



# **Collaborative practice in continuing care settings: Supporting front-line providers using a collaborative learning model**

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# Definitions



**Continuing Care:** integrated range of services supporting health of individuals living in their own home, a supportive living or long-term care setting

**Health Care Aides:** unregulated workers; provide personal assistance and support services (e.g., bathing, grooming, dressing, and toileting )

# Challenge with Collaborative Practice in Continuing Care



- Most health care aides not trained to work in team delivery structure (Berta, 2013)
- Continuing education and team development opportunities limited

# Project Purpose



Address challenges of workplace learning opportunities in continuing care facilities through a collaborative learning process

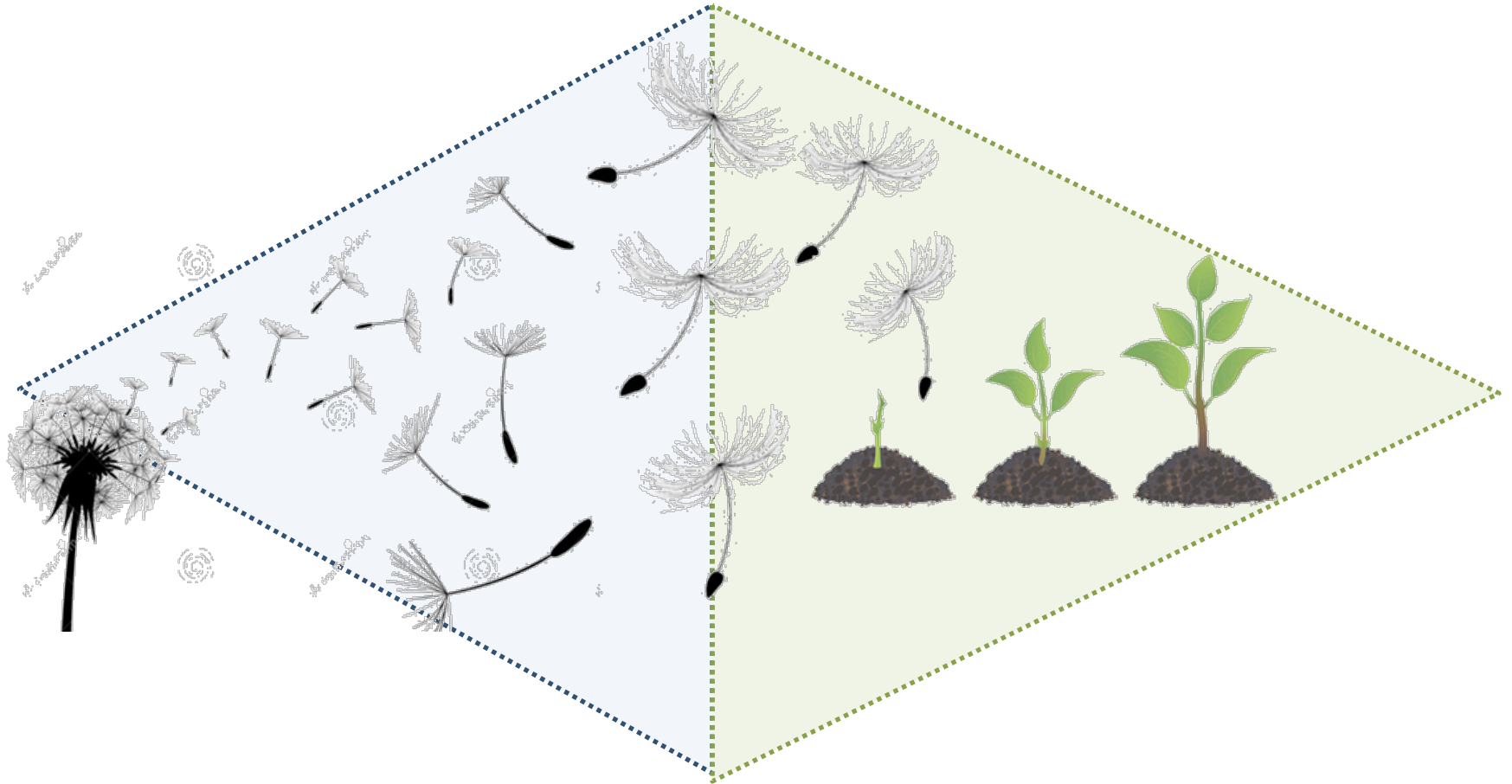
Presentation will focus on aspects of team development and teamwork

# Learning Circles



- Consist of 6-8 participants
- HCAs, LPNs, or RNs
- Are led by facilitators
- Meet one hour per month
- Objectives are developed by the LC
- Specific model is followed

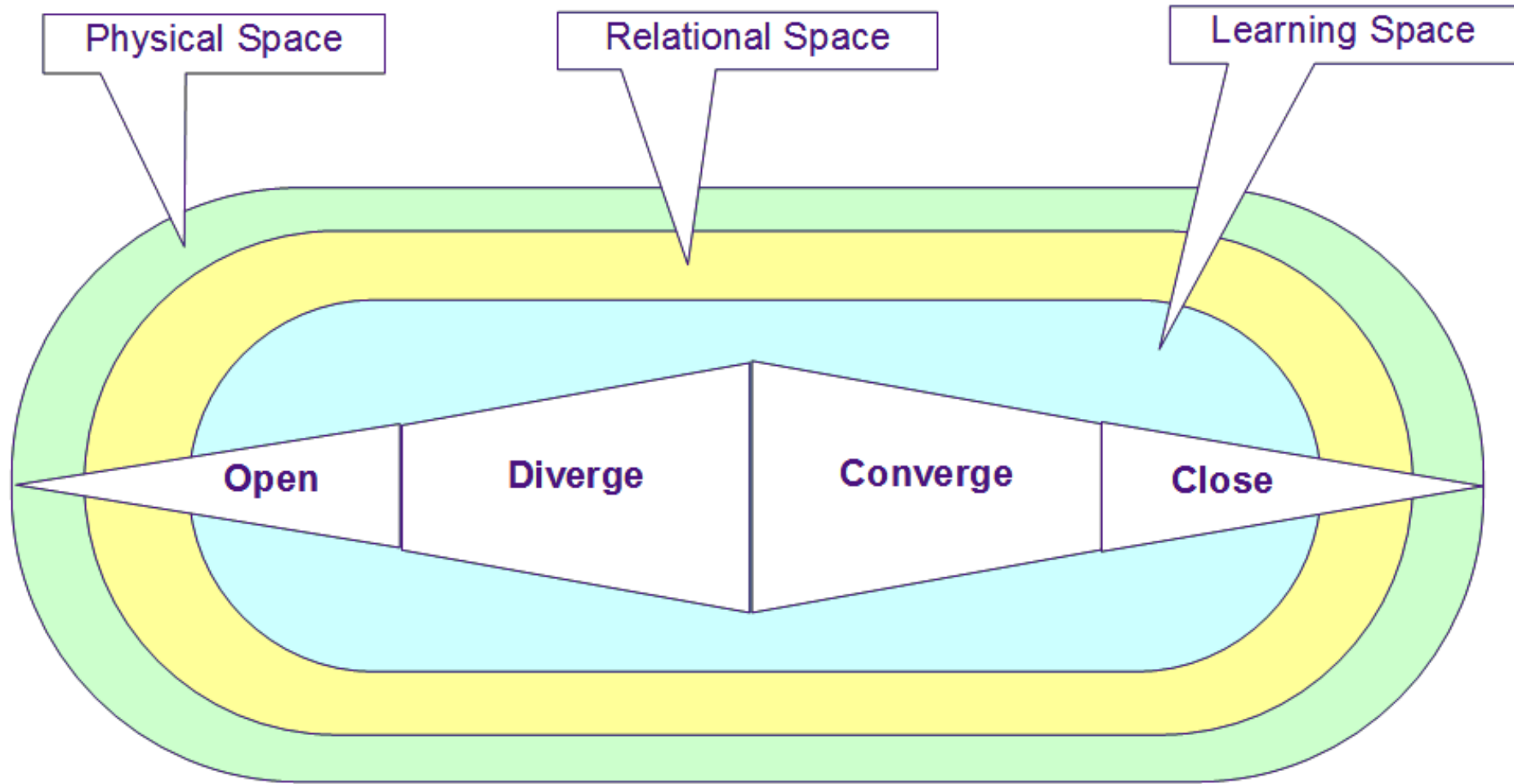
# The Learning Circle Process



**Diverge**

**Converge**

# Three Spaces & Four Phases

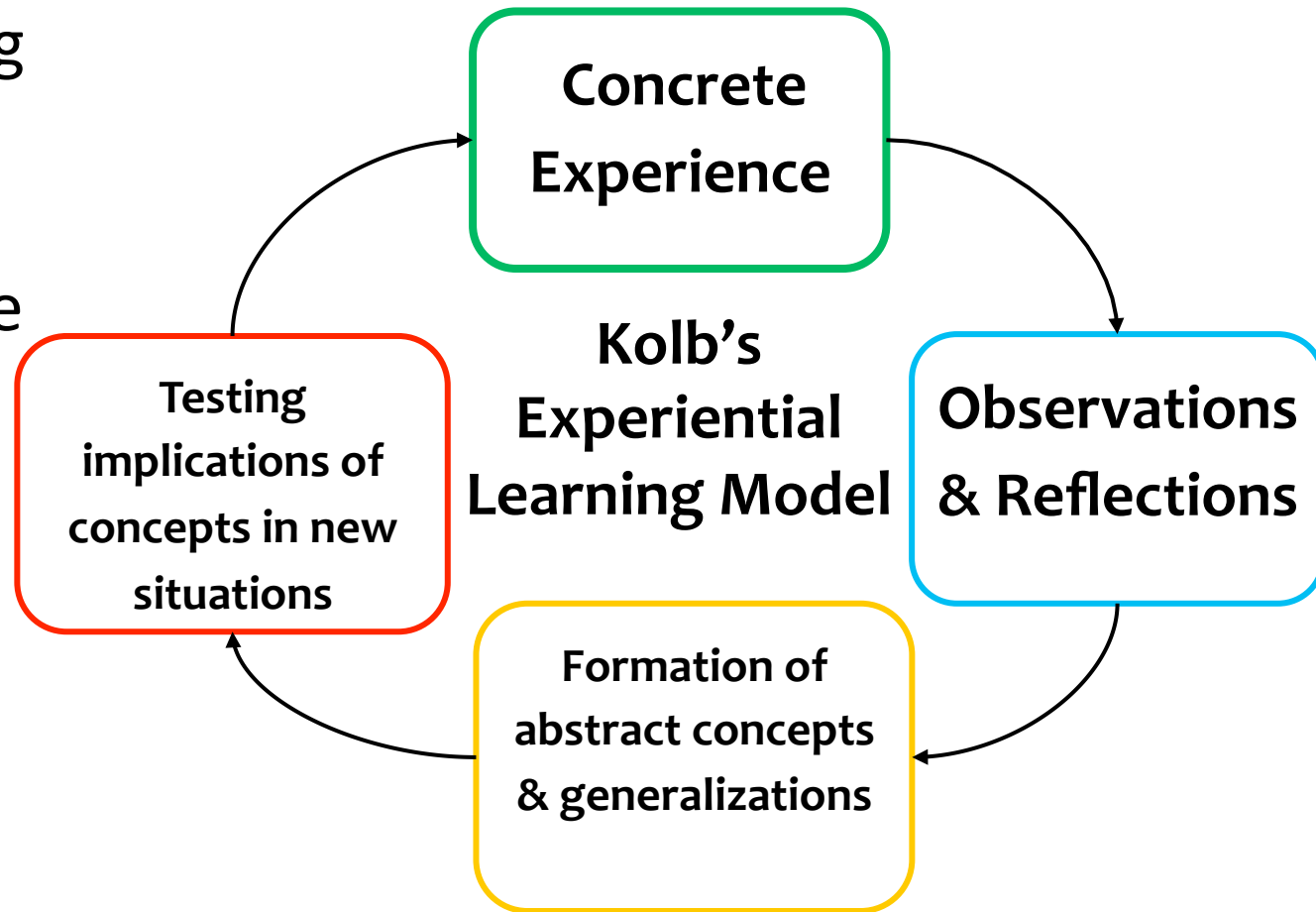


# Background Theory

Experiential  
Learning: Learning  
Cycle (Kolb, 2007)

Reflective Practice  
(Schön, 1983)

Assumptions of  
Adult Learners  
(Knowles et al, 2011)



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



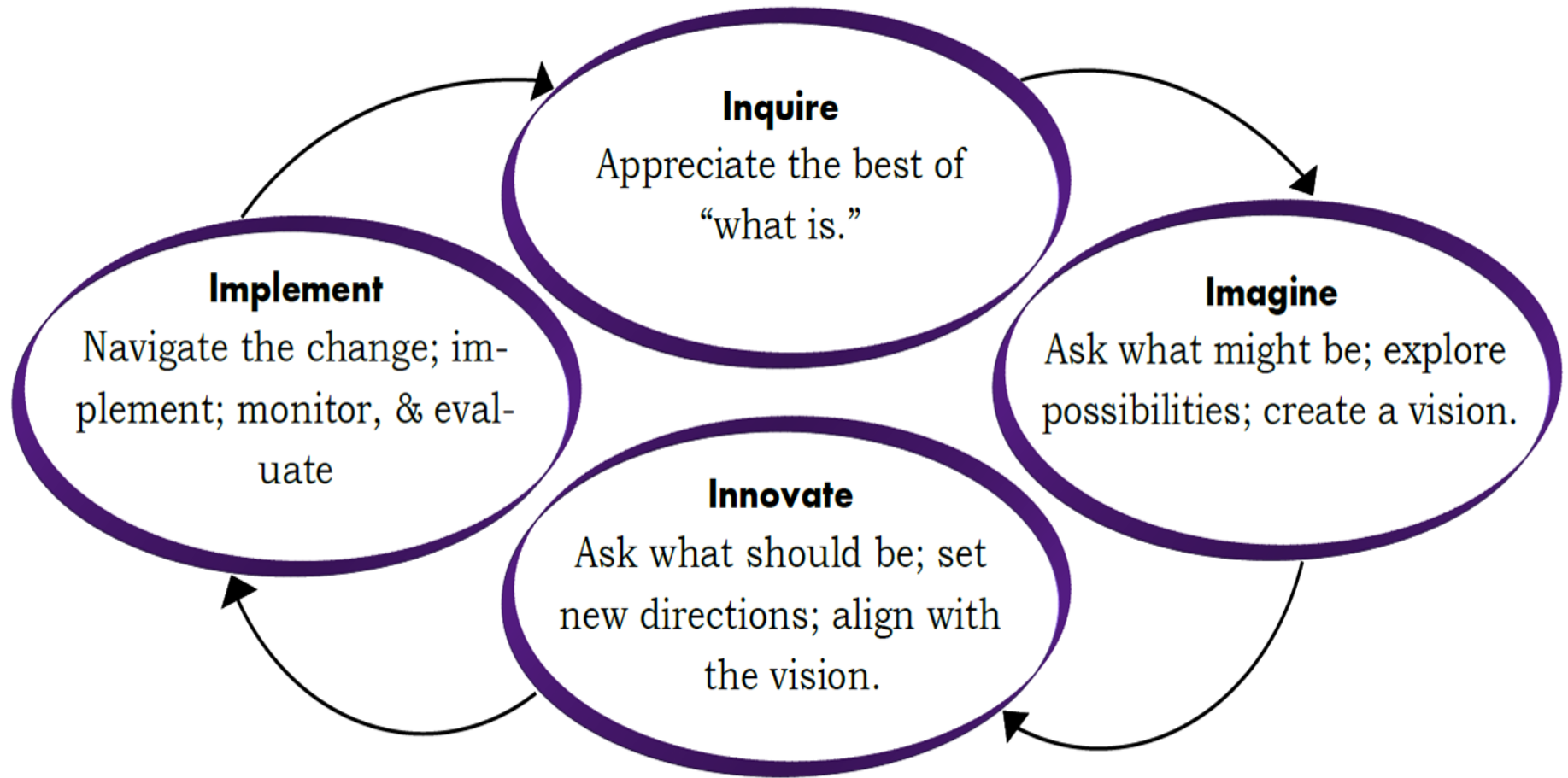
# Methods



- 9 LCs in 8 continuing care sites
- Single discipline and interdisciplinary membership
- Time 1 = 3<sup>rd</sup> LC
  - Focus Grp w/LC Participants
- Time 2 = 6<sup>th</sup> LC
  - Focus Grp w/LC Participants & Interviews w/facilitators, site managers

# Evaluation Approach

## Appreciative Inquiry



(Preskill and Catsambas, 2006).

# Results

6 LCs identified teamwork or team development as the LC objective

Example:

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



# LCs Enabled *Team Development*



- *Team Collaboration*
  - **Team Relationship** (incl. building trust & better working relationship)
  - Supporting Staff
- *Team Communication*
  - **Role Clarity**
  - **Better Communication at LCs**
  - Express Themselves to Team
  - **Appreciative Communication**
  - Implementation of New Communication Strategies

# Team Collaboration – Team Relationship



*Building Trust: “The group went from ‘co-workers’ to ‘confidants’ - watching them bonding took on a whole new feel within the group.”*

*(Facilitator Interview)*

# Team Communication – Role Clarity



*“Rehab professionals feel nursing staff don’t follow their instructions because they don’t understand them or because they don’t want to do it. They now realize it is more of a workload issue and that there is a good reason if they don’t have the time to do as instructed.”*

*(Facilitator Interview)*

# Team Communication

## – Better Communication at LCs




*“For me it is very, very efficient because we work in the nights and don't see these guys. We just go and come, and we don't get a chance to sit together and discuss their opinions, what kind of problems they are facing, what problems we are facing, and we can really understand each other.”*

*(T2 Focus Group)*

# Team Communication

## - Appreciative Communication



*“How to motivate staff, how to encourage them. So, I take time to talk to them, and always to encourage them. Compliment them and acknowledge their hard work...They... improved, I have to acknowledge that”*

*(T2 Focus Group)*



# Single Discipline vs Interdisciplinary



- Single discipline  $n=7$ 
  - recognized similarity of challenges and create common solutions
- Interdisciplinary  $n=2$ 
  - increased role clarity, led to greater understanding outside LC

# Conclusions

Learning Circles allowed providers to prioritize and address practice issues;

Enhancing team development and team competencies are foundational to a successful learning circle



# Acknowledgements



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