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Research Projects
Final Report Form

Grant Title	Development of the Tips and Tools for Everyday Living: A guide for Stroke Caregivers Program for Academic Settings
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Main Messages

- This educational program is an effective method for teaching health care providers working in LTC and community settings the knowledge and skills required to care for stroke survivors
- The collaborative, interprofessional (IP) team approach taken in the development and delivery of 'The Brain, The Body and You' continuing education (CE) program, has enriched the learning experience of all participants, including workshop facilitators.
- The cost of 'backfilling' to enable staff to participate in CE sessions during scheduled working hours is reported to be prohibitive by many employers.
- Front–line staff, particularly the unregulated staff workforce is thirsty for CE opportunities but are restricted because of staff shortages, costs, employment workload and personal responsibilities. Having CE opportunities offered at no cost is an important factor in staff decisions as to whether or not they will participate in a CE activity.
- The varied unregulated workforce in particular, has a pressing need for consistent, credible and accessible CE opportunities in order to promote client safety and client care outcomes, across all employment sectors.
- Providing CE programs to groups of staff in long term care facilities, and or in community settings, is not always feasible or practical because of lack of physical resources, essential equipment and supplies required for educational purposes and active applied learning.
- Fully equipped community college nursing skills development laboratories provided the optimal environment for this CE stroke care program.
- Sustained collaborative links between experienced health sciences and nursing program faculty and clinically active stroke care experts is critical to sustaining the quality of this stroke care program, and to meeting the varied learning needs and abilities of a very diverse front-line provider workforce.
- The applicability of this program to other conditions and target audiences across the continuum of care should be considered.
- The optimum length of continuing education workshops has been found to be 4 hours duration with a focus on active and supported practice.

Executive Summary

St. Lawrence College (SLC), School of Health Sciences, Kingston and the Stroke Strategy of Southeastern Ontario (SEO) have collaborated to develop "The Brain Body and You" an interprofessional, continuing education program for regulated and unregulated front line care providers working with stroke survivors in the community and long term care (LTC) settings. This educational program is an effective method for teaching health care providers working in LTC and community settings the knowledge and skills required to care for stroke survivors. This program is provided in the attached compact disc (CD). The program is based on the Tips and tools for everyday living: A guide for stroke caregivers.

The program consists of five 4-hour workshops covering the following topic areas: 1) stroke care prevention to life after stroke; 2) continence care; 3) mobility: positioning and transferring; 4) swallowing, feeding and hydration and 5) communication and behaviours. The topics of risk factors for stroke, what is a stroke, recognizing and reacting to the signs and symptoms of stroke and the principled of interprofessional care were included in each workshop. The program, being made available in CD format, provides educators within existing academic and other educational settings with workshop curricula, PowerPoint presentations, facilitation guides, teaching templates/plans, workshop resource and equipment requirements, and additional resource sources and information for facilitators. Sample evaluation tools and marketing materials are also included as examples of what was used in this pilot project.

The program learning outcomes are focused on developing and enhancing front-line care provider knowledge and skills in supportive care and rehabilitation of stroke care survivors. The

knowledge and skills covered in each of the 5 workshops may readily be adapted and utilized in the care and support required by clients presenting with complex care needs resulting from neurological pathology other than stroke. The delivery design of each workshop is intended to model collaborative, interprofessional practice in that each workshop is designed to be co-facilitated by facilitators from different professional fields of expertise.

Consultation with community and long term care stakeholder groups helped in the planning and design of this program. Planning decisions included the timing and scheduling of workshops, advertising and registration processes, and recruitment. In the early stages of this project, getting information to front line staff was challenging. However, with each consecutive workshop series delivered, inquiries and workshop registration volumes increased and have since continued. Word-of-mouth among and between front-line staff would appear to account for this continued increase in interest and demand for the program. Important incentives for participation were free registration and the provision of a 'Certificate of Participation" for each workshop.

A significant benefit to participants was the usefulness and relevance of the learned care giving skills, supported supervised demonstrations and practice opportunities. As adult learners, participants were actively engaged in learning.

Evaluation findings supported the effectiveness of the program. Workshop participation was largely represented by unregulated workforce. The workshop content was of interest to more than the target audience and was well received by care providers working across the continuum. All participants indicated high levels of satisfaction with all workshops. There was increased statistically significant perceived and actual learning by workshop participants across all

workshops. Perceived learning was higher than actual learning. Greater discrepancies of actual to perceived learning were seen in incontinence types and identification of signs and symptoms of stroke with the lowest actual knowledge scores seen in these two areas (70% and 60% respectively.) In each of the other learning areas, actual knowledge scores following the workshop were between 80 and 90%. Participants were able to describe how they planned to use the knowledge and skills gained and at 3 months were able to report success in applying the newly acquired skills to daily practice. The workshops enabled participants to better understand interprofessional care by better understanding team roles and relationships.

These workshops are most effectively delivered in a setting that supports the equipment and space requirements to allow for safe practice of applied skills. The community college setting has the space and equipment required to effectively deliver this program. If the program is to be delivered in another setting such as a LTC home, provision will need to be made to allow for adequate space and equipment. Collaborative partnerships between community colleges, community and LTC providers greatly enable the delivery of this type of educational program. Registration fees and staff replacement require support for staff to attend. Paid education leave would facilitate attendance. The content from the first workshop Stroke Care - Prevention to Life after Stroke could be incorporated into the four other workshops, shortening the series from 5 to 4 workshops. Evaluation of practical workshops needs to be kept simple, with minimal use of written questions. Workshop participants noted that learning was applicable to conditions other than stroke.

The active and participatory emphasis of the workshops that engaged participants in actively 'doing' was an important component to the success of this program. There is a common saying among educators: 'what I hear I forget, what I see I may remember, what I do and experience I will remember and know'. This would appear to be applicable to the efficacy and learning outcomes for participants in this 'The Brain, The Body and You' continuing education program.

Recommendations include:

1. a. Financial support to develop and sustain quality consistent continuing education programs including 'The Brain, The Body and You'

b. Ongoing financial support to front-line care providers working in community and LTC settings to access these continuing education programs.

2. Ongoing collaboration and partnerships between community college educators, health providers and health care experts;

3. Interprofessional collaboration embedded as a key principle in the design and delivery of this educational program;

4. Consideration of the applicability of this program to other conditions and target audiences across the continuum of care.

Full Report

Development of the Tips and Tools for Everyday Living:
A guide for Stroke Caregivers Program for Academic Settings

Introduction and Background

St. Lawrence College (SLC), School of Health Sciences, Kingston and the Stroke Strategy of Southeastern Ontario (SEO) have collaborated to develop "The Brain Body and You" an interprofessional, continuing education program for regulated and unregulated front line care providers working with stroke survivors in the community and long term care (LTC) settings. The program is based on the Tips and tools for everyday living: A guide for stroke caregivers[1] published in 2002 by the Heart and Stroke Foundation of Ontario (HSFO). Other "Tips and Tools" resources such as videos developed in SEO[2] were developed across the province to support this learning resource and were referred to in the development of this program. It has been designed as five 4-hour workshops covering the fourteen content topics of the "Tips and Tools" guide. A "Brain Body and You" program implementation package has been developed to share across existing academic settings and programs (see accompanying compact disc.)

This program was developed in response to the need to create an educational program that is consistent, accessible, credible and feasible. In 2004, Southwestern Ontario (SWO) piloted a 4-hour "Tips and Tools" education program for front line staff in LTC[3]. This 4-hour session covered four of the popular content areas. Participant self-perceived levels of knowledge improved significantly and these improvements were largely maintained at three months.

Feedback from the participants suggested that four 2-hour sessions would be a more appropriate format for receiving this information rather than one 4-hour session. Originally the homes requested educational events to be held in 15-20 minute sessions. This request has also been made in SEO. It was also important that the education match the context of the home and that there were both administrative and frontline champions to support the training initiatives.

In SEO it was recognized that the resources were not available to deliver this program for each LTC home. Instead stroke resource teams from each LTC home attended an 8-hour workshop. Six hours were spent covering 5 of the popular "Tips and Tools" topics, and 2 hours were spent developing a plan to implement key components of the material in their setting. Follow-up support was available from the SEO Community and LTC Stroke Coordinator. Following the workshop it became apparent to the resource teams that staff needed more intense training and practice on each of the individual stroke care topics. At the same time, community agencies and the Personal Support Worker (PSW) Community Education Committees identified the same need and supported the idea for developing uniform and streamlined delivery of the program through the local Community Colleges. Simultaneously, SLC Kingston campus had begun to integrate components of the "Tips and Tool" material into the PSW and other nursing programs. Information on the "Tips and Tools" learning resources were also shared with community college PSW program representatives at both the provincial and national levels. The vision was to extend the distribution and use of these learning resources to preparatory programs in academic settings working with unregulated and professional health care providers.

Other key components in the development of this program included promoting and modeling interprofessional collaborative practice that included both regulated and unregulated care providers; embedding principles and techniques to support rehabilitation and independence; and designing the workshops so that the learners could select which workshops addressed their individual learning needs. HealthForceOntario (2007)[4] indicates that interprofessional collaboration can result in improved outcomes regarding resource utilization, job satisfaction, recruitment and retention, patient outcomes and patient centred and streamlined care. In 2004 the Ministry of Health and Long-Term Care (MOHLTC)[5] identified that "those homes who were providing exemplary care with few or no compliance issues had organized their staff into multi-disciplinary teams who met frequently to discuss and resolve issues". The "Tips and Tools" guide is designed to enhance knowledge and skill development to promote and support rehabilitation and independence. It has been reported in recent Ontario Stroke System (OSS) rehabilitation and community reintegration studies [6,7,8,9] that there is a need for regulated and unregulated care providers to have more training in rehabilitation and techniques to support independence.

The 5 workshop program "The Brain, The Body and You" covers the following topic areas:
1) stroke care prevention to life after stroke; 2) continence care; 3) mobility: positioning and transferring; 4) swallowing, feeding and hydration and 5) communication and behaviours. The topics of risk factors for stroke, what is a stroke, and recognizing and reacting to the signs and symptoms of stroke, were included in each workshop, acknowledging that not everyone would

have attended the first workshop that covered this material in depth. At the same time the importance of reinforcing the ability to recognize and react to the signs and symptoms of stroke is important to ensure that "brain saving" emergency treatment is received in a timely fashion. The HSFO has noted in its public awareness campaigns that there appears to be an increase in the number of people presenting in emergency departments following televised media campaigns advertising recognising and reacting to the warning signs and symptoms of stroke. A decline in the number of stroke patients arriving in emergency departments within 2.5 hours of symptom onset has been noted after these campaigns end.[10] These findings would suggest the need for ongoing education to sustain and improve this knowledge, and ultimately, motivate the appropriate emergency response.

The Project Implications

The stroke care continuing education program "The Brain, The Body and You" has been developed to address the stroke care learning needs of both regulated and unregulated front-line care providers. The annual incidence of stroke in Ontario is 19,728.[11] Of those who are discharged from hospital, 8% are admitted to long term care; 8% to complex continuing care; 42% to home; 13% to home with service; 22% to inpatient rehabilitation (of which 30% return home without home care; 45% return home with home care and 11% are admitted to long term care.)[11] In 2002, in the SEO region, the District Health Council noted that 25% of LTC residents have a recorded stroke-related diagnosis and an additional 32% are reported as having mental disorders including transient ischemic attack and chronic organic brain syndrome.[12] In

addition, 60.66% have some form of dementia or cognitive impairment. This high incidence of stroke, cognitive and mental health related diagnoses reinforces the need for continuing education for front line care providers to ensure current best practice prevention, treatment and management strategies in the care of the stroke survivor. Continuing education is also essential to addressing the needs presented by other populations with complex care needs in the community and LTC setting, e.g. dementia, multiple sclerosis, acquired brain injury and Parkinson's disease, to name only a few.

Within the community and long care sectors, the front-line care providers supporting stroke survivors in the completion of activities of daily living and personal care, are predominately unregulated care providers, for example, Personal Support Workers (PSW), Health Care Aides (HCA), Personal Care Attendants (PCA). Only 20% of the PSW workforce has received formal education in community college and career colleges. The remainder have received training through school boards and in-service training. According to the Health Professions Regulatory Advisory Council (HPRAC) report to the MOHLTC, it was estimated in 2006 that there were 57,000 PSWs working in LTC and 24,000 working in the community in Ontario.[13] Furthermore, the 2004 MOHLTC report "Commitment to Care: A Plan for Long Term Care in Ontario"[14] and the HPRAC Report both identify the education and training of this large front line workforce to be varied and inconsistent, if indeed any formal education has been undertaken and or completed. Elinor Caplan's 2005 Report, "Realizing the Potential of Home care: Competing for Excellence by Rewarding Results", recommends that front line unregulated care providers within

the community setting, receive education and training after securing employment with a service providing agency in order to reduce barriers to employment in the home care sector.[15] The "Commitment to Care" report also recommends that education be provided using existing programs and promotes pilot projects that link academic research to LTC homes.[5, p.24] This adds further support to the need for an accessible and consistent program of continuing education for front line care providers linked to academic settings, especially for those working in the LTC community setting. In recognition of the absence of any standardized curriculum of education and training for unregulated care providers, "The Brain, The Body and You" program is a continuing education program designed to accommodate and enhance knowledge acquired through formal preparatory education programs, building on the frontline care providers' experience.

The content of the curriculum is readily adaptable and transferable within existing academic settings and meets the learning needs of both regulated and unregulated care providers. Participation in these workshops offers front line care providing staff an opportunity to interact with and gain knowledge of the scope of practice contributions that each member of the care providing team brings to planning and delivery of client centred care. This leads to enhanced interprofessional collaboration in the provision of appropriate care and services.

The Project Approach

The project consisted of two phases. Phase 1 was the development of the program workshops, educational resources and advertising material. Phase 2 included the implementation and evaluation of 4 series of the 5 "The Brain, The Body and You" workshops as previously listed. In each phase of the project, a collaborative, interprofessional development and implementation approach was taken, involving nursing faculty from SLC and nursing, physiotherapy, occupational therapy and speech language pathology experts in stroke care.

Phase 1: Program Development

The SLC faculty project leader reviewed the entire content of the fourteen (14) modules contained in the "Tips and Tools" learning resource guide looking for groupings of spectrum of care issues, themes and approaches that could be grouped within and across the 5 workshops. Available "Tips and Tools" educational materials where collected with the help of the Ontario Regional Education Group (OREG) a subcommittee of the OSS. The educational tools where used to help to set the stage for development of the program learning curriculum and educational tools used within the program. The topics of risk factors for stroke, what is a stroke, and recognizing and reacting to the signs and symptoms of stroke, were included in each workshop, acknowledging that not everyone would have attended the first workshop that covered this material in depth. Included in each workshop were the identification and discussion of the roles and contribution of each of the members of the client care team. Evaluation surveys for each workshop (see sample in Appendix A) and a 3 month follow-up evaluation (Appendix B) were

designed based on the evaluations used in the SWO pilot project and previous SEO workshops. The process for evaluation was reviewed and supported by OREG. Advertising and registration materials were developed during this phase (see Appendix C and D).

Phase 2: Program Implementation and Evaluation

The second phase of this project began with the consultation of over 120 administrative and front line LTC and community staff from across SEO regarding potential program benefits and how to design an accessible and feasible program. Suggestions for both the day of the week and time of day to hold the workshops was variable. Wednesday afternoons seemed to be a more popular suggestion but in many cases the day of the week depended on the availability of a teaching location with the necessary resources (e.g. hospital beds, feeding supplies, wheel chairs etc.). Unanimous support for this program was received.

Registration for each workshop was facilitated by the SLC School of Health Sciences, Kingston Campus. There was no registration fee due to the support provided the project by this MOHLTC OSS research grant. Advertising posters and registration brochures were circulated by mail and email to community and LTC agencies throughout the region. In addition, program information was shared and circulated at collaborative education network meetings.

Three complete workshop series were then delivered in three different community college sites across SEO each with fully equipped nursing skills laboratories (SLC Brockville, SLC Kingston

and Loyalist College Belleville). A fourth series of workshops was then delivered in the auditorium of a 243 bed LTC home situated in Kingston (Providence Manor). This LTC home also provides a range of additional programs and services including adult day services and community based services that include supportive living and attendant care services. These locations were chosen to provide geographic coverage and to assess access to education across the region. The pilot locations also allowed evaluation of access to education within the college and LTC settings.

The number of participants for each workshop was capped at 24 in order to provide the opportunity for individualized and interactive learning in a safe, supported and supervised environment. The workshop series was coordinated by a SLC nursing faculty with each workshop being co-delivered by the SLC nursing faculty and a second co-facilitator who had stroke expertise in the topic of the workshop (e.g. physiotherapist or speech language pathologist). Each workshop was designed with 1 hour of theory and 3 hours of active learning including practice, problem solving and simulation. Participants were provided with a certificate of participation from SLC.

Project Results

The workshop evaluation and three-month follow-up (Appendices A and B) were designed to measure participation, workshop satisfaction, actual and perceived knowledge, knowledge translation, interprofessional collaboration and feasibility issues related to workshop delivery.

Participation

Four series of five workshops were delivered, however, in one series in Brockville, two of the workshops were cancelled due to low registration (stroke care prevention to life after stroke and continence care.) There were 249 registrants for the various workshops with a total of 100 unique participants (many participants attended more than one workshop as noted in Table 1.) A 90.4% return rate was received for the same-day workshop surveys with 225 returned on 249 participants, however, there was a poor return on the three month follow-up surveys, requiring a focused phone follow up evaluation for the final workshop series. In most cases registration was high with waiting lists, however, actual attendance was lower than the number of registrants due to frequent "no-shows".

Number of workshops attended per participant	Number of participants
1	47
2	19
3	11
4	5
5	18

Table 1: Number of workshops attended per participant. 100 unique participants attended a series of workshops in four locations.

Approximately 85% of the 225 participating care providers that completed a workshop survey were unregulated indicative of a large interest in this target group (Figure 1.) This included, for example, registrants who identified themselves as personal support workers, healthcare aides, personal support assistants, activity aides, seniors' outreach staff, respite workers, attendant care staff, activity care partners and caregivers. Fifteen percent of the participating care provider groups were regulated staff including registered nurses, nursing educators, registered practical nurses, a physiotherapist, a speech language pathologist and a recreation therapist.

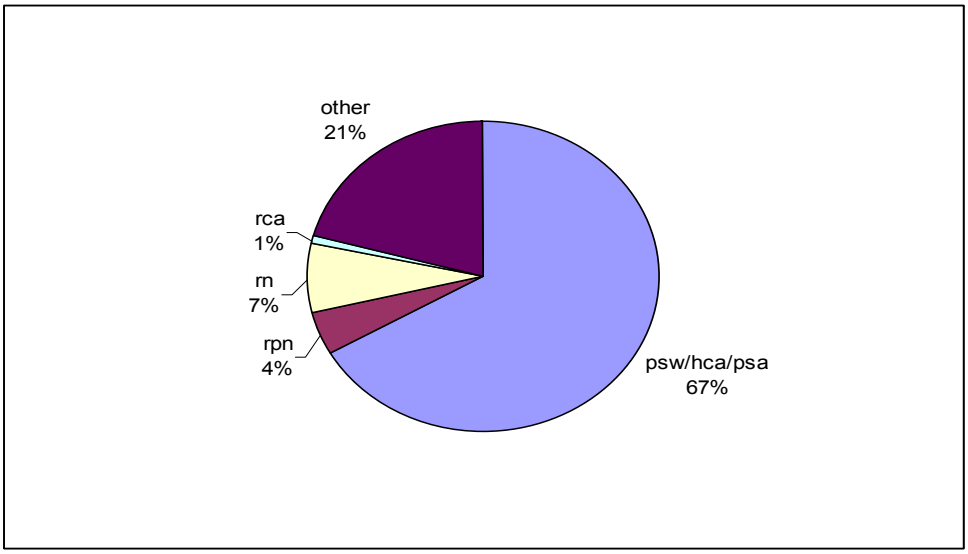

Figure 1: Participation by Care Provider Groups. Aggregate representation of participants' self-identified work category across all four workshop series. (n=225). Two-thirds of all participants self-identified themselves as psw/hca/psa. (psw = personal support worker, hcs = health care aides, psa = personal support aides, rpn = registered practical nurse, rn = registered nurse, rca = restorative care aide).

The target audiences were community and LTC front-line care providers. The largest participation by health sector and continuum of care was from these target groups at 67% (Figure 2). In addition, providers from the acute care sector were the third largest participant group at 17%. There were also participants from rehabilitation and complex continuing care sectors. This demonstrates an interest in stroke care education across the continuum of care.

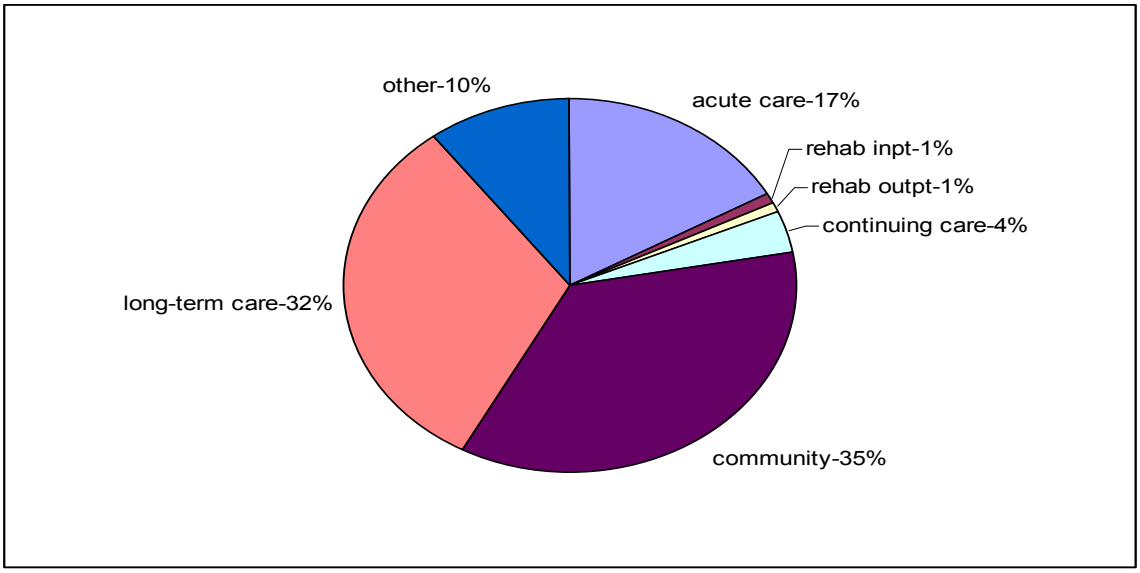

Figure 2: Participant Health Sector Representation. Aggregate representation of participants' self-identified health sector across all four workshop series. (n=225). The two most frequent responses were community (x=80) and long term care (x=72).

Some workshops were scheduled for Saturdays, some weekdays in the early afternoon and some in late afternoon/early evening. Weekdays, specifically Wednesdays, either early afternoon or late afternoon into early evening were the preferences of participants.

The number of participants was highest for the communication and nutrition workshops (Figure 3.) Participation in stroke care and continence workshops would have been higher had those workshops not been cancelled so it is reasonable to assume that participation might have been more equal had the Brockville workshops not been cancelled.

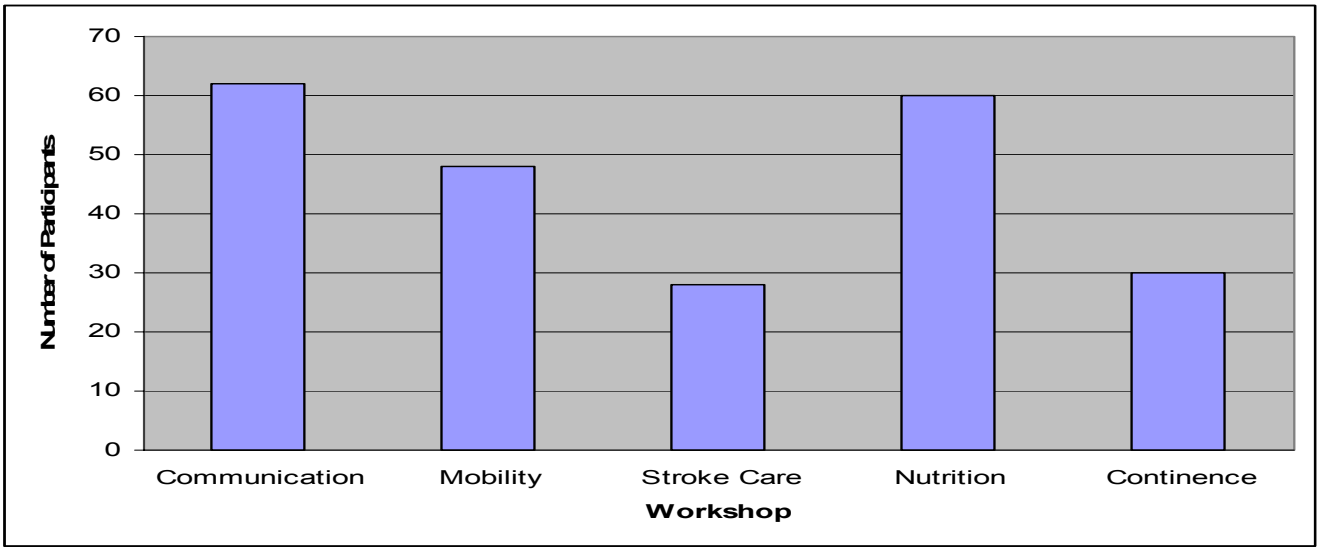

Figure 3: Number of participants registered is specific workshops. Aggregate representation from all four workshop series of the number of participants who registered in a given workshop. (n=225). Communication and Nutrition workshops had the highest attendance level.

Workshop Satisfaction

Participants responded positively to their workshop experience noting the knowledge and skills they acquired. One workshop participant stated, "*There is no way that you could walk away from this program without knowledge*." (PSW - 9 years experience in working in the community). Figure 4 indicates that 93% of participants stated that the workshops met to a great extent, or exceeded their expectations.

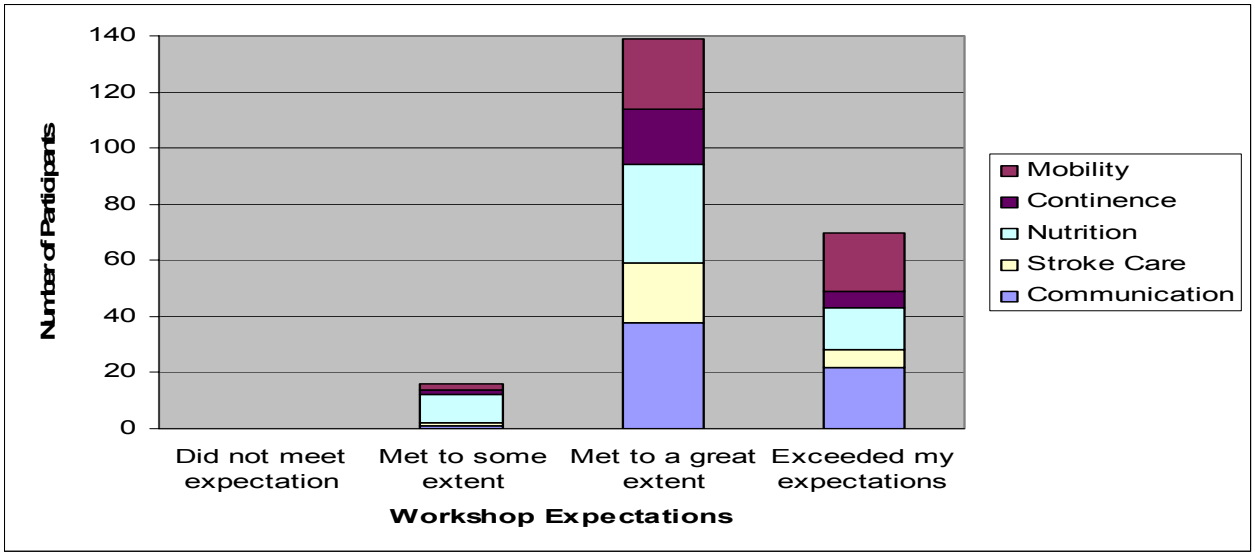

Figure 4: Workshop Satisfaction. Aggregate data across all four workshop series showed that 209 participants judged workshops expectations as "Met to a great extent" or "Exceeded my expectations" (n=225). No participant reported that any workshop 'Did not meet expectations'.

Actual and Perceived Knowledge

Perceived knowledge was scored before and after each workshop using a Likert scale as part of each participant evaluation form (Appendix A). Actual knowledge was scored as part of this evaluation form using short answer questions designed to test knowledge and skills in each subject area taught. The perceived knowledge questions matched the actual knowledge questions in content and were compared.

Perceived knowledge pre and post each workshop was analysed using a paired two sample t-test. Statistically significant improvements were noted in perceived knowledge after each workshop. Evaluation results indicate an increase in perceived knowledge for every workshop (Figure 5 illustrates this for the content of risk factor identification as a part of each workshop).

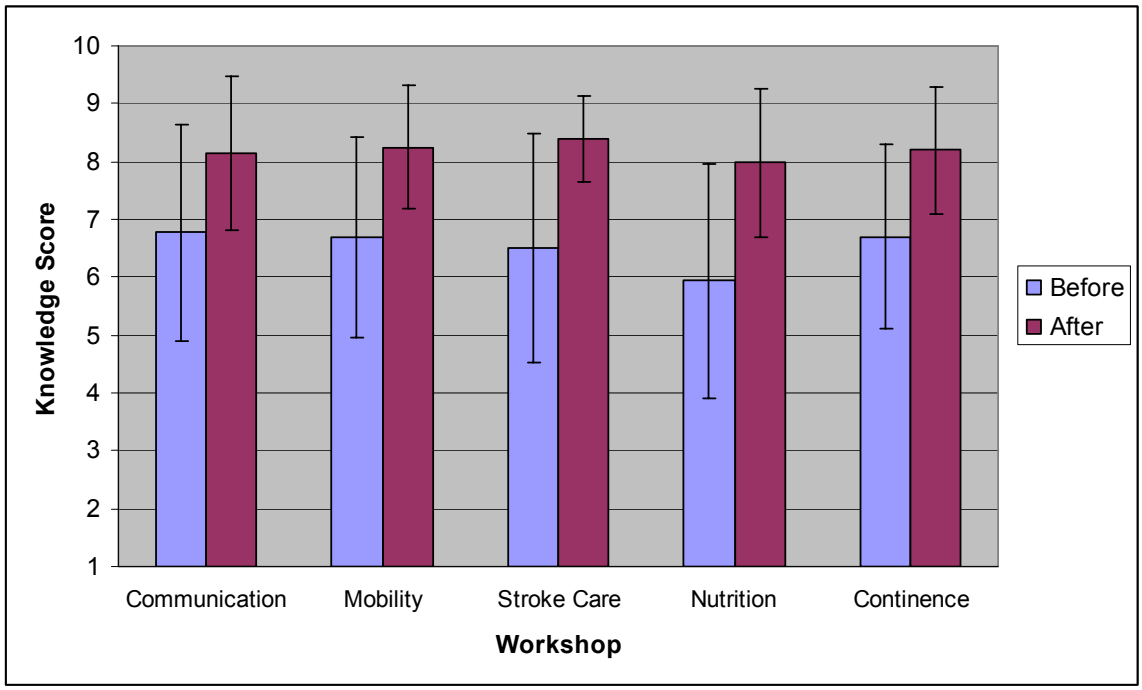

Figure 5: Workshop participation outcome on participant's perceived knowledge of identifying risk factors for having a stroke. Workshop participants rated their knowledge on their ability to identify risk factors for having a stroke before and after undertaking one of five workshops in the series. In each workshop, the mean knowledge score was significantly higher after the workshop than before the workshop ($t(61) = 6.91$, $p < .001$, $t(47) = 7.83$, $p < .001$, $t(27) = 5.72$, $p < .001$, $t(59) = 10.85$, $p < .001$ and $t(29) = 5.64$, $p < .001$, respectively). Knowledge scores are reported as mean ± s.d.

Evaluation of perceived knowledge following the workshop compared to actual knowledge following each workshop revealed that in some cases, perceived knowledge tended to be higher than actual knowledge for every topic area (see Figures 6,7.) Figure 6 illustrates a comparison of perceived and actual knowledge of content that was repeated as part of all 5 workshops. This figure indicates that participant perceived knowledge most closely matched actual knowledge when identifying risk factors for stroke. The disparity was greatest in identifying signs and symptoms of stroke. It should be noted that actual knowledge varied from 60% for identifying

signs and symptoms of stroke to 90% for identifying stroke risk factors. Figure 7 illustrates a comparison of perceived and actual knowledge of content for each of the 5 workshop topic areas. This figure indicates that participant perceived knowledge closely matched actual knowledge for the workshops covering stroke care prevention to life after stroke, factors affecting urinary incontinence and mobility. The disparity was greatest in communication and behaviour, types of urinary incontinence and swallowing, feeding and hydration. Actual knowledge was over 80% for each workshop except for identifying types of urinary incontinence, where actual knowledge was close to 70%.

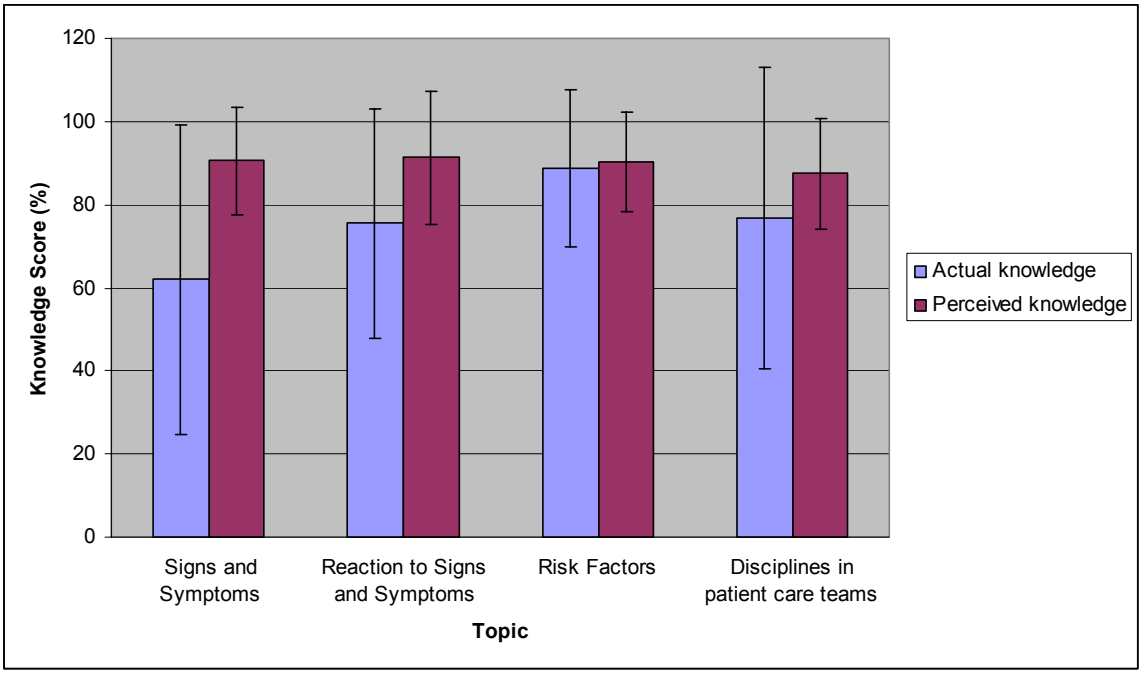

Figure 6: Actual and Perceived Knowledge of Workshop Participants. Workshop participants completed a graded questionnaire and rated their perceived knowledge of four topics. In three of the four topics, the mean perceived knowledge score was significantly higher than the mean actual knowledge score. The mean perceived knowledge score was not significantly different than the mean actual knowledge score for the topic of Risk Factors. ($t(225) = 11.19$, $p < .001$, $t(227) = 7.31$, $p < .001$, $t(135) = 1.14$, $p > .05$ and $t(136) = 3.55$, $p < .001$, respectively). Knowledge scores are reported as percentage mean ± s.d.

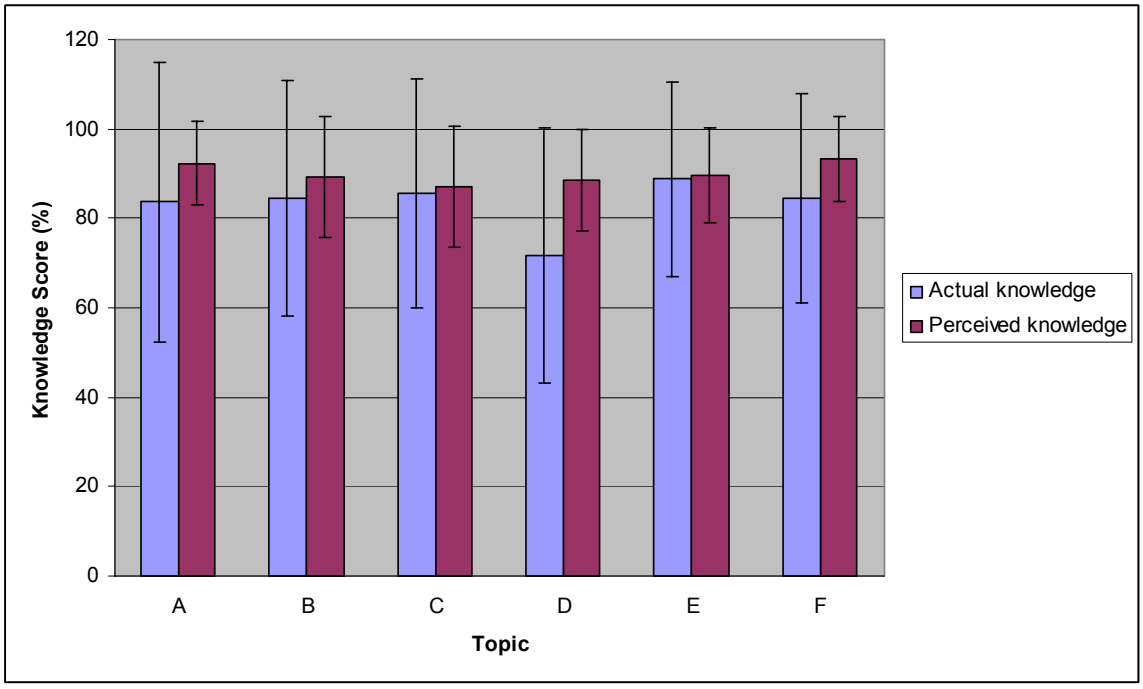

Figure 7: Actual and Perceived Knowledge of Workshop Participants. Workshop participants completed a graded questionnaire and rated their perceived knowledge of six workshop specific topics. The mean perceived knowledge score was significantly higher than the mean actual knowledge score in three of the six workshop specific topics (A, D and F). [A= stroke survivor communication, B=stroke survivor deficits, C=factors effecting urinary continence, D=types of urinary incontinence, E=mobility/arm function, or F=feeding of stroke survivors]. ($t(60) = 2.06$, $p < .05$, $t(27) = 1.05$, $p > .05$, $t(59) = 0.39$, $p > .05$, $t(28) = 3.21$, $p < .01$, $t(28) = 0.18$, $p > .05$ and $t(47) = 2.59$, $p < .05$, respectively). Knowledge scores are reported as percentage mean ± s.d.

Knowledge Translation

Participants identified ways that they intended to use their learning in daily practice. Some examples of how they planned to apply learning included:

"*How important environment and positioning is before feeding person*".

"*Make sure you always know where their affected arm is*".

"*How often she drinks; how often she used to void*".

"*learning how to communicate effectively with the stroke survivor*".

The three month follow-up survey indicated how participants had applied their learning. In answer to the question" how helpful has the workshop been in your work experience" – all workshops received a score between 4 and 5 out of five on a likert scale, with 5 being "very helpful". The workshop which received the highest score was: continence care (mean 4.60).

All mobility techniques that were taught were reported to having been used in the workplace with the highest frequency response being for assisting the stroke survivor in moving across the bed and moving from sitting to standing.

The following are some examples of how participants had used what they had learned in the three month period following the workshops:

"I have used the techniques on people not only with stroke issues but other age related mobility limitations. I have used the mobility techniques with an MS client"

"I like the tip that if they cannot sit balanced they may not be safe for transfer"

"Communicating with people daily, I use drawings, family pictures, catalogues but most of all patience"

"yes/no questions are helpful"

"relief on their faces that they know I understand them, patients thanking me for understanding, appreciate feeding them slowly"

"thicken fluids, watch for pocketing, sit in correct position before and after feeding"

"client felt like a burden regarding toileting (husband also frustrated) - we set up a better toileting schedule with visual aids and clocks - it took some time to adjust but she is definitely better."

"toileting more frequently which results in less briefs, less wetness and less breakdown of skin"

"I have used them all however sometimes trying to teach a co-worker is difficult because they tend to revert to what is familiar to them"

Interprofessional Collaboration

Participants reported increased awareness of care team roles and their relationship to other members of the care team. Learning expressed by participants that related to collaboration and communication with other members of the team in order to improve client care, included the following examples:

"Ask dietician to come to clients home".

"(ask) supervisor to look at meds being used".

"Physical therapy-how to move to use bathroom".

"Occupational Therapy -suggestions for placing of hand rails"

Other responses identified restorative care staff, PSW and speech language pathologist among other team members who could be consulted with respect to client care issues and needs.

Feasibility Issues and Workshop Enablers

Twenty workshops were planned, and scheduled for delivery during the second phase of the project. Eighteen were delivered, while two workshops did not take place in Brockville because of lack of registration. These workshops were scheduled early in the pilot. It may be that formal advertising mechanisms are inadequate in start-up phases in this local area and that local word of mouth, respected relationships, program credibility and understanding of the program was not yet actively helping to support registration.

Factors enabling participation identified in the three month follow-up survey are noted in Figure 8. Key enablers to workshop participation were: no cost or participation fee; location; time of day, and day of the week for workshops. A major factor noted to impact workshop participation was employer support, in the form of paid time off to attend the workshop.

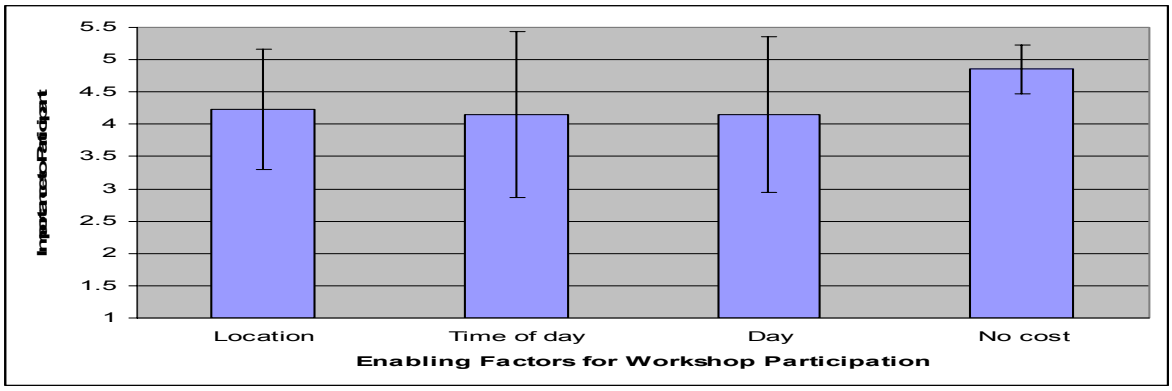

Figure 8: Enabling Factors for Workshop Participation. Participants located in Kingston were surveyed three months after completing the workshops to identify which factors were important in their ability to attend workshops. Location, Time of Day, Specific Day and No cost of the workshop were all important to participants with the latter being most important. Results are reported as mean ± s.d. (n=13)

The strong preference for continuing education to be provided within the workplace was voiced during phase 2 project consultations. While the assumption may have been made that education and training provided in-house would be most convenient, this was not supported by this pilot. In the one workshop series that was delivered in a LTC home, no staff from that particular home actually attended any of the five workshops conducted on site. A number of challenges were identified as impacting staff participation when workshops were held in-house within the LTC home including the cost of staff replacement, staff shortage and client care workloads and reluctance of staff to come back to work, unpaid, to participate in workshops. The efficacy of providing continuing education within LTC homes has been questioned by Aylward et al.[16] The

authors suggest that the "role of the organization and system factors" may be inconsistent with what resources and structures are required to support effective education programs and activities within a LTC home.

Based on the experiences of facilitators in this project, the feasibility of conducting continuing education and skill development workshops within the LTC workplace is a challenge. Physical environment, space and equipment resources such as beds, wheelchairs, walkers, lifting devices were not always available to enable participants to practice important skills. This was particularly true for the mobility workshop. These types of physical resources are expensive and all are in use for client care, therefore, not accessible for educational workshop use. In the community care setting, the physical resources required to support continuing education requiring application of knowledge and supported supervised practice, could be a much greater challenge.

In follow up surveys, workshop participants reported the community college location and facilities as being a preferred site for future workshops. One out of region participant stated, "*Excellent course. I came from (2 hours away) to take it. I am glad I did. Hopefully (our local) college will soon offer programs like this. Excellent opportunity. Awareness and education are the key to prevention.*" The optimum learning environment for workshop participants in this project was found in the fully equipped health science "nursing" laboratories within the three community college sites that hosted the "The Brain, the Body and You" workshops.

It has been recommended by workshop facilitators that the content from the first workshop Stroke Care - Prevention to Life after Stroke could be incorporated into the four other workshops shortening the series from 5 to 4 workshops. This approach has since been used successfully in training PSWs in a hospital.

There are evaluation design variables that are worthy of consideration. Some factors that may have affected completion of the evaluation may have been included: 1) Length of the evaluation questionnaires; 2) Repetition of questions across surveys for those who attended more than one workshop (e.g. each workshop survey included the same and repeated questions pertaining to identifying and reacting to the signs and symptoms of stroke.); 3) comfort level and facility answering a *written* questionnaire and 4) perception of being tested.

The majority of workshop participants were from the unregulated workforce. As indicated in Monique Smith's report, only 20% of unregulated care providers may have completed any formal college vocational educational program. This workforce is more engaged by actively learning, and less interested in pen and paper activities. Participants who have English as a second language and or possess basic literacy skills may find completion of evaluation questionnaires to be anxiety- provoking. The evaluation questionnaires that were used in this pilot were suitable for a complete evaluation of this pilot project. They have been simplified for inclusion in the program implementation package (accompanying CD).

Conclusions

This educational program provided in the attached compact disc is an effective method for health care providers working in LTC and community settings to learn the knowledge and skills required to care for stroke survivors. The program has resulted in a number of positive outcomes:

- Workshop participation was largely represented by unregulated workforce.
- As workshops became more widely known, there was higher registration with wait lists but “no-shows” were a challenge.
- The workshop content was of interest to more than the target audience and was well received by care providers working across the continuum (acute care, rehab, complex continuing care in addition to LTC and community).
- All participants indicated high levels of satisfaction with all workshops.
- There was increased statistically significant perceived and actual learning by workshop participants across all workshops.
- Perceived learning was higher than actual learning. Greater discrepancies of actual to perceived learning were seen in incontinence types and identification of signs and symptoms of stroke with the lowest actual knowledge scores seen in these two areas (70% and 60% respectively.)
- The best educational methods for enabling learning of signs and symptoms of stroke require further investigation in this target group.
- Actual knowledge scores following the workshop were between 80 and 90% in each of the other learning areas.

- Participants were able to describe how they planned to use the knowledge and skills gained and at 3 months were able to report success in applying the newly acquired skills to daily practice.
- The workshops enabled participants to better understand interprofessional care by better understanding team roles and relationships.
- These workshops are most effectively delivered in a setting that supports the equipment and space requirements to allow for safe practice of applied skills. The community college setting has the space and equipment required to effectively deliver this program. If the program is to be delivered in another setting such as a LTC home, provision will need to be made to allow for adequate space and equipment. Collaborative partnerships between community colleges, community and LTC providers greatly enable the delivery of this type of educational program.
- Registration fees and staff replacement require support for staff to attend. Paid education leave would facilitate attendance.
- The content from the first workshop Stroke Care - Prevention to Life after Stroke could be incorporated into the four other workshops, shortening the series from 5 to 4 workshops.
- Evaluation of practical workshops needs to be kept simple, with minimal use of written questions.
- Workshop participants noted that learning was applicable to conditions other than stroke.

Recommendations for Sustainability and Transferability

1. a. Due to a large, growing unregulated health provider workforce and related education needs, financial support is required to develop and sustain quality consistent continuing education programs. **b. Ongoing financial support to access continuing education is needed for this large number of front-line care providers working in community and LTC settings.**

Per the recommendations of the Caplan Report, the need for continuing education for front line staff in the community can be expected to increase. The report suggests providing education and training to unregulated front line care provider staff after they have secured employment with a provider agency in order to address the recruitment and retention of care provider staff. This recommendation serves notice in highlighting the continued and emergent need for continuing education opportunities to be made available. The continued development and delivery of coordinated, consistent, relevant and accessible education opportunities for front line care providers is essential if client safety and care outcomes are to be optimized. Participants and their employers noted the provision of this education program 'free of charge' was essential to their participation. Participants expressed their belief that what they had learned and practiced was essential to their ability to provide relevant, client focused care and support. Funding is required to support the delivery of this continuing education program and to support the employer in facilitating staff participation in the education and in the transfer of knowledge to the workplace.

2. Ongoing collaboration and partnerships between community college educators, health providers and health care experts are required. To sustain the viability of continuing education programs such as "The Brain, The Body and You", concerted effort and focus is required from a number of fronts. Establishing funding mechanisms and partnerships that will support and enable the continued delivery of this stroke care program is essential if the program is to remain accessible to front line care providers. Sustainability of the "The Brain, The Body and You" continuing education program will also be dependent upon the continued commitment and collaboration between the Ontario Stroke System, the MOHLTC and health sciences and nursing program faculty within existing academic settings, such as community colleges. A key element of the success of this project has been in the relationships and networks that have been built with collaborative networks amongst health care providers including both administration and staff. These relationships have supported effective program development, participant recruitment, delivery and knowledge translation. Highly constructive collaborative partnerships have been established among nursing program faculty at St. Lawrence College and with stroke care experts experienced and active in their field in SEO. This has been a major contributor to the success of this project and will be instrumental in sustaining future program delivery across the province.

3. Interprofessional collaboration should be embedded as a key principle in the design and delivery of this educational program. The design and delivery of this modelled the benefit of interprofessional collaboration. Engagement of the learner in interprofessional practical learning

activities, offered free of charge in a suitable environment with expert facilitators, has done much to enhance the esteem of unregulated care providers and their perception of their role as a member of the collaborative care team. For all professionals, faculty and participants, the opportunity to engage in an interprofessional collaborative learning activity adds to the appreciation of shared knowledge and practice that is essential in client focused care.

4. The applicability of this program to other conditions and target audiences across the continuum of care should be considered. Participants noted that the workshops were useful to them in caring for complex care needs encountered in conditions other than stroke. Although the target audience for this educational program was the health provider working in LTC and community settings, it also met the learning needs of those working in all aspects of the care continuum. Since the completion of the pilot, Quinte Health Care purchased the program for delivery as part of their organizational PSW orientation and a second program of workshops was provided to staff from various health care sectors in the Napanee area. Finally, participants reported that their practical learning experience in the stroke care workshops stimulated their interest and motivation to engage in additional continuing education including areas such as care of clients undergoing renal dialysis, gerontology, dementia, palliative care and behaviour. Some of the learning from this program could be applied to developing broader programs within the area of gerontology (per the suggestion of the "Commitment to Care "report[5, p.24]).

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Appendix A

Sample Workshop Questionnaire

THE BRAIN THE BODY & YOU: MOBILITY

PARTICIPANT EVALUATION FORM

COURSE CODE PSW04000-101

Name: _____ Agency/ Facility: _____

DATE: May 9th, 2007 **LOCATION:** St. Lawrence College, Kingston

1. Please indicate your discipline/position.

☐ PSW/HCA/PSA ☐ RPN ☐ RN ☐ Rehab Assistant/Aid ☐ Restorative Care Aid ☐

☐ OTHER: Please describe:_____

2. Please indicate what point of the continuum of care best describes where you work.

☐ **Acute Care**	☐ **Rehab:Inpt.___ Outpt.___**	☐ **Complex Continuing Care**
☐ **Community**	☐ **Long-term Care**	☐ **Other: _____**

3. Please indicate your years in practice:

□ 0-1 □ 2-5 □ 6-10 □ 11-19 □ 20+

4. Please indicate your years of experience in providing stroke care:

□ 0-1 □ 2-5 □ 6-10 □ 11-19 □ 20+

5. Identify 5 possible signs and symptoms of a stroke.

_____

_____

6. What would you do if someone suddenly started having any of these signs and symptoms of stroke?

_____

_____

7. List 4 risk factors that you can control to reduce your risk of having a stroke.

_____

_____

8. What 2 or more things could you do when caring for a stroke survivor with a weak arm or hand?

_____

_____

9. What 2 or more things could you do to sit a stroke survivor up properly in a wheel chair?

_____

_____

10. List 3 factors you should consider to safely transfer a stroke survivor.

_____

_____

_____

11. Identify 3 other disciplines besides your own that are part of the team approach for patient care and give an example how each of them may contribute to the care of the stroke survivor with mobility problems.

_____

_____

12. Using the following scale, please rate your level of knowledge/skill/experience ***BEFORE*** *today's* workshop and ***AS A RESULT OF*** today's workshop for each of the following statements.

NONE or MINIMAL Knowledge/Skill/Experience			**SOME** Knowledge/Skill/Experience			**EXTENSIVE** Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

Enter a number in the boxes below

How would you rate your:	**BEFORE the Session**	**AS A RESULT OF the Session**
a. ability to recognize the possible 5 signs and symptoms of a sudden stroke?		
b. understanding of how to react to the sudden signs and symptoms of stroke?		
c. ability to identify risk factors for having a stroke?		
d. knowledge of how a stroke could affect a stroke survivor's ability?		
e. knowledge of how to position the weak or stiff arm for comfort and safety?		
f. knowledge of the roles and functions of the interprofessional team members.		
g. ability to perform the following mobility techniques with a stroke survivor;		
• Moving into side-lying position.		
• Moving across or up in bed.		
• Moving from lying to sitting.		
• Moving from sitting to standing.		
• Positioning in a chair.		
• One person stand transfer.		
• Two person stand transfer.		
• Two person sit pivot transfer.		
• Assist with walking.		

• Assist with walking up or down the stairs.		
• Car transfer.		

13. Overall, to what extent did this workshop meet your expectations?

❑ Did not meet	❑ To some extent	❑ To a great extent	❑ Exceeded my expectations

14. List two things that you learned today that you may try to implement in your practice.
    i.
    ii.

15. What supports would you require to apply what you have learned today to your practice?

16. What did you find most helpful about today's session, and why?

17. What did you find least helpful about today's session, and why?

18. How might this workshop be improved? General comments?

19. Do you have any topics/learning areas to suggest for future workshops?

20. Using the following scale, please circle the number that best reflects your satisfaction with the workshop sessions.

1 2 3 4 5 or N/A=not applicable

Very Dissatisfied Neutral Very Satisfied

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	Practical Session #1 *Assessing Trunk Alignment & Movement*	**Practical Session #2** *Trunk to Pelvic Activity & Control*	***Patient Demonstration***	**Practical Session #4** *Facilitating Improved Core Trunk Activity & Movement*
Organization of session	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Relevance of session	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Thoroughness of session	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Written materials	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Speaker Style/Expertise	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Opportunities for discussion	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A

21. Using the following table please check "√" which times and days of the week you would prefer these workshops to be held on? Check all that apply.

	Disagree	***Agree***	***Strongly Agree***
Saturday All Day			
Saturday 0830-1230 hours			
Saturday 1300-1700 hours			
Weekday All Day			
Weekday 1200--1600			
Weekday 1600-2000			

22. Which <u>weekdays</u> do you prefer to attend the education sessions?

THANK YOU FOR YOUR FEEDBACK.

Appendix B Sample 3 Month Follow Up Survey

Ontario Stroke System | St. Lawrence College | Stroke Strategy of Southeastern Ontario, a partner in the Ontario Stroke System

THE BRAIN THE BODY & YOU

FOLLOW-UP PARTICIPANT FEEDBACK FORM

Participant Code: _____ **DATE: _____**

Thank you for taking the time to give us your valuable feedback. Your feedback will assist us in planning future workshops that are tailored to meet your needs.

There are 2 sections to the questionnaire. In Section A you will find general questions relating to all of the workshops. Please complete all of section A. In Section B you will find questions that relate specifically to each of the 5 workshop sessions. Please answer only the questions in Section B that relate to the workshop sessions that you attended.

Section A

1. **Sessions attended (indicate all that you attended):**

   □ Prevention to Life after a Stroke □ Communication & Behaviour □ Mobility

   □ Continence Care □ Nutrition, Swallowing, Feeding and Hydration

2. **We are interested in knowing why you selected the workshop(s) you attended. Please indicate below the reason(s) why you chose the session(s) you attended.**

   - Prevention to Life after a Stroke_____
   - Continence Care_____
   - Nutrition, Swallowing, Feeding & Hydration_____
   - Communication & Behavior_____
   - Mobility_____

3. How did you find out about these workshops? Please check (√) all that apply.

□ **Notice in pay stub**	□ **Notice on work email**	□ **Word of mouth**
□ **Notice on work voice mail**	□ **Bulletin board posting**	□ **Other (please specify)_____**

4. What is the best way to get information to you about educational events?

_____

5. Using the following scale indicate how helpful each of the following factors, (*other than paid time off)* were in enabling you to attend the workshop(s).

	Not Helpful		Somewhat Helpful		Very Helpful	N/A
Location of workshop	1	2	3	4	5	N/A
Time of day session was held	1	2	3	4	5	N/A
The day of the week session was held	1	2	3	4	5	N/A
No cost for registration	1	2	3	4	5	N/A
Employer Support. Please Specify						

ADDITIONAL
COMMENTS:_____

_____

6. If you were unable to implement or use techniques learned during the workshop(s) please check (√) the most common reasons.

☐ **Lack of time**	☐ **Environment eg. lack of space** **Please Specify:**	☐ **Other** **Please Specify:**
☐ **Lack of Co-worker support**		
☐ **Equipment not available**		

7. We would value your suggestions for future workshops on stroke related topics. List your suggestions here?

_____

_____

<u>Section B:</u>

In this section everyone is asked to answer question #1, *after that only answer the questions that relate to the workshop session(s) you attended.*

1. Using the following scale please rate your level of knowledge, skill and experience as a result of having attended the workshops you chose.

	Minimal		Some		Extensive	
	Knowledge, Skills and Experience					
Ability to recognize the possible 5 signs & Symptoms of a stroke	1	2	3	4	5	N/A
Understanding of how to react to the sudden signs & symptoms of a stroke	1	2	3	4	5	N/A
Ability to identify risk factors for stroke	1	2	3	4	5	N/A
Knowledge of how a stroke could affect a survivor's ability to perform activities of daily living	1	2	3	4	5	N/A

Workshop: Prevention To Life After A Stroke

a) Since this workshop please rate (circle) how helpful this workshop has been in your work experience.

1	2	3	4	5	N/A
Not Helpful		Somewhat Helpful		Very Helpful	N/A

b) Since completing the workshop what post stroke effects have you seen in your clients? Please list 3.

1. _____

2. _____

3. _____

c) Please rate (circle) how your understanding of how to care for and support stroke survivors and their families has improved since this workshop.

1	2	3	4	5
Minimal Improvement		Some Improvement		Great Improvement

d) Please share an example.

_____

Workshop: Continence Care

a) **Since the continence workshop how helpful have the continence measures from the workshop been to you in your workplace? Please circle**.

1	2	3	4	5
Minimally Helpful		Somewhat Helpful		Very Helpful

Please list 2 continence measures from the workshop that you have used.

1. _____

2. _____

c) If you have been unable to use any of the continence measures please explain why.

_____

_____

Workshop: Nutrition, Swallowing, Hydration & Feeding

a) Since this workshop indicate how helpful the feeding techniques discussed have been in your work? Please circle.

1	2	3	4	5
Minimally Helpful		Somewhat Helpful		Very Helpful

b) Give 3 examples of feeding techniques learned at, and utilized since, taking the workshop.

1.

_____

2.

_____

3.

_____

b) Tell us how you were able to identify a swallowing problem in a client.

_____

_____

d) If you have been unable to use any of the feeding techniques discussed at the workshop please explain why.

_____

_____

Workshop: Mobility

a) Since the workshop indicate how helpful the mobility techniques presented have been to you in your work.

1	2	3	4	5
Minimally Helpful		**Somewhat Helpful**		**Very Helpful**

b) Please check (√) which of the following mobility techniques you have successfully used since the workshop.

☐ **move into side-lying pos'n**	☐ **moving from lying to sitting**	☐ **one-person stand transfer**
☐ **moving across the bed**	☐ **moving from sitting to standing**	☐ **two-person sit pivot**

c) If you have been unable to use any of these mobility techniques please explain why.

_____

_____

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Workshop: Communication & Behaviour

a) Since the workshop indicate how helpful the communication techniques discussed have been in your work. Please circle.

1	2	3	4	5
Minimally Helpful		Somewhat Helpful		Very Helpful

b) Please describe how you have been a successful communication partner since this workshop.

_____

_____

c) If you have been unable to use any of the communication techniques please explain why.

_____

_____

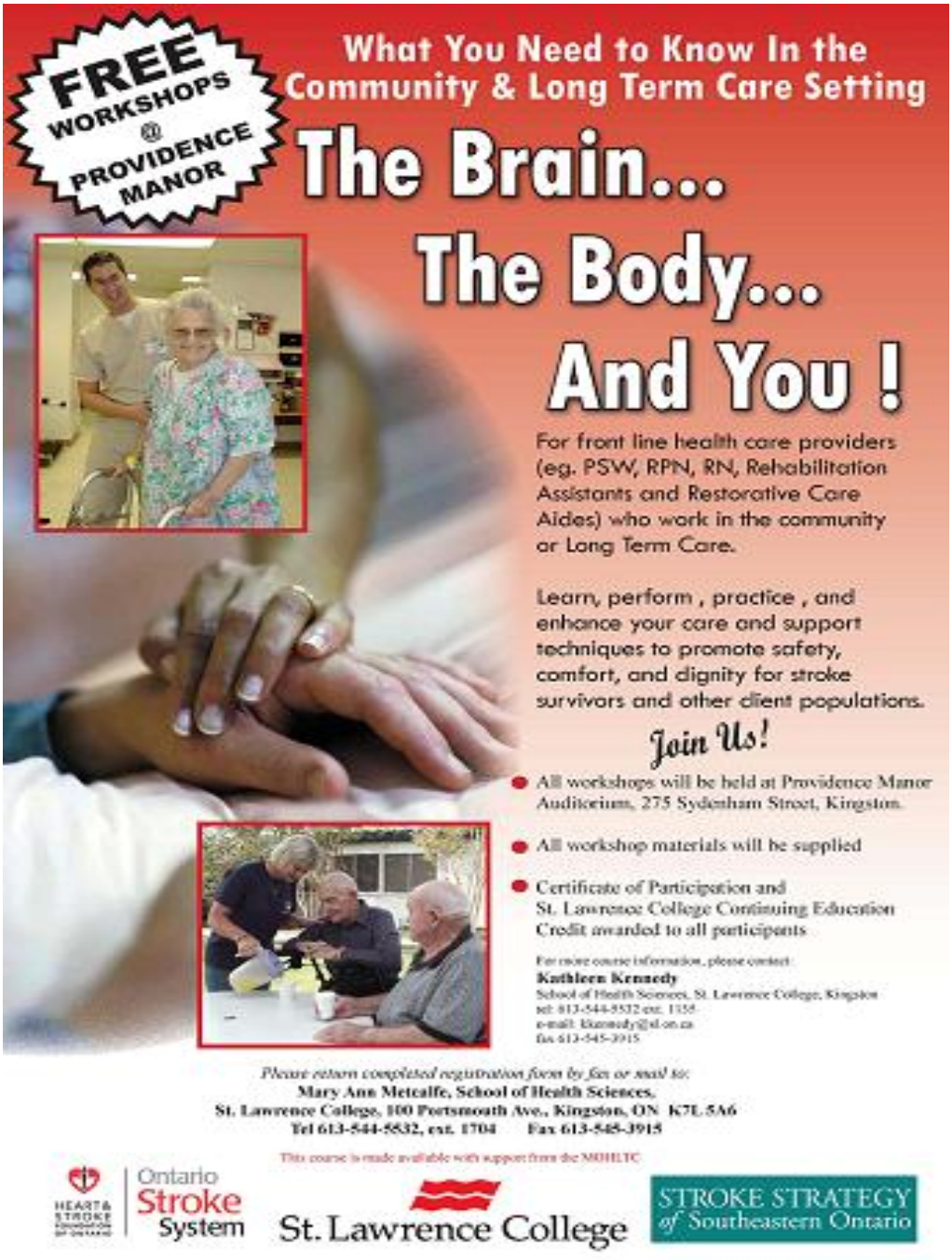
Everyone is to complete this question

Since the workshop what members of the interprofessional team have you communicated and worked with to plan and implement your client's care? Please check (√) all that apply.

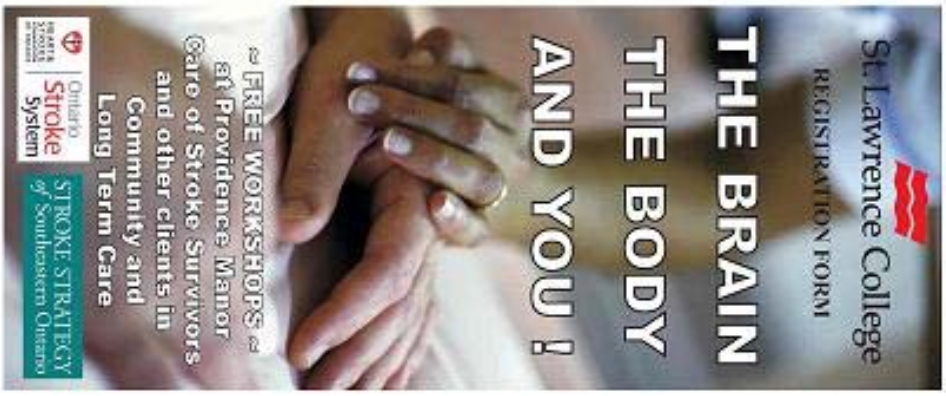
□ RN □ RPN □ Admin □ Case Manager
□ Doctor □ Personal Support Worker □ Health Care Aide
□ Physiotherapist □ Social Worker □ Dietary Staff
□ Speech Language Pathologist □ Dietitian
□ Recreation Therapist □ Occupational Therapist
□ OTHER: Please describe:_____

THANK YOU FOR YOUR FEEDBACK.

Appendix C – Advertising Poster



Appendix D Registration Brochure



Please register for only the Workshop(s) that you plan to attend. Deadline for registration is one week prior to each workshop.

LOCATION— Providence Manor, Auditorium, 275 Sydenham Street, Kingston.

Date of Workshop	Name of Workshop	Course Code	Attending (check only if planning to attend)
Thursday, February 7th, 2008 4:00pm—8:00pm	Stroke Care—Prevention to life after a stroke (4 Hours)	PSWD4100	☐
Thursday, February 21st, 2008 4:00pm—8:00pm	Communication & Behaviour	PSWD4300	☐
Thursday, February 28th, 2008 4:00pm—8:00pm	Mobility (4 Hours)	PSWD4000	☐
Thursday, March 6th, 2008 4:00pm—8:00pm	Nutrition, Swallowing, Feeding and Hydration (4 Hours)	PSWD4400	☐
Thursday, March 13th, 2008 4:00pm—8:00pm	Continence Care	PSWD4200	☐

Registration Information:

Name: _____ Date of Birth: _____ Social Insurance Number: _____

Email: _____ Home Telephone: _____ Work Telephone: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

If you attended St. Lawrence College previously, please state your Student ID Number: _____

Status in Canada: ☐ Canadian Citizen ☐ Permanent Resident (Landed Immigrant) ☐ Student Visa ☐ Other (attach supporting documentation)

Employer: _____ Department: _____ Position: _____

Signature of Registrant: _____

To Register, fax completed registration form to:
Mary Ann Metcalfe, School of Health Sciences, St. Lawrence College
Tel: 613-544-5400 ext. 1704 Fax 613-545-3915

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY
The information on this form is collected under legal authority of the Ministry of Education and Training Act, R.S.O. 1990, Chapter 27, S.5; R.R.O. 1990, Regulation 646.
The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada.
For further information, please contact the registrar of St. Lawrence College.