

**Session Identifier: A.4**

**Session Theme: Interprofessional Education**

**Thursday, June 16, 2016**

**10:30 a.m. – 12:00 p.m.**

Can Cooperative Learning Strategies Lead to Practice Change in Continuing Care?

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Objectives: Learning Circles (LC) are a cooperative learning strategy which bring practitioners together in small workplace learning groups to identify and address practice priorities. The study established and evaluated a series of LCs within seven supportive living and long term care organizations in Alberta. We will discuss how LCs supported the frontline staff and how they can contribute to practice change. Methods: Though a practice driven initiative, the LCs were structured according to an adaptation of a specific learning model (Hess et al, 2015) and were informed through broader theoretical understandings of experiential learning and reflective practice. Multiple data collection tools and methods were utilized. Qualitative data was mainly collected through focus groups with LC participants and semi-structured interviews with facilitators and site sponsors. Thematic analysis was conducted on the qualitative data by multiple researchers. Results: LCs were perceived as a useful venue for team development and relationship building and were seen as initial steps towards the planning and implementation of practice changes. Conclusions: A number of concrete practice changes resulted from the LCs. Community partners with the project confirmed that LCs provide a unique learning strategy in this context for the processing of frontline clinical issues and for the integration of policies and procedures into practice.

Exploring Interprofessional Education and Collaboration in Long-Term Care: What are the Impacts on Staff?

Christy Nickerson Rak, Maplestone Enhanced Care; Dr. Heidi Lauckner, Dalhousie University; Dr. Ellen Hickey, Dalhousie University; Jennifer Isenor, Dalhousie University; Anne Godden-Webster, Dalhousie University

With increasing demands on the long-term care (LTC) system, innovative approaches are needed to improve care, to make LTC a practice field of choice for new health care professionals, and to increase satisfaction among staff. Increasing collaborative practice within LTC can be one such approach. Interprofessional education (IPE) initiatives have been found to attract students to less popular areas of study, such as geriatrics (Grymonpre, 2013; Suter et al., 2012) and to impact the practice of those who currently work in LTC (Grymonpre et al., 2010). This research explores the impact of a partnership between a University and a LTC provider to increase IPE and collaboration in a LTC home in Halifax, Nova Scotia. As a result of this partnership, a number of activities take place at the LTC home including collaborative team meetings, uniprofessional learning placements (with more than 800 learners since 2010), and interprofessional student learning opportunities (9 experiences since 2010). Using a qualitative descriptive approach,

semi-structured, in-person interviews were conducted with eight staff members to understand how the presence of these learning activities has impacted them and the collaborative culture at the LTC home. Staff members represented nurses and direct care providers, support services (e.g., housekeeping, dietary), clinicians (e.g., social work, physiotherapy), and administration. Results illustrate how increasing the involvement of learners within LTC and engaging staff in these activities impact the working environment. Implications for LTC facilities considering the development of interprofessional learning experiences will be proposed along with potential future research directions and next steps.

#### Synergy of Interdisciplinary Teamwork: Virtual Dementia Tour Simulation in Long Term Care

Lisa MacNaughton-Doucet, Dalhousie University; Karine Smith, Nova Scotia Health Authority; Patricia Hattie, Meadows Home for Special Care

The Virtual Dementia Tour (VDT) is an evidence-informed simulation designed to enhance sensitivity for caregivers of persons with dementia. The simulation replicates the decline of participants' sensory, cognitive, and physical functions as they are ushered into a darkened room to complete five simple tasks. A three-way interdisciplinary planning team was formed with the goal of offering this simulation to long-term care staff. The team consisted of an education coordinator of a long-term care facility, faculty member of a baccalaureate nursing program, and dementia resource consultant within a health district. With robust success, the VDT was provided to 68 persons in a long-term care facility over two days. Participants spanned several disciplines including staff from recreation, rehabilitation, kitchen, housekeeping, nursing, continuing care assistants, management, and volunteers. Each team member had a specialized contribution and if left to work in 'silos', the implementation of the VDT would have been challenging or may not have occurred. Working in a diverse team permitted valuable sharing of knowledge and resources; and the synergy among team members throughout planning and implementation contributed to its success. From an interdisciplinary lens there was both extrinsic and intrinsic value in the experience. It has been a win-win-win!