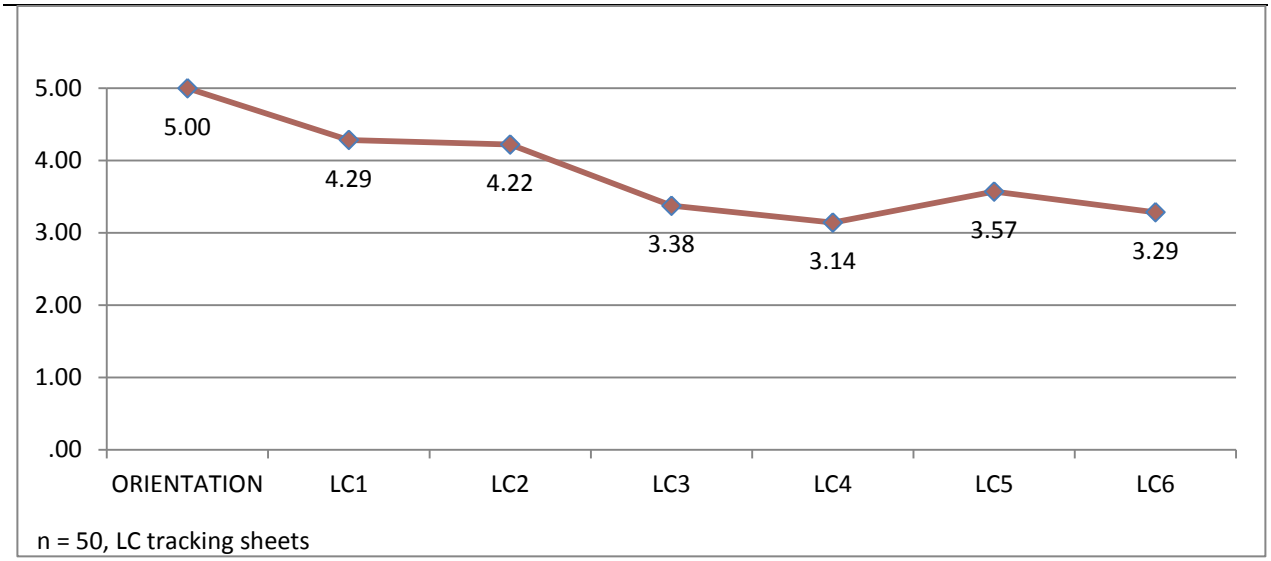

Figure 6: Perceived Management Support

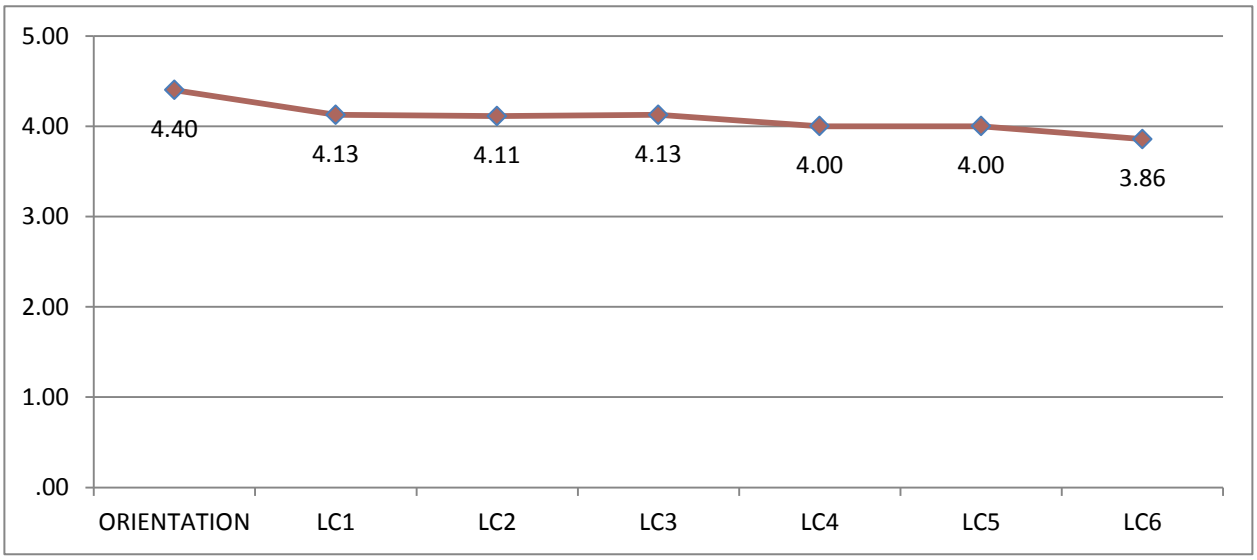

Figure 7: Perceived Overall Effectiveness

3. Outcomes from Learning Circles

Table 7: Participants' Knowledge and Skill Levels

Site	n*	Site Objectives	Project Objectives			
		Mean	To reflect on how to change practice	To be able to discuss what I have learned	To make plans to try out my new skills & knowledge	Mean
Site A	3	4.83	5.00	5.00	4.67	4.89
Site B	6	4.25	4.33	4.33	4.00	4.22
Site C	5	4.55	4.25	4.40	4.80	4.53
Site D	5	4.75	5.00	4.80	4.80	4.87
Site E	5	4.40	4.60	4.40	4.20	4.40
Site F	7	4.32	4.57	4.71	4.71	4.67
Site G	4	4.42	4.00	4.25	4.00	4.08
Site H	7	4.54	4.29	4.43	4.57	4.43
Overall	42	4.48	4.49	4.52	4.48	4.50

N = 42, Data source: Capability Questionnaires administered at the 3rd LC session in eight LCs.

*Sample size of the site. There was missing data on some variables.

Table 8: Participants' Confidence to Apply Knowledge and Skills

Site	n*	Site Objectives	Project Objectives		
		Mean	To think about making care strategies more successful	To plan to make changes to chare strategies as needed	Mean
Site A	3	4.67	4.33	4.67	4.50
Site B	6	4.17	4.17	4.00	4.08
Site C	5	4.30	5.00	5.00	5.00
Site D	5	4.75	4.80	4.80	4.80
Site E	5	4.81	4.75	4.50	4.63
Site F	7	4.29	4.50	4.33	4.42
Site G	4	4.33	4.50	4.50	4.50
Site H	7	4.68	4.43	4.29	4.36
Overall	42	4.48	4.55	4.48	4.51

N = 42, Data source: Capability Questionnaires

*Sample size of the site. There was missing data on some variable

Table 9: Participants' Applied Knowledge and Skills

Site	n*	Site Objectives	Project Objectives		
		Mean	To think about the success of these strategies	To plan changes to my practice as needed	Mean
Site A	4	4.50	4.25	4.75	4.50
Site B	4	4.44	4.75	4.50	4.63
Site C	6	4.88	4.83	4.83	4.83
Site E	9	3.86	4.11	4.11	4.11
Site F	6	4.71	4.67	4.33	4.50
Site G	4	4.00	4.25	4.25	4.25
Site H	6	4.46	4.50	4.67	4.58
Overall	39	4.37	4.46	4.46	4.46

N = 39, Data source: Knowledge Transfer Questionnaires completed at the final LC. Data were not collected at site D due to the cancellation of their last session.
*Sample size of the site. There was missing data on some variables.

4. Team Development Outcomes

Table 10: Participants' Practice Change

Site	n*	Site Objectives	Project Objectives
		Mean	To change my practice when needed
Site A	4	4.69	4.75
Site B	4	3.94	3.75
Site C	6	4.71	4.83
Site E	9	3.97	4.11
Site F	6	4.67	4.50
Site G	4	4.00	4.50
Site H	6	4.25	4.33
Overall	39	4.31	4.38

N = 39, Data source: Knowledge Transfer Questionnaires
*Sample size of the site. There was missing data on some variables.

Table 11: LC Themes, Objectives, and Topics

Site	LC Themes	Objectives	Topics
AgeCare Sagewood	Leadership		
Bethany Collegeside	Team Development	1. To increase communication amongst team members 2. To increase awareness of in-house resources that are available 3. To improve awareness of resident needs 4. To improve planning to meet identified resident needs	LC 1 Introduction to the Learning Circle Concept LC 2 Discussion of a "difficult" resident and come up with strategies for providing in a person-centred care LC 3 Leadership style LC 4 Cultural sensitivity LC 5 Cancelled LC 6 Conflict management
CapitalCare Kipnes	Team development with a focus on person-centred care	1. To understand the different roles and focus of the other team members 2. To identify respectful ways of working with fellow team members and residents 3. To understand how appreciation and recognition increase my team's productivity 4. To learn how to foster continuity of teamwork on my unit	LC 1 Teamwork in support of Person Centered Care LC 2 Teamwork and Person Centered Care LC 3 Team work and Person Centered Care LC 4 Breakfast Help and Defining Person Centered Care LC 5 Teamwork and Person Centered Care for ID team LC 6 Person Centered Care and Teamwork
Excel Balwin Villa (HCA)	To find methods that will improve communication and teamwork, shift to shift & between LPNs and HCAs	1. To explore the challenges and assumptions around current communication processes among LPNs/HCAs and between shifts 2. To provide examples and strategies of ideal effective communication to promote teamwork 3. To plan and implement a series of actions to	Orientation Overview and brainstorming LC 1 Teamwork and communication LC 2 Teamwork and communication LC 3 Teamwork and communication LC 4 LPN Wish List, Staffing challenges LC 5 Challenges about communication

		improve communications based on LC discussions 4. To challenge ourselves to be informal leaders about this topic	and teamwork; LPN wish list and how best to share the wish list with the LPN LC LC 6 Shift report review; communication of wish list to LPN's; future directions for the learning circle
Excel Balwin Villa (LPN)	Team documentation	1. To review positive examples of team documentation and discuss areas for improvement 2. To review and discuss feedback from HCAs on what they feel are important issues with team documentation 3. To review past experiences and discuss strategies for LPNs to coach HCAs on team documentation 4. To brainstorm strategies to make team documentation of resident care more effective	Orientation Intro to Learning Circles and brainstorm possible topics LC 1 Documentation LC 2 Good and bad examples of documentation LC 3 Coaching HCAs with documentation LC 4 Documentation LC 5 Documentation LC 6 Documentation (cancelled due to none participation)
Excel Grand Manor	Improving teamwork	1. To explore assumptions around current communication processes among LPNs/HCAs and between shifts (day/evening) 2. To explore the qualities of ideal communication to promote teamwork 3. To provide examples and strategies to work effectively as a team with challenging clients and behaviours 4. To plan and implement a series of actions to improve communication and teamwork based on LC discussions	Orientation Initial Learning Circle meeting. LC 1 Challenging clients and how we manage them. LC 2 Managing challenging Clients and how each shift handles them differently or the same. LC 3 How different staff members have been handling challenging mental health clients and aging/dementia clients and what exactly their challenges are around caring for these type of clients LC 4 How to deal with challenging clients and their behaviours. LC 5 Challenging clients LC 6 Challenging clients
Lifestyle Whitemud	Effective teamwork	1. To understand how appreciation and recognition impact my team's productivity	Orientation Orientation LC 1 How to maintain the therapeutic

		2. To explore factors which positively influence teamwork and identify areas of improvement 3. To identify ways to clarify our communication including listening well to each other 4. To increase our resilience and abilities to adapt to day-to-day changes	tub clean and how to deal with abusive and demanding LC 2 Effective Teamwork LC 3 Effective Teamwork LC 4 Effective Teamwork LC 5 Effective Teamwork with a focus on Communication skills LC 6 Effective Teamwork
St. Michael's Vegreville	Improve teamwork	1. To explore assumptions about how we are currently working together and identify areas for improvement 2. To identify ways to improve communication to more effectively work as a team within the building 3. To show tolerance and respect for each other and build trust	Orientation Overarching theme is Teamwork LC 1 Communication within the team LC 2 Getting through the Flu and what we learned LC 3 Workplace Bullying LC 4 Team Unity LC 5 Communication LC 6 (Missing data: tracking form was not received)
Wing Kei	Effective leadership	1. To identify what effective leadership looks like in my unit 2. To understand how effective leadership can increase support for my role 3. To understand how appreciation and positive feedback increase my team's motivation 4. To learn how to foster continuity of care on my floor	Orientation Orientation (Roles/Set Ground Rules) What does effective leadership look like? Why? LC 1 Health Care Aide Motivation LC 2 Using daily education to promote motivation in HCAs LC 3 Dealing With Resident/Family Conflict LC 4 Effective Communication with Supervisor LC 5 Time Management LC 6 Leadership Case Study - applying the strategies we've shared

Table 12: Case Study Validation Survey Results

	N	Minimum	Maximum	Mean	Std. Deviation
Validity	8	4.00	5.00	4.75	.463
Relevance	8	4.00	5.00	4.63	.518
Utility	8	4.00	5.00	4.53	.452
Value	8	2.50	5.00	4.06	.980
Valid N	8				

Appendix 6 – Consent Forms and Information Letters

STUDY INFORMATION LETTER for SITE ADMINISTORATORS & MANAGERS

TITLE: From Cooperative Learning Strategies to Quality Continuing Care Workplaces

PRINCIPAL INVESTIGATORS:

Sharla King, Health Sciences Education and Research Commons, University of Alberta (780-492-2333)

Steven Friesen, Bethany Care Society

CO-INVESTIGATORS:

Don McLeod, Bethany Care Society

PROJECT COORDINATOR:

Sandra Woodhead Lyons, Executive Director, ICCER *(780-248-1504)*

This study was reviewed by the Health Panel of the University of Alberta's Health Research Ethics Board.

BACKGROUND

All health care workers need continuing education opportunities to make sure they provide the best care possible. Providing continuing education opportunities in the workplace helps make sure that all staff have the same opportunities for learning. Learning Circles are one approach to helping staff learn at their workplace. They have been used at some continuing care sites. The Learning Circle brings together health workers in a structured group to discuss topics of interest to the group. The group learns from each other. This form of learning is called collaborative learning.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to determine if Learning Circles are helpful to support learning in the workplace and improve clinical practice.

WHAT WOULD I HAVE TO DO?

1. Tell us what you hope to achieve with conducting Learning Circles:
    - Before the Learning Circles begin at your site, we will be working with you to determine how 'ready' your site is to start the Learning Circle process.
    - As part of this, we will interview you to ask you what you hope the Learning Circles will do for your staff at the site. We will ask if you have any concerns or anticipated challenges.
    - If your site already uses Learning Circles we will ask you how the Learning Circles are going and if any changes need to be made.
2. Tell us what you think of Learning Circles:
    - The Learning Circles will run for 6 months.
    - At the end of this time, you will be asked what you thought of the Learning Circles.
    - The project team is interested to know if you think the Learning Circles improved the culture of the site, enhanced care; impact on staffing, etc.

- The person asking the questions will be part of the research team. He/she will write some notes as you talk.
- The discussion will also be recorded to make sure we hear everything you have to say. You can request to have the recorder shut off at any time. The recording will be typed out afterwards. When it is typed out, we make sure no real names are used.
- The discussion should take 1 hour.

WHAT ARE THE RISKS?

There are very few risks to participating in the interview portion of the study. Sharing your perspective is important in order for us to properly evaluate the impact of Learning Circles. If for some reason when you are sharing your perspective, you get emotional, you can ask the researcher to stop the interview.

WILL I BENEFIT IF I TAKE PART?

The purpose of the Learning Circle is to help health workers do their jobs better and to improve the culture of the workplace. We hope this happens for you and at your site. We cannot make certain this does happen. By being part of the Learning Circle, we hope you find it helpful in your staff doing their jobs in the future.

DO I HAVE TO PARTICIPATE?

Your participation in the interview is voluntary. You may decline to answer any of the questions and end your part in the study at any time. Should you wish to withdraw from the study, please inform the research assistant or contact the individual listed below. You also have the right to ask questions and ask for more information whenever you like.

WILL MY RECORDS BE KEPT PRIVATE?

The Principle Investigators, Project Coordinator, and the two research assistants, are aware that you are participating in this study and therefore it is not be possible for you to take part in the study anonymously. The information that you provide, however, will be kept confidential. All information from the study will be reported at a high level only meaning that your name will not be identified. All data collected will be stored in a locked cupboard in the office of the Research Director of Bethany Care Society for a period of five years.

Ideas and information from the questionnaires will be used for interim and final reports, publications and presentations of research information, but at no time will you be known by your name or in any other way. Anonymity and privacy will be assured as much as possible. You may have a copy of the interim and final reports.

CONTACTS

If you have further questions concerning matters related to this research, please contact Sandra Woodhead Lyons, Executive Director, Institute for Continuing Care Education and Research (ICCER), 4-023 Edmonton Clinic Health Academy, University of Alberta, 11405 - 87 Avenue NW, Edmonton AB T6G 1C9 (780-248-1504 or sandra@iccer.ca).

If you have any questions concerning your rights as a possible participant in this research, please contact the Research Ethics Office, University of Alberta at 780-492-2615.

STUDY INFORMATION LETTER for HEALTH PROVIDERS

TITLE: From Cooperative Learning Strategies to Quality Continuing Care Workplaces

PRINCIPAL INVESTIGATORS:

Sharla King, Health Sciences Education and Research Commons, University of Alberta (780-492-2333)

Steven Friesen, Bethany Care Society

CO-INVESTIGATORS:

Don McLeod, Bethany Care Society

PROJECT COORDINATOR:

Sandra Woodhead Lyons, Executive Director, ICCER (780-248-1504)

This study has been reviewed by the Health Panel of the University of Alberta's Health Research Ethics Board.

BACKGROUND

All health care workers need continuing education opportunities to make sure they provide the best care possible. Providing continuing education opportunities in the workplace helps make sure that all staff have the same opportunities for learning. Learning Circles are one approach to helping staff learn at their workplace. They have been used at some continuing care sites. The Learning Circle brings together health workers in a structured group to discuss topics of interest to the group. The group learns from each other. This form of learning is called collaborative learning.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to determine if Learning Circles are helpful to support learning in the workplace and improve clinical practice.

WHAT WOULD I HAVE TO DO?

1. Join a Learning Circle at your site:
    - You are being asked to join a Learning Circle at your site.
    - The Learning Circle will be made up of other people from your site. You would meet with the other members of the Learning Circle once a month.
    - The Learning Circle is led by an educator, but what you talk about are topics the group wants to discuss.
    - Sometimes people tell a story from their own work experience. The story may be about a really difficult situation with a patient. This helps the person learn what to do in the future to handle the same situation.
    - Listening to someone tell a story can also help you learn what to do if you have the same experience. The educator in the Learning Circle will ask you to think about what you have heard in the Learning Circle when you go back to work.
    - You may change how you look at certain situations in the workplace after being in the Learning Circle.

- When you go back to the Learning Circle, you can tell people if you did make any changes to how you worked or if you felt different about your work.

The Learning Circles usually last 1-1.5hrs each time you meet. The researchers have made arrangements with the manager to make sure your work is covered while you are at the Learning Circles.

2. Tell us what you think of Learning Circles:
    - The Learning Circles will run for 6 months.
    - At the orientation to Learning Circles, you will be asked a few questions about your previous experiences with learning in your workplace. This should take 15minutes and will be done as a group.
    - At the end of the 3rd and the final Learning Circles, you will be asked what you thought of the Learning Circles. This is called a focus group. The focus group is different than the Learning Circle.
    - The focus group includes the same people that were in your Learning Circle.
    - The person asking the questions in the focus group will be part of the research team. He/she will write some notes as you talk.
    - The discussion will also be recorded to make sure we hear everything you have to say. The recording will be typed out afterwards. When it is typed out, we make sure no real names are used.
    - This discussion will take 1 hour.
    - Two focus groups will happen – after the 3rd Learning Circle and after the final Learning Circle.
3. Complete a Questionnaire
    - You will complete a self-assessment or questionnaire about what you learned in the Learning Circles. This will be completed on your own at the end of the final Learning Circle. It will take 20 minutes. It is a paper questionnaire.
    - Once you finish the questionnaire, you will place it in an envelope that will be returned to the research team.

The Learning Circle is voluntary and not necessary as part of your job.

WHAT ARE THE RISKS?

There are very few risks to participating in this study. You may want to tell a story from your work experience that was upsetting to you or someone may say something that makes you upset. If you do get upset during a Learning Circle, the educator will help you. If you are still upset after the Learning Circle, then the educator will tell you what to do. You may also get a bit mentally tired when talking about your work. If you get mentally tired, please let your educator know.

Your job will not be affected in any way by your participation in the Learning Circle or by the information you provide in the group interview.

WILL I BENEFIT IF I TAKE PART?

The purpose of the Learning Circle is to help health workers do their jobs better and to improve the culture of the workplace. We hope this happens for you and at your site. We cannot make certain this

does happen. By being part of the Learning Circle, we hope you find it helpful in doing your job in the future.

DO I HAVE TO PARTICIPATE?

Your participation in the Learning Circles and in the interview is voluntary. You may decline to answer any of the questions and end your part in the study at any time. Should you wish to withdraw from the study, please inform the research assistant or contact the individual listed below. You also have the right to ask questions and ask for more information whenever you like.

WILL MY INFORMATION BE KEPT PRIVATE?

The Principle Investigators, Project Coordinator, the two research assistants, and other staff on your unit are aware that you are participating in this study and therefore it is not be possible for you to take part in the study anonymously. The information that you provide, however, will be kept confidential. Code numbers will be used on study questionnaires. Lists of participants along with the code number and consent forms will be stored separately from the data.

All information from the study will be reported at a high level only meaning that your name will not be identified. All data collected will be stored in a locked cupboard in the office of the Research Director of Bethany Care Society for a period of five years.

Ideas and information from the questionnaires and focus groups will be used for interim and final reports, publications and presentations of research information, but at no time will you be known by your name or in any other way. Anonymity and privacy will be assured as much as possible.

In a focus group, we cannot guarantee that other members of the group will keep the information that is talked about confidential. We will remind all the focus group members to keep the information confidential at the start of the focus group. You may have a copy of the interim and final reports.

In some Learning Circles, the research team may want to take photographs to show the seating arrangement of the circle. If the research team takes a photo of your Learning Circle, you may be identifiable. We will ask for your consent before taking a photo. The photos will be used for presentation purposes only, not for research. Photos will only be taken of a Learning Circle if all members consent.

CONTACTS

If you have further questions concerning matters related to this research, please contact Sandra Woodhead Lyons, Executive Director, Institute for Continuing Care Education and Research (ICCER), 4-023 Edmonton Clinic Health Academy, University of Alberta, 11405 - 87 Avenue NW, Edmonton AB T6G 1C9 (780-248-1504 or sandra@iccer.ca).

If you have any questions concerning your rights as a possible participant in this research, please contact the Research Ethics Office, University of Alberta at 780-492-2615.

INFORMATION LETTER for HEALTH PROVIDERS - Lunch sessions

TITLE: From Cooperative Learning Strategies to Quality Continuing Care Workplaces

PRINCIPAL INVESTIGATORS:

Sharla King, Health Sciences Education and Research Commons, University of Alberta (780-492-2333)

Steven Friesen, Bethany Care Society

CO-INVESTIGATORS:

Don McLeod, Bethany Care Society

PROJECT COORDINATOR:

Sandra Woodhead Lyons, Executive Director, ICCER (780-248-1504)

BACKGROUND

All health care workers need continuing education opportunities to make sure they provide the best care possible. Providing continuing education opportunities in the workplace helps make sure that all staff have the same opportunities for learning. Learning Circles are one approach to helping staff learn at their workplace. They have been used at some continuing care sites. The Learning Circle brings together health workers in a structured group to discuss topics of interest to the group. The group learns from each other. This form of learning is called collaborative learning.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to determine if Learning Circles are helpful to support learning in the workplace and improve clinical practice.

WHAT WOULD I HAVE TO DO?

In addition to the two parts you have already agreed to participate in as a Facilitator for the Learning Circles, we are asking that you participate in an informal feedback session at the celebration lunch. You will be asked a series of evaluation questions during the luncheon. The celebration lunch will last approximately 2 hours.

The luncheon will celebrate the successes the Facilitators have had with their Learning Circles. Facilitators have been invited to share successes, challenges, and next steps for Learning Circles.

WHAT ARE THE RISKS?

There are very few risks to participating in the celebration lunch portion of the study. Sharing your perspective is important in order for us to properly evaluate the impact of Learning Circles and to determine what special skills facilitators of Learning Circles require.

WILL I BENEFIT IF I TAKE PART?

The purpose of the Learning Circle is to help health workers do their jobs better and to improve the culture of the workplace. We hope this happens for you and at your site. We cannot make certain this does happen. By being part of the Learning Circle and part of the evaluation, we hope you find it helpful in doing your job in the future.

DO I HAVE TO PARTICIPATE?

Your participation in the Learning Circles and in the celebration lunch is voluntary. You may decline to answer any of the questions and end your part in the study at any time. Should you wish to withdraw

from the study, please inform the research assistant or contact the individual listed below. You also have the right to ask questions and ask for more information whenever you like.

WILL MY RECORDS BE KEPT PRIVATE?

The Principle Investigators, Project Coordinator, the two research assistants, and other staff on your unit are aware that you are participating in this study and therefore it is not be possible for you to take part in the study anonymously. In addition, during the luncheon session, we cannot guarantee that others from the group will maintain the confidentiality of what is said.

Ideas and information from the celebration lunches may be used for interim and final reports, publications and presentations of research information, but at no time will you be known by your name or in any other way. Anonymity and privacy will be assured as much as possible. You may have a copy of the interim and final reports.

CONTACTS

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If you have any questions concerning your rights as a possible participant in this research, please contact the Research Ethics Office, University of Alberta at 780-492-2615.

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