



Interprofessional and collaborative care planning activities for students and staff within an academic nursing home



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ABSTRACT

With an aging population, there is an increasing need for health professionals interested and trained in collaborative geriatric care and long term care (LTC). The development of academic nursing homes is an innovative solution that exposes health professional students to the LTC practice setting and is uniquely suited to interprofessional education (IPE) opportunities. This report describes Interprofessional Team Experiences in an academic nursing home, and discusses the IPE curriculum and student outcomes. The academic nursing home is a partnership between a LTC provider and an academic institution in Atlantic Canada. Key features of the planning and implementation involved the creation of a steering committee and the development of interprofessional team experiences for students and collaborative team meetings for staff. Student learning was assessed using post-placement evaluations and pre- and post-test surveys using the Interprofessional Collaborative Competencies Attainment Survey. Students' self-reports demonstrated increased interest in LTC practice and increased interprofessional competencies. Consultations with staff, physicians, family and residents were the basis of the evaluation of the academic partnership. Positive impacts were identified for residents, students, and staff, demonstrating that the site was a valuable setting for IPE for students and staff alike. The components of the collaborative partnership and learning activities described can be modified and applied in similar settings to foster student and staff collaboration. The implementation and systematic evaluation of similar collaborative learning initiatives in LTC settings is encouraged to further enhance services to an aging population.

1. Format

Students within an academic nursing home engaged in Interprofessional Team Experiences, in which five to nine students met weekly to complete resident assessments and develop care plan recommendations.

2. Target audience

All students completing placements in the academic nursing home, including undergraduate students from Pharmacy, Social Work, Therapeutic Recreation and Dietetics programs, and graduate students from Speech-Language Pathology, Occupational Therapy and Nurse Practitioner programs. Educational focus is on students but other staff (e.g., Registered Nurses (RN), Licensed Practical Nurses (LPN), care workers (Continuing Care Assistants (CCA)), other health professionals and paraprofessionals, support service workers) benefited from the impact of having this educational experience in their workplace.

3. Objectives

The following objectives guided the assessment and evaluation of these activities:

1. To increase students' interest in LTC practice
2. To increase students' interprofessional competencies in the six areas identified in the Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework¹
3. To explore the preliminary impacts of a collaboration-focused, academic partnership on the LTC setting (e.g., on residents, staff, and the overall culture)

4. Activity Description

An academic nursing home is similar to an academic health sciences centre, which is a partnership between a university and a healthcare facility with three interrelated duties: care, teaching, and research.² In

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2010, a partnership between Shannex (a family-owned provider of continuing care services) and Dalhousie University led to the creation of the first academic nursing home in Atlantic Canada. This Collaborative Learning Centre (CLC) is housed at Maplestone Enhanced Care in Halifax, Nova Scotia.³

Previous reports of academic nursing homes have described partnerships between a nursing home and a School of Nursing and/or a School of Medicine typically with a focus on only one aspect of either care, teaching, or research.^{4,5} The CLC moves beyond those models in three ways: 1) by involving a wide range of health professions from Dalhousie University's Faculty of Health and Department of Family Medicine, including disciplines that do not typically provide care in nursing homes in Nova Scotia (e.g., Speech-Language Pathology), 2) by deliberately focusing on all three duties of an academic nursing home, and 3) by placing a specific emphasis on interprofessional learning activities.

Maplestone Enhanced Care (which houses the CLC) is a privately-owned, publicly-licensed and publicly-funded LTC facility that is home to 87 residents, grouped into three neighbourhoods. Full-time team members include RNs, LPNs, CCAs, recreation programmers, and support services (e.g., housekeeping, dietary, and maintenance). The facility has a part-time physiotherapist, physiotherapy assistant, occupational therapist, social worker, dietician, and music therapist. Each neighbourhood has a family physician and family medicine resident(s) who visit once per week and are on 24-h call. A community pharmacy partner provides the pharmacist services to all residents. Residents' families are an integral part of the Maplestone team and are included regularly through interactions with staff and more formally through family council and individual resident care conferences.

Guided by previous research on academic nursing homes,^{4,6} the formation of a steering committee and mutual goals were essential first steps to building the CLC. These goals are to enhance resident care, foster interest in LTC practice, equip participants with interprofessional competencies, and contribute to relevant research.³ The Steering Committee provides strategic leadership to the CLC and is comprised of representatives from Shannex and Dalhousie University's Faculty of Health and Department of Family Medicine. Working groups were created to coordinate placements and communication, to develop student educational activities, and to pursue research initiatives. Although the CLC has engaged a large number of students in unprofessional placements (more than 1400) the focus of this report is on the Interprofessional Team Experience for students and collaborative team meetings for staff (See Table 1 for a summary of these activities).

4.1. Interprofessional Team Experiences

Nine Interprofessional Team Experiences with 61 students have taken place. Some learning activities were developed using the CIHC's *National Interprofessional Competency Framework*¹ and other learning

Table 1
Description of learning activities.

Learning activity	Description	Participants
Interprofessional Team Experience	Student teams participate in weekly facilitated meetings to conduct assessments and develop care plan recommendations	Students from 3 or more professions Residents/Family members Staff facilitator
Shadowing	Individual students shadow care workers and nursing home residents to learn about collaborative practice in the LTC setting	Students Staff Residents
9am Team Meetings	Neighbourhood staff participate in meetings to discuss active resident care concerns	Staff Students

activities had been developed by the Centre for Interprofessional Education at the University of Toronto.⁷ Additionally, an emphasis on the concept of resident-directed care and the contextual issues of the LTC setting was essential. These contextual issues included: the influence of the part-time availability of many team members on collaborative service delivery, limited availability of team members located primarily off-site, and the distribution of a large portion of resident responsibilities to team members from unregulated professional groups.

The Interprofessional Team Experiences involved groups of five to nine students meeting weekly over four to six weeks to complete resident assessments and develop care plan recommendations to address collaboratively identified priorities. In preparation, an orientation was provided to the participating students and a "Preceptor Meet and Greet" was provided for their clinical educators to discuss ways to highlight collaboration for and amongst the students, to review expectations of the team, and to establish times for students to work together. Weekly meetings were facilitated by a faculty or staff member. The students clarified their roles and negotiated role overlaps regarding assessments (e.g., which team member administers a cognitive assessment) and interventions. When possible, they practiced collaboratively (e.g., joint resident assessment) or observed each other. They sought input from family and staff who worked with the residents. They came to a shared understanding of the resident's needs and priorities. At the conclusion of the four to six week experience, the students presented a summary of assessment results and care plan recommendations to the resident, family, facility staff, and preceptors.

4.2. Shadowing

As part of their orientation to the Interprofessional Team Experience, students participated in a shadowing experience with a front-line care worker (CCA) and a LTC resident. The goal of the activity was to learn more about roles of the various staff members and health professionals with whom the resident interacts. Students were provided with a written guide ahead of time that included questions to facilitate discussion with the CCA (e.g., How would you describe your role? Who do you collaborate with most closely?) and suggestions for interacting with the resident (e.g., learn about the resident's personal history, introduce yourself to each team member who interacts with the resident). For 1 to 2 hours the student shadowed the CCA and then they spent 1 to 2 hours with a resident the CCA had assisted in the morning. The morning concluded with a short debrief with other students and the team facilitator to reflect on the experience (e.g., What did you learn about the roles on this team? What are the similarities and differences between roles?).

4.3. 9am Team Meetings

In an effort to engage all members of the Maplestone team in a more collaborative forum, regular full-team meetings were initiated in January 2011. The 9am Team Meetings occurred on each neighbourhood once per week with many neighbourhood team members represented (i.e., CCAs, nursing staff, family medicine residents and attending physicians, housekeeping, dietary, wellness staff, clinicians, administrators). These brief (15 min) meetings provided an opportunity to identify and discuss resident health concerns arising in the past week and to foster the active involvement of all team members in collaborative resident care. Students participated in these meetings when available.

5. Assessment

Students involved in Interprofessional Team Experiences between 2010 and 2013 provided formative feedback to help improve the experiences. More formalized assessment was completed with the 26 students who participated in Interprofessional Team Experiences after

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