Behavioural Supports Ontario
Projet ontarien de soutiens en cas de troubles du comportement

Person and Practice-Based Learning

FACILITATOR's GUIDE

South East LHIN Capacity Enhancement Team

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In partnership with…

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BSO CAPACITY BUILDING
THE RIGHT TOOL AT THE RIGHT TIME

BSO CAPACITY BUILDING ROADMAP helps plan the first 6 months of orientation for new staff and beyond. It is a framework to organize what a staff need to know, when they need to know it and how they can learn it.

You need to **develop an individual learning plan.**

You need to **plan an orientation.**

THE ROAD AHEAD helps inform your decisions about continuous learning for yourself or staff at any career point.

YOU ARE HERE.

You are likely interested in building capacity for an individual, team or organization to support person-centred care and enable system change for older adults with, or at risk for, responsive behaviours associated with complex mental health, addictions, dementia and other neurological conditions; and their caregivers.

The BSO project offers tools that support core competencies development, workforce learning and development programs, and better care at the bedside.

HOW DO YOU KNOW WHICH TOOL IS RIGHT FOR YOU, RIGHT NOW?

Consider what you need to do, and what you're ready to do. Then follow the statements that reflect where you are at to help you find a start-point. Use this process as many times as you need to continue to build capacity.

You need to **invest in education and training.**

You need to **develop an organizational education strategy.**

You need to **plan a new service.**

You need to **continue with the next phase of training for your recent hire.**

You need **a conceptual framework for team-based care.**

BEHAVIOURAL EDUCATION AND TRAINING SUPPORTS INVENTORY (BETSI) helps you define organizational learning needs and will help you spend your training budget by pointing you to the right mix of education and training programs, at the right time.

You need to **understand the current capacity of your organization.**

You need to **develop a skilled care team.**

PERSON AND PRACTICE-BASED LEARNING TOOL (PerPLe) is the framework for a learning and development approach for health care teams. This framework helps you to apply any learning opportunity in a team-based environment.

All tools are available through your organization, local LHIN, or the BSO website: www.bsoproject.ca

Table of Contents

Section 1 – Introduction

Intended Purpose and Audience - The purpose of this facilitator's guide is to assist LHINs to plan their learning, development and orientation activities for new hires related to the Behavioural Supports Ontario project. It will be helpful for Capacity Enhancement leaders (coordinators and educators) whose role is to plan initial training and ongoing sustainability learning experiences.

Guiding Frameworks - The learning and development activities described within this guide were modeled on, and developed from several guiding frameworks including: Pillar 3, the Capacity Enhancement pillar of the BSO project, the Twelve Core Competencies as outlined by the BSO Health Human Resources team and the Patient Centered Team Based Service Learning model, developed by the SE LHIN Capacity Enhancement Working Group. The PCTBSL is the overarching framework for Capacity Enhancement activities within the BSO project and is included as an appendix to this resource.

BSO Framework Pillar #3 | Knowledgeable Care Team and Capacity Building - The intent of Pillar #3, as articulated in the BSO Phase 1 report, *Behaviours Have Meaning* is to:

- Strengthen capacity of current and future professionals through education and focused training to transfer new knowledge and best practice.

- Develop skills and effective use of quality improvement tools and processes for continuous service improvement within and across sectors.

Twelve Core Competencies - The Health Human Resources Committee of the BSO project, with input from the Early Adopter LHIN working groups, has developed twelve core competencies for hiring health human resources related to BSO:

1. Knowledge
2. Person-centered care delivery
3. Clinical skills (assessment, care planning and intervention)
4. Field-based quality improvement and knowledge transfer
5. Change management skills
6. Leadership, facilitation, coaching and mentoring
7. Cultural values and diversity
8. Prevention and self-management
9. Resiliency and adaptability
10. Collaboration and communication
11. Technology skills
12. Professional work ethics.

Person and Practice-Based Learning (PerPLe) - The PerPLe is the overarching framework to guide new hire orientation activities related to BSO. This document accompanies this guide as an appendix. The core elements of the PerPLe are that training and development activities should be Person-Centered – including and involving Team-Based Service-Learning.

This document will bring detail to the intent of the third pillar, Capacity Enhancement. Since the launch of Phase 2 in September 2011, much learning has evolved based on the necessary components of effective Capacity Enhancement – including the creation of:

- Core Competencies of New Hires
- Person and Practice-Based Learning (PerPLe)
- Capacity Enhancement Roadmap
- Initial roles, functions and processes for new BSO health human resources in each LHIN through kaizen events (and thus defining the knowledge, skills and attitudes required for each service event)

Each of the 14 LHINs received financial support to hire behavioural health human resources to carry out components of their action plans. Many of the LHINs have committed these additional resources to staffing mobile response teams within LTC. Other LHINs have hired or will hire non-mobile resources working in LTC, or in the community, or for staffing of Behavioural Support Units. This document draws on the experience of planning orientation of new hires (RNs, RPNs and PSWs) to staff a Mobile Response Team in the South East LHIN. But the core elements can be extrapolated for planning learning and development / orientation activities for the new resources regardless of their role or function.

The Kaizen Approach | Informing Learning and Development for Service Functions - In December 2011 the SE LHIN participated with three other BSO Early Adopter LHINs in a two-day kaizen event dealing with the "crisis" response function for mobile response teams. Kaizen is a Japanese word which means "change for the better" and describes a quality improvement event involving the coming together of team members for focused work on development and refinement of work processes related to a specific area of service delivery.

As the crisis response was not identified as a likely early role and function for the mobile teams (due to capacity enhancement requirements, legislation and relationship building needs), in February 2012, the SE LHIN hosted a follow-up kaizen to define and prioritize the early roles and functions of the mobile response teams (now called Mobile Response Resource) and then to design the processes, tools and resources that are required to support these early roles and functions.

The outcome of these two kaizens informed the capacity enhancement activities from week two onwards (called "modules").

For example, in the second kaizen, the participants identified the following early roles and functions that would be most helpful to supporting the needs of residents in LTC Homes with responsive behaviours.

Prioritized Roles / Functions	Supportive Processes and Skills	Supportive Knowledge
▪ Admission Processes ▪ Prevention and Early Intervention ▪ Urgent Response and Follow-Up	▪ Admission Processes – to compile information prior to admission and facilitate huddle on day of admission ▪ Resident Life History – to create a resident life history if one has not already been done ▪ LTCH Directory – to compile a list of relevant information about the Home – contact names and numbers, location, access and parking info, location of special units, etc. ▪ Environmental Tours – auditing resident and common spaces for recommendations to improve supportive physical and social design in dementia ▪ Triage ▪ Collaborative Support – facilitating huddles, gathering of information ▪ Post-event debrief	▪ LTCHA related to responsive behaviours and restraints ▪ Resident Bill of Rights ▪ Bill 168 ▪ PHIPA / Privacy Legislation ▪ Infection Control ▪ Consent and Capacity ▪ High Intensity Needs Funds ▪ Abuse ▪ Advance Directives ▪ Collective Agreements

Section 2 - Coordination and Delivery of Learning and Development Programs

The Capacity Enhancement Planning Team – includes…

- Project Clinical Lead
- Capacity Enhancement Coordinator
- Psychogeriatric Resource Consultants
- Clinical Educators (Person-centred care, team building, clinical skills etc.)
- Community Representatives (i.e. Alzheimer Society, Geriatric Psychiatry Outreach)
- Organizational Leaders
- Mobile Team Managers
- Mobile Team Leads

The Targeted Learners & The Educators - The targeted learners for the capacity enhancement plan are all components of the person's healthcare team. This includes the persons themselves, their families, caregivers, healthcare service providers and community agencies.

For the purpose of the 1-Week Learning and Development Sessions, the specific targeted learners are the new staff hired as part of the mobile teams, as well as long-term care liaison staff from the homes in which they would be deployed.

****It must be noted that the concept of learner and educator is more complex than our traditional understandings, as learning transactions in a service learning framework are intended to be two way, and thus promote reciprocal learning between all individuals involved. In this model, all are teaching all, therefore all components of the person's healthcare team are considered both learners and educators.*

The participants in the collaborative learning and development sessions (i.e. formal learning and service-learning), include PSWs, RNs and RPNs, as well as veteran clinicians and educators from geriatric behavioural health and the long-term care sector. All participants are considered to be part of the targeted learners in this model. For this particular event, the PRCs and LTCH liaisons are involved in the formal education and service-learning/mentoring. The formal and informal service-learning components offer an opportunity for collaborative learning and skills building for all individuals involved.

Approaching LTCH and Partner Agencies - As with any new program, a change management approach is helpful to consider. With implementing the learning and development sessions, it was understood that the success of a collaborative, service-learning approach depended on the involvement of LTCH partners and existing staff working in geriatric behavioural health. The approach taken was to invite the staff from the long-term care homes and outreach services to participate in the learning and development program as part of collaborative team building opportunity and a chance to refresh key clinical skills through courses offered (i.e. P.I.E.C.E.S. and U-First!). A sample of this invitation is attached in the appendices.

Assumptions & values that this collaborative approach was based on the following:

- Non-hierarchical approach, "all teach all", sharing knowledge
- Each individual brings their unique experience and knowledge
- Capacity building and system change must include existing staff working in geriatric behavioural health
- A win win situation for existing staff, as learning content can act as a refresher, and collaborative learning creates opportunities to become behavioural health champions
- Knowledge exchange and learning with other sectors across the south east LHIN enhances learning aimed at system change
- Ideas, structures and processes need to be continually being reviewed in a QI spirit of PDSA.

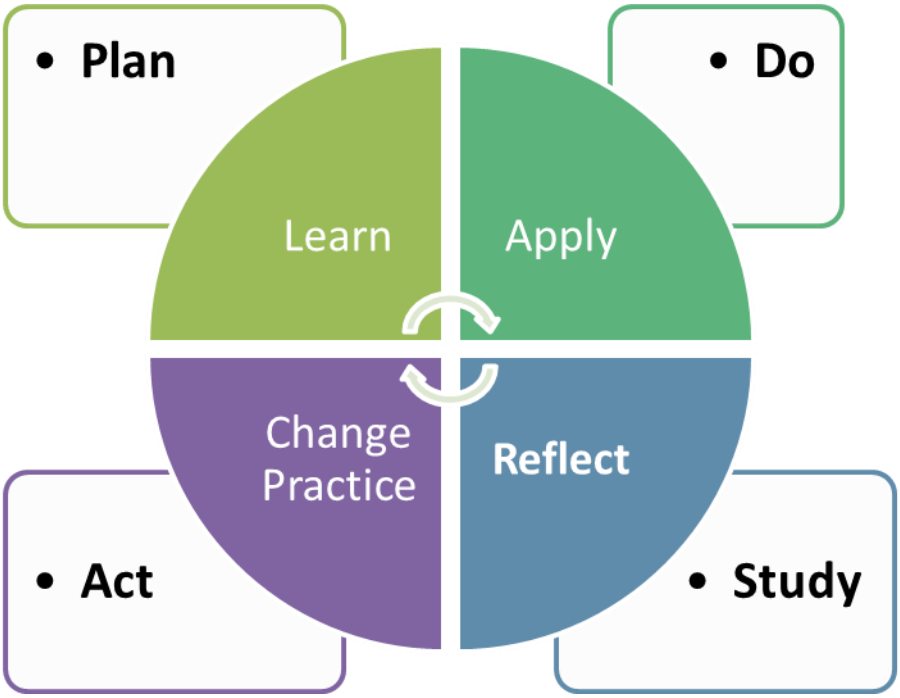
BSO Collaborative Learning and Development Week		
Day 1 – Monday	**Introductions and Collaborative Learning Day**	8:30-16:00
Location: Host Site/Hospital or LTCH		
Description: Introduce key people, What is BSO, Person Centred Care, Team Collaboration		
Facilitators: BSO project team, Improvement Facilitators, PRCs, Person-Centred Care Champions, LTCH Champions		
Learners: New mobile team staff and existing staff from LTCHs		
Day 2 - Tuesday	**U-First!**	8:30-16:00
Facilitators: PRC/U-First! Master Coach		
Learners: Non-registered Staff		
Day 2 – Tuesday	**P.I.E.C.E.S. Day 1**	8:30-16:00
Facilitators: PRC/P.I.E.C.E.S. Master Coach		
Learners: Registered Staff		
Day 3 - Wednesday AM	**The Person & Family Experience**	9:00-11:30
Facilitators: Alzheimer's Society and community volunteer		
Learners: New mobile team staff and existing staff from LTCHs		
Day 3 - Wednesday PM	**Visit to Long-term Care Home**	13:00-16:00
Location: Each team deployed to host site.		
Description: Shadowing/mentoring, service-learning with new and existing staff in the Homes.		
Facilitators: LTCH behavioural liaisons and resource staff		
Learners: All new mobile team members		
Day 4 - Thursday	**Service-Learning at LTCH**	8:30-16:00
Locations same as Wednesday		
Facilitators: LTCH behavioural liaisons and resource staff		
Learners: Non-registered staff - mobile teams		
Day 4 - Thursday	**P.I.E.C.E.S. Day 2**	8:30-16:00
Location: Clinical Education Centre – 2		
Facilitators: PRC/P.I.E.C.E.S. Master Coaches		
Learners: All Registered staff		
Day 5 - Friday	**Collaborative and Case-Based Learning Session**	8:30-15:30
Location: Host site/Hospital or LTCH		
Description: Case-based learning and discussion, addressing the challenges and learning opportunities experienced throughout the week, and how to interface new services with the existing service.		
Facilitators: PRCs or Improvement Facilitator/Champion of Change		
Learners: New mobile team staff and existing staff from LTCHs		

See attached in the appendices for Agenda and description of Day 1 – Collaborative Learning and development, full description of P.I.E.C.E.S. and U-First! Courses, and Day 5 description/reflection.

Service-Learning, Coaching and Mentoring - During the Week-1 collaborative learning sessions, the new staff hired for each of the mobile teams is to complete a component of service-learning, which consists of either a half day or 1.5 day shadow experience in the individual's host long-term care home. The staff are then paired with either LTCH liaison staff, PRCs, and/or P.I.E.C.E.S. trained staff and are coached through the application of the learning frameworks. This allows them an opportunity to apply the learning content to the clinical context with residents from the LTCHs.

Learning objectives for the initial service-learning component include:

1. Tour of the facility and introduction to staff
2. Gain a better understand how they can support the LTCH staff
3. Exposure to the long-term care population, a resident with responsive behaviours (i.e. Review a file or care plan, talk to staff, spend time with a resident)
4. Opportunity to reflect on P.I.E.C.E.S. and U-First! Frameworks through conversations with an in-house P.I.E.C.E.S. trained resource person
5. Introduction to any other approaches, tools, protocols, assessments used in the LTCH.



Other Learning Modules - The 1-Week Collaborative learning sessions are to be followed by other learning modules and topics identified by both the learners and clinical mentors. Such topics may include:

Topic/Session	Potential Facilitator
Mobile Teams Early Roles and Functions	• BSO Team • Quality Improvement Facilitator
Long-Term Care Directories	• QI Facilitator • BSO Team and or Clinical Lead
Environmental Tours	• QI Facilitator • Clinical Lead
Resident Life History	• QI Facilitator • Clinical Lead
Quality Improvement	• QI Facilitator • Clinical Lead
Palliative Care and Pain Management	• Pain and Symptom Management Consultant/Champion
Gentle Persuasive Approach	• GPA Master Coach
The Person and Family Experience	• Alzheimer Society
Person Centred Care	• Clinical Educator • Person Centred Care Champion
Priming, Timing and Miming	• Dr. Lindy Killik
The Montessori Methods For Dementia	• Gail Elliot
Sexuality and Dementia	• Psychogeriatric Resource Consultant (PRC)
Policies and Legislation Issues	• Self-Guided/Computer Search
Facilitating a Team Huddle	• Quality Improvement Facilitator
Psychotropic Medications in LTCH	• Geriatric Psychiatrist • Pharmacist • PRC
Search/Emergency Response to Wandering	• Police Department/Emergency Personnel; Sgt. Dan Callaghan
Mentorship and Coaching	• Learning and Development Consultants
Ethics and Decision-Making	• Pastoral/Spiritual Care

Section 3 – Lessons learned, Recommendations and Key Factors for Successful Implementation

An analysis of the individual experiences and comments found in evaluations - The first two weeks of learning and development acted as a pilot project for the project team to test a concept. This process enabled the team to evaluate of the content and educational and needs of the learners. At the end of week two, a formal evaluation was distributed to the teams. A copy of this evaluation is attached within the appendices.

Reflections from the Participants - The reflections and comments on the experience in the week-long collaborative learning series were generally positive across the group. The new mobile staff commented that they would like to learn more about the clinical population and further develop the skills and resources required for working with individuals with responsive behaviours. They also felt that learning about common interventions and assessments would be helpful. Some of the participants commented that they would like to have more practice with case studies, and integrate learning content on delirium and dementia. One of the participants commented that it was a lot of information at once and that the long periods of sitting during the education sessions was challenging.
Many of the participants commented that being connected to key resource people within geriatric behavioural health was helpful for their learning.

MRT Roles and functions - Evaluations and comments revealed that the teams felt they needed to have a better understanding of their roles and functions, both individually and as a team (MRT). They also felt that they would like to have a better understanding of what they are working towards as a team i.e. the goal of the service development. Some individuals commented that breaking down roles specific to titles would provide more clarity, while other felt that this would take away from the idea of integrated team-work. One participant commented that they fel that the "enthusiasm and support from staff and presenters was very beneficial" and that this helped them to get excited about their role and impact on the system.

P.I.E.C.E.S. and *U-First!* - Both the *P.I.E.C.E.S.* and *U-First!* courses were very well received from all participants. Participants felt that these courses were very valuable, and that they would like even more emphasis and time for PIECES reflection on case studies. The *P.I.E.C.E.S.* course was found to be very helpful for developing assessment skill, and one participant commented that this course helped them to look at residents in a more holistic manner.

Person-Centred Care, The Person and Family's Lived Experience - The group found the presentations and learning content on Person-Centred Care and the Lived Experience to be very engaging and thought provoking, as this helped them to related to real life experiences.

Team Building and Collaboration - The participants commented that addressing teamwork was an important part of the learning process during the first couple of weeks of their development. One individual commented that they felt that the learning content needs to be presented in a manner that promotes collaboration and team building, as "we are a team not separated by our titles." Another participant commented that they felt that the group might benefit from more emphasis on "appropriate conduct of team members behaviours (verbal and non-verbal)" to reinforce group norms. In general the comments on the teamwork process were positive for most of the participants during the collaborative learning week. One participant commented that "team building was supported through the PIECES framework", enabling teams to learn together. Another participant stated that "The most valuable thing I gained was teamwork".

Shadowing Experience – introduction to Service-Learning - There were some issues with this component of the learning and development week. Some of the partcipants felt that they were not clear on the expectations and objectives, and did not find that teaching was as effective as the classroom components. However, others commented that meeting key people, and connecting with the faces of the long-term care home was helpful and important.

Palliative Care and Pain - This content was found to be particularly useful, however some of the participants commented that the presentation was directed more towards registered staff and their role in assessment and intervention. One participant commented that they felt that working as a team rather than titles should be highlighted.

Initial roles for MRTs – LTCH Directories & Environmental Tours - Participants felt that these learning sessions were a very valuable learning experience. They felt that this content was practical and provided them with a good starting point for connecting with the long-term care homes. Individuals commented that having an opportunity to practice these skills as a group was useful, and that the guidance on who to contact and how to organize this was helpful.

Successes and opportunities of the BSO Collaborative Learning and Development week - were explored during an educational session on the fifth day of the program. What was captured during this discussion is attached in the appendices.

Reflections from Facilitators - Facilitators reflected on the success of the collaborative learning events, as the blending of individuals from mobile teams and long-term care was beneficial for the process and team building and developing partnerships with other agencies. Both the facilitators and the participants expressed views that an earlier emphasis on roles and functions of the mobile teams would have helped to prepare them for collaborative learning with the LTCH partners. It was felt that the roles and functions of the mobile teams needed to be clarified before pairing them with the existing staff from long-term care, as this created some tensions both in the classroom and service-learning components of the program. It was also commented that separating PSWs from RNs and RPNs for the U-First and P.I.E.C.E.S. programs has implications to team building within the mobile teams.

Reflections from the Planning Team – include more emphasis on communication, integrate team-building in all learning sessions and content and Integrate QI into learning sessions.

Section 4 – Future Directions and Sustainability

Sustainability: Capturing and reinforcing the learning going forward - Successful sustainability for the learning and development gained from capacity enhancement activities throughout the implementation of the PCTBSL framework requires that learners have the opportunity to engage in ongoing reflection, as well as have access to a means for content refreshers. It is recommended that the use of technology and online learning platforms be used to enable the learners to maintain competency, thus creating an environment of life-long learning. The use of technology enables flexibility for the learners, as well as provides access to resources in a timely and cost effective manner.

The SE LHIN is currently in the process of planning and implementing a learning management system (LMS), which will address the on-going needs of the learners as they move along the learning and development continuum. The LMS will enable tracking of the individuals' learning and certifications and provide means for online content refresher courses. Virtual classrooms and online discussion boards will enable easy access to information and resources as well as opportunities for collaborative learning and knowledge exchange despite geographical expanse.

Section 5 – Related Resources and Links

- BSO Collaborative Space (AKE) – for information related to Twelve Core Competencies of BSO, kaizen event resources from all LHINs, Behaviours Have Meaning report
- Capacity Building Roadmap
- Person and Practice-Based Learning (PeoPLe)
- PIECES Canada
- U-FIRST Canada
- **Canadian Coalition for Seniors Mental Health -** *4 Best Practice Guidelines* (Depression, Delirium, Suicide, Mood and Behaviour in Long Term Care). Can be downloaded however it is better to have their actual guides *Pocket Cards for each guideline (order enough for each):* http://www.ccsmh.ca/en/default.cfm#tools
- **Practical Psychiatry in the Long-Term Care Home: A Handbook for Staff 3rd Revised and Expanded Edition** - Conn, D., Hermann, N., Kaye, A., Rewilak, D., & Schogt, B. (2007) Hogreefe
- **DSM IVR**
- **CPS**
- **Nursing Drug Handbook (Nursing 2012-Lipponcott - Bathing Without a Battle (Book and DVD)**
- **CLEO Resources (these are free)** - http://www.cleo.on.ca/english/pub/order/submit/order.asp?l=1#8
  - Elder Abuse
  - Every Resident Bill of Rights
  - Power of Attorney for Care
  - Continuing Power of Attorney for Property
- **NICE (National Initiative for the Care of the Elderly)**
  - Mental Health - Depression: Assessment and Treatment for Older Adults
  - Mental Health - Are My Older Patients at Higher Risk of Depression (postcard) (English only)

    http://www.nicenet.ca/forms/resource_form.aspx?menu=43&app=206

- **Pain Resources**

- Jovey, R, Editor (2008 Edition). Managing Pain:The Canadian Healthcare Professional's Reference. Endorsed by the Canadian Pain Society

- RNAO (2002; supplement 2007). Nursing Best Practice Guideline Assessment & Management of Pain

- American Medical Directors Association (2003). Pain management in the long-term care setting. Columbia (MD): American Medical Directors Association; p. 36

- Herr, K. et al. (2006). Pain assessment in the non-verbal patient: position statement and clinical practice recommendations. June. Volume 7; issue 2; p. 44-52

- AGS Panel on Persistent Pain in Older Persons. Pharmacological Management of Persistent Pain in Older Persons. American Geriatrics Society. J Am Geriatr Soc 2009 (in press).

- The Alzheimer's Action Plan. Lisa Gwyther and P. Murali Doraiswamy