

**Report on
Development of Resources that Promote the CCHN
Standards in Self-care Management and
Evidenced-based Practice
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1. BACKGROUND

Between November 2007 and March 2009, three researchers, Elizabeth Diem, Alwyn Moyer, and Marjorie MacDonald headed a project to support the use of the CCHN Standards using communities of practice as a knowledge exchange strategy. The project involved forming a community of practice in four locations: Ottawa and Cornwall in Eastern Ontario, Nunavut, and Vancouver Coastal. A model defining the development of a community of practice was produced. As well as demonstrating the use of the CCHN Standards, the community of practice in each location developed resources to support practice in their area.

In this contract, Elizabeth Diem and Alwyn Moyer build on the previous work to prepare materials that could be distributed to others from the CHNC website. The development included working with the Education & Professional Development Standing Committee of CHNC, the CoP in Ottawa and Cornwall, and practitioners across the country via two CHNet-Works Fireside Chats.

2. DELIVERABLES

The following deliverables are included:

- a) A practice-ready, online workshop that demonstrates the use of a community of practice to develop evidence-based practice within a CCHN Standards framework.
 - i The material for the workshop (educational package) is provided in 5 modules in a separate file for each. Module 5 resource and study guide and presentation is in draft form for this submission and will be completed shortly.
 - ii Each module includes a Resource and Study Guide, a PowerPoint Presentation, and in some cases, a resource in pdf format.
 - iii An audio file to accompany or to be embedded in the PowerPoint for each module will be provided by the contractors once the format has been determined by CHNC.
- b) Evidenced-based, web-site ready resources and processes on self-care management for urban and rural settings in English and French.

- i The self-care management resources in English and French include workshop materials for facilitators and participants, data collection form for evaluating use of the passport, and an updated copy of the personal health passport as a pdf file.
- c) A report documenting the process and evaluation of the workshop and resources and recommendations for most effective website access

3. REPORT

This report is in three parts:

- Process and evaluation of educational package
- Process and evaluation of self-care management resources
- Recommendations on website access

A. Process and evaluation of educational package for workshops

The content for the educational package was determined from the Community of Practice Report of March 2009. E. Diem and A. Moyer reviewed the report and drafted an outline that included five modules. Each module was to include objectives, PowerPoint presentation, worksheets with resources and tools. The links to the CCHN Standards would be explicit in each module, e.g. by including a question such as: “How does this activity link to the CCHN Standards?”. The time required to discuss the material in each module was estimated at 45 minutes to one hour.

At the November 9, 2009 teleconference of the Education & Professional Development Standing Committee of CHNC, the outline and module components were reviewed with the members. The questions from members were answered. The researchers asked about the meaning of ‘online’ and whether this might include web conferencing, interactive web-based workshop, or would be merely a cache for documents, as with the Toolkit. The questions could not be answered; information on the redevelopment of the CHNC website was not immediately available because negotiations were still in progress.

The researchers continued to develop the module content and process and sought feedback on draft material from the Education & Professional Development Standing Committee. As well, participants from across Canada provided feedback through two Fireside Chats on CHNet-works on January 26 and February 29.

At the February 1 meeting of Education Committee, it was recognized that many of the newer members were unfamiliar with the previously completed work, including the personal passport. The Committee and researchers decided to circulate a draft module (Module 2) and the passport to members with a request for feedback. The feedback provided by the Committee members was incorporated into the module and influenced the structure and content of the remaining modules.

Following the February 1 meeting, the researchers exchanged emails with the Committee about the expectations for the website. At that time, the Committee decided that the website would only accommodate the posting of the resources; however, an interactive component would be considered for the fall, possibly with CHNet-works. As a result, the description of the material was changed from 'workshop' to 'educational package'. The changes in the expectations for the modules and the capability of the website have compromised the ability of the researchers to provide fully developed and consistent modules by the deadline.

The Fireside Chat on January 26 involved 44 participants online and likely half that number on the phone. Twenty-two responded to the survey on CoP: half belonged to a CoP and half did not. Eighteen of the twenty-two wanted to learn something about running a CoP from forming one to keeping up the interest. The advance survey was very useful as an augmentation to the discussion. This result confirmed the importance of recommending discussion questions that are posted before a deadline.

Feedback on module 4 of the educational package was obtained at the February 29, 2010 Fireside Chat. A similar number of participants were on the computer conference and the phone. Only 14 responded to the pre-session survey. One third of those belonged to a CoP. When asked their preference in learning leadership skills, the following responses were obtained:

1. Self study- 0
2. Mix self study, online posting, responses to questions 7/14
3. Self study and real time discussion 10/14

There was considerable discussion about using presentations with audio. The consensus was that the presentation should be no more than 30 minutes.

In summary, the educational content and process was developed first from the results of an 18 month study on the development of CoPs, and second from two sources, the Educational Committee and national participants in two Fireside Chats. This iterative process increases both the likely effectiveness of the resource and knowledge about it.

B. Process and evaluation of self-care management resources

The self-care management resources in English and French consist of:

- a) a workshop guide for facilitators
- b) workshop resources for participants
- c) a personal health passport, and
- d) a form for monitoring use of the passport

The Ottawa CoP developed the workshop material and the Cornwall CoP developed the material on the passport. The following process describes how the materials were 'tried out' in practice in each location and then revised.

Workshop Materials. The workshop materials were tried out with two groups in Ottawa:

- a) 14 professionals from each of the participating organizations,
- b) 24 fourth year nursing students. For each tryout, the facilitators for each table had a training session of an hour and a half.

Workshop with professionals. Overall, the workshop evaluation with the professionals was very positive. The opening and closing exercises caused some confusion and were revised for the next try out. Many participants felt the workshop had been particularly beneficial in gaining a better understanding of the self-management principles and in finding out how other organizations were using the approach. In particular, they felt the networking, brainstorming, and general discussions were a good way of gaining new perspectives. Some said they would use this information to initiate discussion about the approach in their work place, others would use it to implement change in their practices and one commented that it would re-enforce what was already being done. Several people mentioned that they would now be able to use specific tools/approaches introduced at the workshop.

In addition, the participants felt their organizations would benefit from having individuals with increased expertise in self management (including a network of contacts in other organizations) and also from having those individuals 'spread the word' and introduce new tools (3 comments) to their areas. One commented that adopting this approach was an example of "working towards a better response, service and intervention toward our population" whilst another felt the approach would result in "improving client outcomes".

Workshop with students. Changes were made to the workshop materials and process and adapted to students, for example the facilitators also provided practice examples and the presentation was moved to the end as a summary. The workshop also included the personal health passport as a resource. Two-thirds of the 21 students who responded felt that all aspects of the workshop were useful or somewhat useful except for the presentation. Therefore the modifications made to the opening and closing exercises were more effective. The students felt that the presentation needed to be at the beginning and was too wordy and academic.

Consistently, two-thirds of the participants could identify where they could use the self-management approach in their practice and realized benefits to themselves personally or to their practice. The try-out with the students was particularly useful because their responses would likely be consistent with those from a variety of health care staff. Based on the feedback from the students, the presentation was replaced by a description of the self-management approach that would be distributed as pre-workshop material.

Conclusion on workshop. After the two tryouts, the revised workshop material was translated into French and reviewed by three Francophone health professionals. The English and French workshop materials on chronic disease self-management are considered 'practice-ready' and can be extended to others.

Personal Health Passport. The Cornwall CoP conducted an informal tryout of the English and French passport over a four week period. The tryout consisted of an hour and a half training session for the facilitators from each organization followed by the use of the passport in usual practice situations with individuals and groups. The purpose was to determine the usefulness of the passport and any issues or problems that needed to be changed. The overwhelming response in the feedback forms and evaluation meeting with practitioners was that the passport would be very useful, but that it would take time to fully incorporate it in practice and prepare clients to use it on a regular basis.

Specific changes or additions to content in the passport involved vitamins and screening and were identified and completed. About a third had some difficulty writing in the spaces provided which was difficult to address in the given format. One area that had a variation of responses was the size of the passport and what parts would be portable and what parts would be left at home. Considerable discussion also revolved around clients who would best benefit from the passport. These were identified as young seniors and people who the nurse sees on a regular basis. Possibly once a process was found for these more accessible clients, modifications could be made for clients experiencing more challenges.

Summary. The passport provides a good resource for practitioners and clients. Further and ongoing use of the passport with clients is needed to determine if the process of collaborating with clients will be adopted and maintained.

C. Recommendations on website access

The researchers identified four principles that would be used to guide the recommendations for website access. The principles were determined from the researchers' experience in working with three CoP and other groups, by teleconference and email over five years, and evidence from the literature. The principles were:

- Materials and processes will be readily accessible to CHNs across the country, including rural and northern areas with limited internet services and large and small organizations
- Materials and processes will be based on evidence
- Materials, processes and techniques will promote ongoing interaction
- Delivery methods will have low cost to the participants

Simply providing material on a website will provide limited incentive for nurses to access the site and use the material. Note that not one survey responder to the Fireside Chat was interested in self study.

In an earlier project, participants of a CoP used a website before the first meeting but very few continued to use it. However, they were not especially encouraged to do so because they also received information and meeting summaries by email. Participants will be encouraged to post material if they are aware that posting is an expectation and if they want to see what others have to say or if the responses will be the focus of a discussion. Note that 50% responders to the Fireside Chat were interested in a mixture of self

study, online posting, and responses to questions. One definite recommendation is that audio presentations are to be no more than 30 minutes long.

Over 70% of survey responders wanted materials and real time discussion. The discussion needs to occur monthly for an hour and a half. Usually lunchtime is selected as the most accessible time if people are in the same time zone. To encourage progress in understanding the material, the discussion needs to focus on issues arising from the responses to questions on posted material, rather than the presentation of the material itself.

The technology involved in accessing the website and the material needs to be simple and low cost. Check CHNet-Works for a comparison of options for online conferencing. The presentation date is March 3, 2010 and the link is <http://www.chnet-works.ca/>

Recommendations for website access to educational package

Three levels of recommendations are provided:

Level 1- Website access to educational package. Post education package in one location on CHNC website with all items for each module grouped together.

Level 2- Add associated online discussion forum. Posting similar to level 1. General questions about the educational package or the questions in each module can be posted in the associated discussion forum on the website. This level will require someone to facilitate the online discussion.

Level 3- Phased in use of package with the goal of preparing CoP facilitators:

May - October: post first module of education package in one location on CHNC website. Public relations on package will focus on upcoming training sessions in the fall.

October – February: organize first training session using educational package with focused discussion component. Participants would be trained as facilitators and given some designation when completed- eg. 'CHNC CoP Facilitator'.

January – May: organize second training session(s) with first two sessions co-lead by first trainees and original facilitators.

Continue one or two yearly national training sessions as needed recruiting co-facilitators from previous trainees. Update materials based on feedback from participants. Build in evaluation component.