

# Community Needs Driven Research Network

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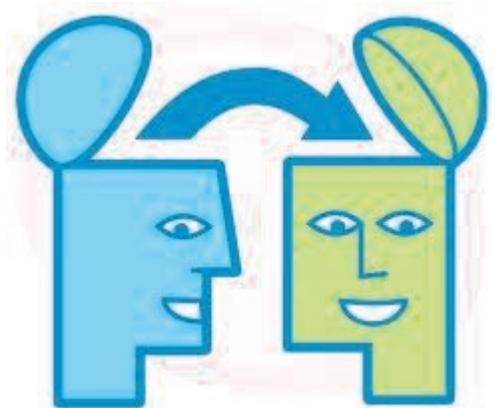
## Education related issues

Participants noted a lack of efficient strategies in education-related issues to support learning and help transfer knowledge into the different situations staff face daily. A few issues with the current education model are:

1. In-service training does not translate well into care or other care settings;
2. Information is inaccessible when staff need it, especially when dealing with a certain situation or client; and
3. Staff feel time spent on education is not useful, thus lowering staff motivation and managerial support.

### What front-line workers said:

- “How do you effectively share the information with the staff in a way that they are going to understand and retain, and be able to use it, instead of overwhelm them with ‘here is a stack of reading’?”
- “I think sometimes there’s a disconnect in the training that we provide, somehow is a small portion. How does it get sort of—how does education move with individuals as they move through the system.”
- “I think it would be really great and my goal would be that we could look at for the facility to have online orientation and ongoing education and access.”



### What needs to be done?

There is a need to assess the effectiveness and short- and long-term outcomes of education strategies. This includes assessing how performance and practice is impacted by in-service strategies and their impact on care.

### Front-line workers' views:

- “How do I see the outcome that my education is effective and then that I am able to get them to transition that knowledge faster?”
- “Is that outcome piece to say you are now not only tracking how many hours someone goes to education services, but what’s their performance like on the floor, and how does that reflect that they’re actually taking the knowledge into their practice and how are they able to actually transition it, no matter what the client looks like.”



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### What other training issues have been identified?

Participants also reported a critical issue is the lack of standards for Health Care Aide (HCA) base training, which does not lead to good quality care. The HCAs' competencies provided by base training are compromising the quality of care and the team development in the different streams.

#### Front-line workers' experiences:

- "I had the opportunity to kind of work with a new HCA program and it's very evident that there's knowledge lacking... it's get them out, get them a job no matter what the standard is...so then your outcomes become very poor, because that knowledge retention isn't there."
- "They don't know what home care is and once they get to the houses where they are supposed to work they just say 'oh this is hard' and they quit and they go to facilities."
- "... it's about HCAs having the training, about cleaning the facilities, because every assisted living facility the health care aides have to do the cleaning, and dietary, too... So that stuff isn't being taught in the health care aide program. And like P4 said, so then we get students to come here [referring to assisted living] or people come here from school and they're, like 'This isn't what I was taught'."



#### What is being done to address this issue?

1. CNDRN pilot project funding of a Learning Circles project with Excel Society and Bethany Care Society with Barrington Research evaluating the Bethany Care Society part. More details are provided in 'Pilot Projects' section. The final evaluation report is available at [http://www.iccer.ca/cndrn\\_lc.html](http://www.iccer.ca/cndrn_lc.html)
2. Two one-day forums hosted by ICCER with guest speaker Sienna Caspar on "Creating Cultures of Care: How Responsive Leadership Enables Responsive Care". These were held 7 October 2013 in Calgary and 8 October 2013 in Edmonton. The Edmonton session included video/teleconferencing across Canada.
3. Grant proposals related to adult education in continuing care are being developed:
  - a) Expansion of the Learning Circle project submitted to the Network of Excellence for Seniors Health & Wellness (NESHW) - Principal Investigator (PI) Dr. Sharla King, UofA, Co-PI Steve Freisen, Bethany Care Society.
  - b) Responsive Leadership Interventions project submitted to NESHW - PI Sienna Caspar and Co-PI Don McLeod, both from Bethany Care Society.
4. In follow-up to a related ICCER/AHS study (Optimizing Workforce Utilization to Inform Care Delivery in Continuing Care Facilities), a working group (AHS and provider organizations) is examining strategies that could address inconsistencies in HCA utilization in continuing care. A second working group is examining strategies related to collaborative leadership. These are part of a CIHR planning grant project.