

Filling the Void: Development of a home health education program

Lisa Bower RN, MN

Regional Manager Clinical Education

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Learning Objectives

Learners will:

- Describe components of the Regional Home Health Education Program (RHHEP)
- Summarize lessons learned and unintentional learning outcomes
- Discussion of other strategies being used for training of community health nurses

Regional Home Health Education Program (RHHEP)

8 week program combines:

- on-line learning
- classroom and computer training
- consolidation of learning in supportive clinical environment

Preceptorship model

WHY?

- 45 home care nurse vacancies June 2017
- Lack of qualified applicants
- Increasing complexity of clients
- Lack of standardization



WHO?

Partnership between Clinical Education and Operations.

Steering Committee includes other stakeholders:

- Recruitment
- Professional Practice
- Human Resources

WHO?

4 key educators from 3 communities of care

Contributions by WOCNs, IV Clinicians, Palliative care team

WHO?

- Majority RNs coming from acute care
- A few new grads (less than 18 months) and had done clinical in home health
- 1 nurse from residential care
- 2 duty to accommodate nurses
- Few nurses from PCU and hospice

Mandatory ½ day shadow after interview

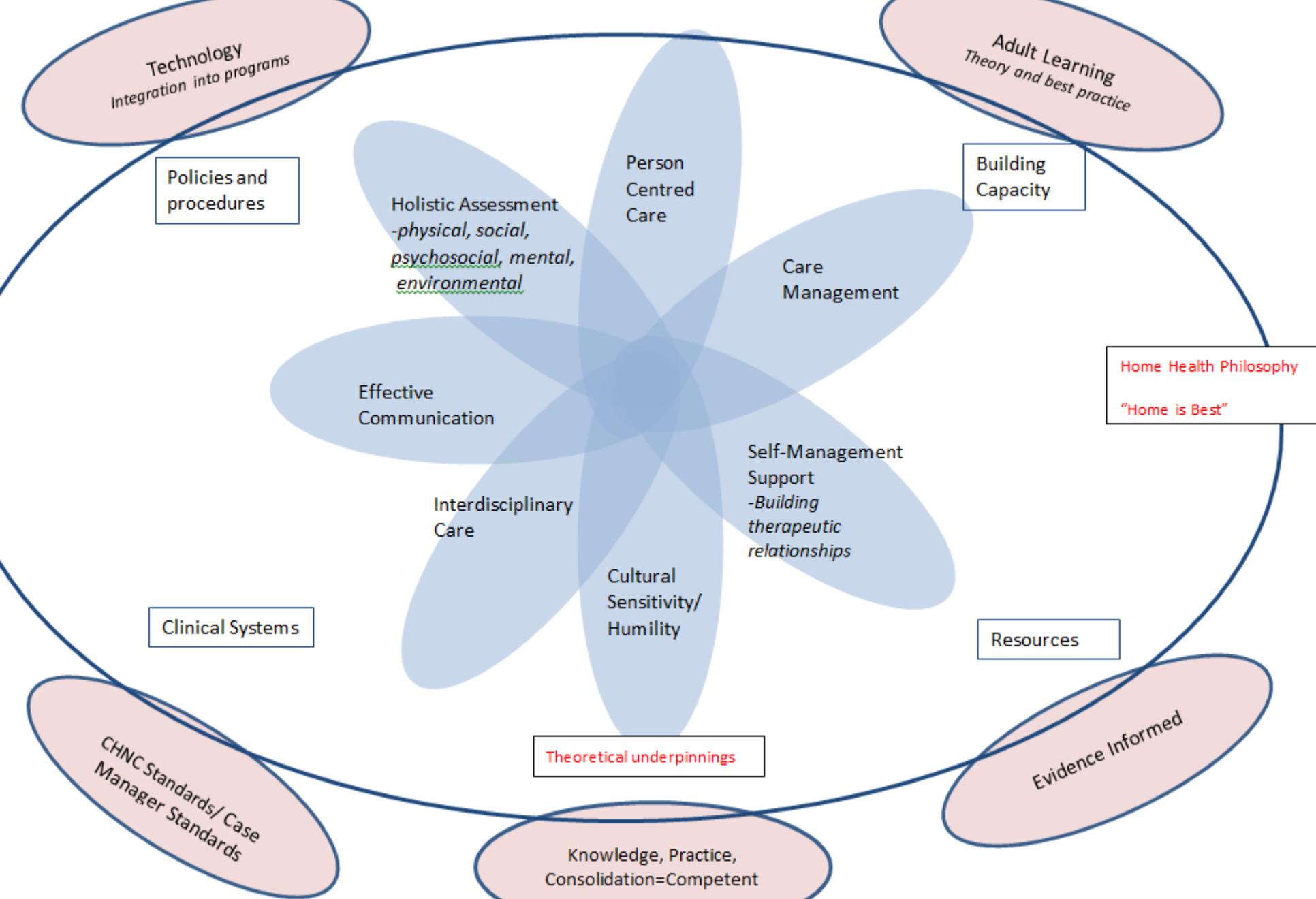
WHEN?

Planning started end of June 2017. Started August 14

- 1st August (20/22)
- 2nd October (14/17) Class capped at 18
- 3rd January (11/12)
- 4th March (15/17)

Total of **60** completed to date.

3 are no longer in home health.



WHAT?

WEEK 1:

- Intro to Home Health (Part 1+ 2)
- Intro to clinical information system (Paris)
- “Day in the Life” guided observation at unit with preceptor

WEEK 2

- Education for wound documentation (PIXALERE)
- Continuation of clinical documentation (Paris)
- Introduction to populations
- 2 clinical days with preceptor

WEEK 3

WOUND WEEK

- Introduction to Wound Management
- Introduction to Ostomy
- Introduction to Arterial/Venous/Diabetic wounds
- Demo/return demo in compression bandaging

- 3 clinical days with preceptor/joint visits with WOCN

WEEK 4

- Introduction to medication management, BPMH, medication reconciliation with community pharmacists
- Introduction to assignable/delegable tasks
- Documentation in Paris

- 3 clinical days with preceptor/joint visits with CRN

Week 4- Evaluation

Learner is responsible for filling out weekly reflective practice sheets and getting feedback from preceptors

Learner completes midterm competency tool and then meets with CRN to identify continued areas for growth

WEEK 5

- Introduction to Vascular Access management
- Introduction to Infusion management
- Documentation in Paris

- 3 clinical days with preceptor/joint visits with CRN

WEEK 6

Palliative care week

- 5 classroom days
- Role-playing about goals of care
- MAiD
- Self-care
- Palliative assessment
- Pain and symptom management

WEEK 7 + 8

Final Consolidation

- Independent visits with support from preceptor
- 50% of case load week 7
- 75% of case load week 8

Final Evaluation

Learners completed the same competency document again and meet with CRN to review.

Post RHHEP learner would start orientation and complete learning plan so areas of growth could be targeted.

LESSONS LEARNED

- Timing of posting
- Expertise of educators
- Working in silos = duplication
- Project/administrative support needed
- Positions should be permanent

LESSONS LEARNED

- Preceptorship model challenging with staff shortages and time of year (multiple preceptors)
- Sometimes not able to consolidate (i.e. no IV infusions during IV week)
- Preceptors found giving feedback challenging

OTHER CHALLENGES

- Learners not completing program
- Learners seeking other opportunities post RHHEP
- Learners not wanting permanent jobs after being in temporary
- Educators found it difficult to support other practice changes due to continuous cohorts
- Challenges finding classroom space due only booking 2-3 months in advance

Unintentional Outcomes

- Relationship development from using cohort model
- Preceptors wanting a competency document and feedback on practice
- Collaboration of educators
- Collaboration from managers to negotiate seats

NEXT STEPS

- Introduction of patient voice (done last cohort)
- Learners requesting more on-line (currently working on with curriculum review to reduce duplication)
- Release staff to attend preceptorship workshop (graduates of cohort 1 are preceptoring cohort 4)
- Design a professional development plan post RHHEP
- Pre-planning of cohorts for 2019

“Thank you for starting this program. You have eased my anxieties about working in the community as an autonomous care provider. I am so glad I could make the move to community!”

Questions?

Topic for discussion:

What are other strategies being used to educate community health nurses?