



HEALTH TAPESTRY

Evaluation of an Innovative Nursing Student
Placement in a Community-based Primary Care
Program Focused on Optimal Aging

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The Health TAPESTRY Approach

AIM

To help people stay healthier for longer in the places where they live, using an interprofessional primary health and social care delivery approach centred on meeting a person's health goals and needs.

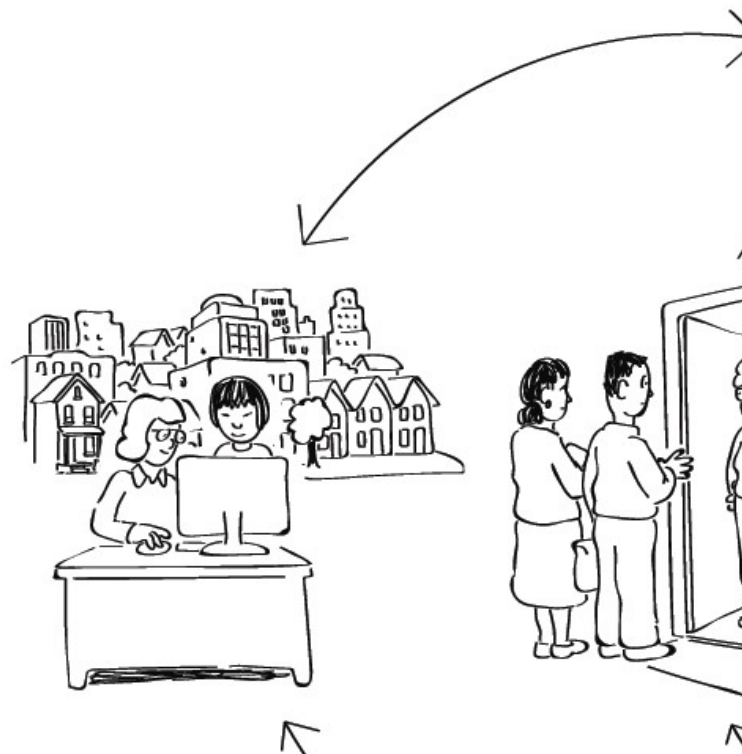


The Intervention

What matters to you?



HEALTH
TAPESTRY



Overview of Student Placement

- Nursing students' opportunities to learn in contexts of home-based primary care for older adults has been limited
- In this placement, third-year McMaster University nursing students in a community professional practice course were placed with **Health TAPESTRY**
- Within the McMaster Family Health Team, placed at either *McMaster Family Practice* (n=8) or *Stonechurch Family Health Centre* (n=7)

Setting the context: Community Professional Practice Course

Format

- Required 3rd year professional practice course
- Groups on 4 students
- 6 hours/week x 12 weeks = 72 hours
- Weekly 1 hour conferences with clinical faculty

Evaluation

- Learning activities: orientation, learning plan, clinical reasoning & judgment worksheets, EIDM, Intersectoral Collaborative exercise, reflection
- Pass/Fail

Setting the context: Course Ends in View (cont. 2/4)

Students

- provide client centred care with individuals, families, groups, communities and populations
- engage in community health nursing practice in and with the community
- develop professional relationships with their clients
- build clinical reasoning and judgment in recognizing client assets and needs, interpreting and responding to health inequities relevant to their clients

Setting the context: Course Ends in View (cont'd 3/4)

- collaborate with peers, individuals, families, and community partners, various sectors, disciplines and community members to address the health inequities
- implement health promotion interventions guided by the Canadian Community Health Nursing Standards of Practice, CASN ETP PHN Competencies, relevant literature and research, and ethics
- demonstrate professional accountability

Setting the context: Professional Practice Tools (cont. 4/4)

- Practice Tool #1: Community assessment
- Practice Tool #2: Measuring health of community
- Practice Tool #3: Health promotion approaches
- Practice Tool #4: Program planning and evaluation

Student Training for Placement

- Students attended one half-day training session with the research team
- Training focused on:
 - Orientation to the Health TAPESTRY program
 - Program implementation
 - How to use and collect data with technologies (Virtual Learning Centre, TAP-App, Personal Health Record, EUGENIE)
 - Effective communication skills
 - Role playing client situations
 - Health & safety procedures, privacy & confidentiality

Community Assessment

- Completed community assessment (windshield/walkabout survey & secondary data)
 - visited each community service for seniors
 - gathered information
 - identified gaps in services
 - recognized relevant trends from epi trends
 - walked the local neighbourhood

Exploring Community Services

- Visited relevant community-based health and social service organizations to learn about programs and shared this information with the team
- Met with Information Hamilton
- Recognized health inequities for seniors in community

Home Visits

- Paired with trained Health TAPESTRY community volunteers to conduct home visits and complete screening tool
- Primary activities with the client (likely in more than 1 visit)
 - Building a relationship in the community that can be brought back to the clinic
 - Completing all of the surveys on the “TAP-App”
 - Completing the “EU-GENIE” tool
- Secondary activities (*if the client has access to the Internet and is interested*)
 - Introducing them to “kindredPHR”
 - Introducing them to “McMaster Optimal Aging Portal”

Primary Care Team ‘Huddles’

- Attended “huddles”
 - Collaborated with primary health care team in care coordination
 - Shared community service information with HUB members
 - Provided insights from client visits
 - Observing and joining in discussion
 - Being present to be sent back on follow-up

Overview of Research

- This study developed, piloted, evaluated learning experiences for nursing students
- Explored:
 - Students' perceptions of their placement experience
 - Placement's impact on knowledge, skills and attitudes related to working with older adults

Who were the clients?

- Age 55+
- Rostered to the McMaster Family Health Team
- Referred by a clinician; someone who a clinician believes would benefit from:
 - Comprehensive, inter-disciplinary case management
 - Volunteer home visits
 - An interdisciplinary approach to prevention and healthy aging

Purpose of the Research

- To gain a rich understanding of the Health TAPESTRY program placement of students
- To understand how this experience may address an existing gap in the curriculum and serve as a template of structure and knowledge for future offerings for students in the healthcare field in a primary care setting

Participants: The Students

- 15 nursing students, 5 medical clerks

Variable	N=20
Age (mean+SD)	22+3.1 years
Gender (n, %)	19 (95%)
Language (n, %)	
English	20 (100%)
French	3 (15%)
Ethnicity	
European	10 (50%)
East Asian	3 (15%)
Prior volunteer experience (n, %)	17 (85%)
Average years volunteer experience	5.5±2.76 years

Quantitative Outcomes

- The University of California, Los Angeles (**UCLA**) **Geriatrics Attitudes Scale** to measure volunteers' attitudes of older adults
- The **Modified Aging Semantic Differential** survey was used to measure bias on older adults' competence, autonomy, and acceptability
- **Self-efficacy survey** designed for this study to measure self-efficacy in role-specific tasks

Qualitative Methods

Focus Groups and Interviews:

- One focus group per semester
 - In total, 4 focus groups (n=14) with nursing students at 2 time points, + 1 interview (n=1) with nursing student unable to attend group
- Analysis in Nvivo 10; interpretive description and constant comparison

Narratives:

- Reflect on home visit by writing an open-ended narrative in the TAP-App

Results

Variable	Pre-placement (n=20)	Post-placement (n=15)
Geriatrics attitude	53.50 (6.42)	52.27 (8.20)
Aging bias	64.80 (19.29)	60.07 (17.80)
Self-efficacy	84.62 (10.64)	83.62 (14.99)

Geriatrics attitude scores ranges 14-70 (higher scores=more positive attitudes toward older adults; Aging bias scores range 24-168 (higher scores=more negative bias; self-efficacy scores range 0-100% (higher scores=higher self-efficacy)

Strengths of Placement

- Students found greatest strengths of the program were:
 - Visiting clients in their home (27 references)
 - Attending the interprofessional huddle and being involved in clinical action (22 references)
- Home visits opportunity to have hands on experiences with older adults in their homes, provided holistic view of clients (11 references)
- Seeing huddle team members working was a new, interesting, enjoyable experience (9 references)

Placement Weaknesses

- Communication and connecting issues between program and students (12 references)
 - Expectations of placement and student tasks not clearly communicated (6 references)
- Did not get to experience all parts of placement – huddle, home visit, all surveys (7 references)
- Hours available did not meet with placement requirements (7 references)
- Technology issues – problems navigating online volunteer training, problems during visit, use of EUGENIE (7 references)

Placement Impact and Outcomes

- Learned how an interprofessional approach to care works (6 references)
- Developed new perspective of older adults, in particular mobility issues and resilience (4 references)
- Able to help clients navigate and learn about community resources (4 references)

Impacts on future career

- Opportunities for skill development during placement:
 - Shadowed member of interprofessional huddle team on home visit
 - Gained knowledge of community resources
 - Learned how an interprofessional care team triages reports
 - Strengthened communication skills
- Students developed a new perspective, saw a new side of nursing (6 references)

Opportunities for Students

- Learned about primary care and the professions in the practice (13 references)
 - Able to shadow clinicians and learn about their roles (8 references)
- Enjoyed learning about community resources (7 references)
- Learned more about patients' lives (3 references)
- Changed view of treatment and role of treatment in clients lives (3 references)

Student Recommendations of What Could be Done Differently

- Begin and learn about program earlier in the semester (11 references)
 - Connect with clients earlier in the semester (6 references)
 - Clinician shadowing earlier and more often in the semester (3 references)

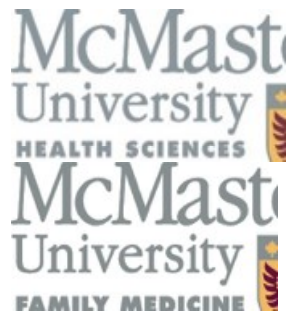
Lessons Learned

- Students learned that seniors are interested in their health
- Population health lens
- Application of technology with clients
- Community services exist however access issues
- Unclear RN role in primary care
- Disconnect between primary care and community services
- Challenges in adopting evidence-based practice



HEALTH TAPESTRY

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Michael G. DeGroot School of Medicine



School of Nursing



McMaster University
FAMILY MEDICINE



Michael G. DeGroot School of Medicine

“I think that just viewing the person as a person in the community as opposed to a person in a hospital, so it’s not like they’re suffering from a specific —, if they’re on the cardiac unit or they’re on the mental health unit or something; they’re not suffering from something specific, but it’s dealing with a whole person. And then moving forward in the community and then not just helping them get better, but moving beyond that in functioning in the community after they get better, kind of thing. So, just viewing them in a different kind of context was helpful.”

“Just how there wasn’t a quick fix. It wasn’t just a medication you could put them on, it was a way broader lens to look at someone”

“I think that it kind of showed me another side of nursing. And I had never been involved in a family practice setting; so, it was definitely very interesting to be able to see that side.”

“I guess it helped me sort of realize that public health nursing and primary care nursing, we’re seeing sort of a team’ obviously. That’s something I’d be interested in, in the future. Because it was cool going out into the community and doing things like that. ...So, it sort of showed us more of public health nursing side and like primary care nursing side, which we don’t get to see in school; so that was nice.”

“Just maybe understanding the social aspects that were contributing to the patient’s health that we were talking to. So, essentially learning a little bit about, especially in older patients, how maybe social isolation can be sometimes something that I don’t really think about that often.”