

Executive Summary

The Learning Circle Story: Building Capacity in Continuing Care

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 cooperative 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. An evaluation approach that explored the inclusion of CC sites, as central to the evaluation processes and outcomes.
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

1. Continue to explore and support collaborative learning strategies to build staff capacity in resource restrictive environments.
2. Commit to creating and sustaining a learning culture that supports collaborative learning at the frontline.
3. Implement learning circles as an educational strategy that compliments established training approaches.
4. Value and create space for reflective learning to improve practice.
5. 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 help increase quality of life for residents through improved practice, enhanced quality of care and better relationships with staff, residents and families.

Funding

This project is funded by:



Covenant Health
Network of Excellence in
Seniors' Health and Wellness



INSTITUTE FOR CONTINUING CARE EDUCATION & RESEARCH



UNIVERSITY OF ALBERTA
HEALTH SCIENCES COUNCIL
Health Sciences Education and Research Commons



CREATING CARING COMMUNITIES

