Yee Hong Centre
For Geriatric Care
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Saint Elizabeth
Well beyond health care

A practical guide to implementing person-centred care education for PSWs in the home, community and long-term care sectors

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*The views expressed herein are the views of Saint Elizabeth and Yee Hong Centre for Geriatric Care and do not necessarily reflect those of the Province of Ontario.

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About this Guide

This guide was developed by Saint Elizabeth and Yee Hong Centre for Geriatric Care to share our experiences and insights after implementing person-centred care (PCC) workshops with personal support workers (PSWs) within our two organizations. PCC is a complex construct that has been defined and implemented in diverse ways by different health care disciplines and in different care settings. In a literature review of person-centred care approaches and practices conducted by Saint Elizabeth, we found very little direction about how PCC can be implemented in the home and community setting and did not find any strategies specific to unregulated care providers, such as PSWs, although they provide the majority of care in these sectors. We were able to find only a few existing PCC implementation toolkits; however, those we did find are focused on acute care;[1,2,3] are discipline-specific (e.g. for nurses[4]); and/or are not focused specifically on PCC.[5] Therefore, as we navigated our way through developing evidence-based PCC education that would be relevant and meaningful for PSW in home care and long-term care (LTC) settings, we decided to document our planning, implementation, evaluation processes and lessons learned so that we could share this information with other organizations looking to implement similar initiatives. This includes a focus on both the common elements and unique opportunities/challenges in each of these settings.

Development of the Guide

A number of existing toolkits were reviewed to get a sense of what information might be useful to include in an implementation toolkit. Implementation team members from Saint Elizabeth and Yee Hong Centre worked collaboratively to determine the toolkit scope and content. Throughout the planning, implementation and evaluation of the PCC workshops for PSWs, field notes with observations and an issues log were kept to complement the formal evaluation of the initiative and inform the development of this toolkit.

We have included quotes from PSWs who attended the PCC workshops throughout the guide to illustrate, in their words, the benefit of this type of education and what they learned. Also included throughout are lessons learned from our experience with this initiative and detailed task checklists, to assist you with the planning and development of each stage.

Intended Audience

This toolkit is designed to be used by senior and middle managers in home, community and LTC provider organizations who are interested in adopting a more person-centred approach to care. It provides suggestions for how to design, implement and evaluate PCC education for front-line staff based on lessons learned from our experiences implementing this type of initiative.

We would encourage you to assemble an implementation team that could use this toolkit as a guide when designing your implementation strategy. This toolkit will also be a good resource tool for personal support supervisors (RN/RPN) and educators to introduce PCC concepts and deliver related education.

Limitations

This guide focuses on implementing PCC education that is relevant to the home, community and LTC sectors. Although many of the concepts would be applicable to other sectors, such as acute care, the specific approach to implementation and some of the workshop content would need to be adapted for use in other settings.

This initiative specifically focused on providing PCC education to PSW and home support workers. The approach would be similar for other health care providers in the home, community and LTC sectors, however the education content would need to be adapted to ensure it was relevant and meaningful to other disciplines. There may also be opportunities to offer the PCC education to an interdisciplinary group of health care providers.

Although our initiative included supervisors as workshop facilitators to garner support from the PSWs' direct leaders, there needs to be support and education across the organization for a real culture shift to take place. That will be the next step at both Saint Elizabeth and Yee Hong Centre.

Note: Although at times in this guide we may refer to clients and/or residents without specifically mentioning family involvement, the approach taken and emphasized in the PCC education was a holistic, person-centred approach, which was inclusive of the client/residents' family and friends.

"Arrive with energy and love, make them to feel better."
~ Personal support worker

Part 1: Introduction

What is Person-Centred Care (PCC)?

Person-centred care sees people receiving care as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting clients/residents and their families at the heart of all decisions.

(Adapted from The Health Foundation http://www.health.org.uk/areas-of-work/topics/person-centred-care/)

In describing PCC to those who participated in the PCC education, we emphasized that PCC is not a task or something you *do*, but rather overarching philosophy to guide the approach to care and care delivery. Care is organized around the person receiving care, and care providers, clients and their families are equal partners in the care delivery process, ensuring that the person's needs and preferences are met.

PCC is reflected in having therapeutic relationships with clients: *A trusting connection and rapport established between a health care provider and client through collaboration, communication, care provider empathy, and mutual understanding and respect*.[6] This is very different from a friendship or personal relationships where both parties involved are benefiting from the relationship.

There is no broadly accepted definition of PCC or agreement on its components,[7] however widely cited are the following core concepts of patient and family-centered care identified by the Institute for Patient and Family-Centered Care (2010):[8]

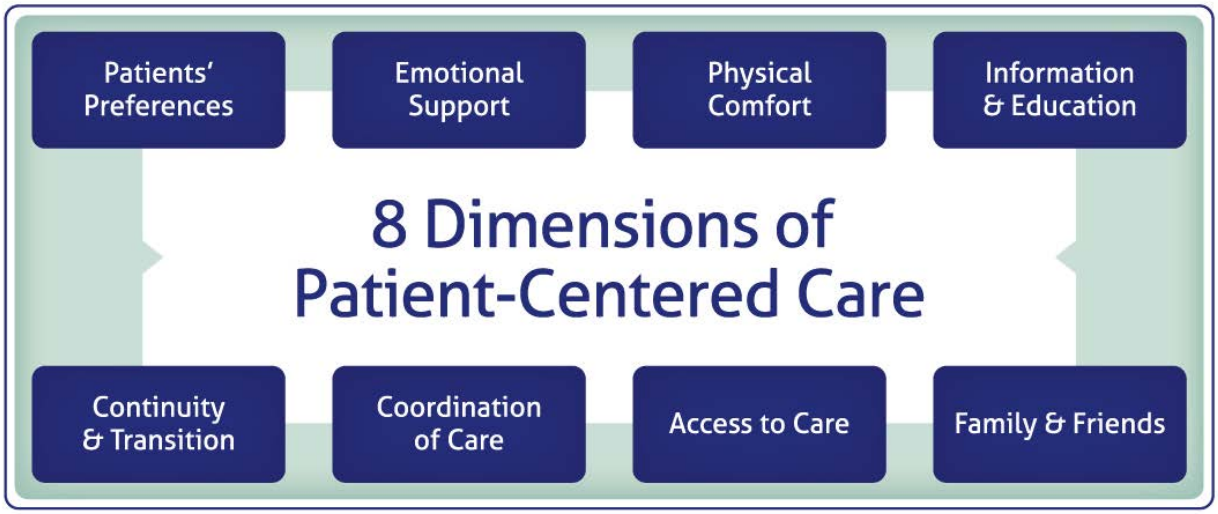
- **Respect and dignity.** Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; in professional education; and in the delivery of care.

National Research Corporation (NRC) has specified the following eight dimensions of PCC:[9]



In Saint Elizabeth's review of the literature, we identified the following as key components of PCC:

- **Respect:** Being accepting of your client's values, feelings, lifestyle, choices and decisions, regardless of differences in opinion, will ensure that they feel valued and important.

- **Communication:** In the caregiving realm, communicating is more than the mere act of transmitting information by speaking, writing or using non-verbal means. It involves the ability and the confidence to utilize both verbal and non-verbal messages, to ensure purposeful and effective interactions. This skill is acquired gradually, improves with practice and experience, and forms the cornerstone of an effective Therapeutic Relationship.

- **Power/Empowerment**: PCC involves the sharing of power and forming partnerships with clients. The balance of power needs to be considered (i.e.,. knowledge, status, decisions-making authority and power should be achieved "with" the client)
    - Inherent in the caregiver client relationship are power and goal differentials that the caregiver must be able to recognize and address.
    - The caregiver has more power than the client because of their knowledge and influence in their care.
    - The goal of the caregiver's relationship is to promote the health and well-being of the client and not to meet the needs of the caregiver

- **Transitions and continuity of care**: Facilitating transitions between settings; ensuring continuity in communication and personnel.

- **Client participation in care:** A relationship or partnership with a health care provider; shared decision making, goal setting and/or self-management of care; engagement of clients at the level of service/program delivery within organizations and at the broader systems level.

Differences between PCC and the Traditional Medical Model Approach

Person-centred care differs from the medical model of care which characterizes how the care has traditionally been provided across the health care system, including in the home, community and long-term care (LTC) sectors. The table below outlines some key differences.[10,11]

Medical Model		Person-Centred Model
Client/resident role is passive	→	Client/resident role is active (e.g. asking questions, decision-making, goal setting)
Client/resident is recipient of treatment/care	→	Client/resident is a partner in treatment/care plan and their own expertise respected
Health care provider is the decision-maker	→	Provider collaborates with client/resident and families in making decisions
Disease-centered	→	Quality-of-life-centered; helping people gain personal satisfaction in their lives
Provider does most of the talking	→	Provider listens more and talks less, tries to better understand the client/resident, develops a therapeutic relationship
In LTC, the medical model is based largely on institutional schedules to which the individual must conform	→	Driven by the individual's needs and preferences (or past patterns) (e.g. client can decide what treatment is provided, when to rise, when and what to eat, what social activities to engage in)
In home and community care, focused on the care tasks to be completed during the time-limited visit	→	Driven by the individual's needs and preferences (e.g. client can decide what care is provided, when and how)
Provider training is solely based on medical knowledge or job descriptions that are limiting and create work silos	→	Staff are cross-trained and learn to care for the whole individual, who also has social, spiritual and other personal needs.

Following the PCC workshops, PSWs told us what PCC meant to them:

"Never assume that because a person does not speak, he/she does not have a voice or has nothing to say. When giving care, make it about the person you are caring for, give them choices, let them have their say in how THEIR care is done."

"Have clients inform the decision instead of doing what you think is better for them"

"No matter what has already gone on in my day, the new client visit should be a clean slate, come in cheerfully with no negativity."

"We are all unique in our own way but should all be highly respected as a whole with no judgement."

"People come to long-term care homes because they need help, love, attention and respect. If you pay more attention to them, they are happier. If you touch them, they are happier…especially if they don't have family to visit them."

"Before [the PCC workshops], I thought of it as providing a service for the client. During the PCC workshops, I learned that I can work as a partner with clients. We need to work well together and understand each other so we can work well together to complete the tasks. [The workshops] reminded me to always think about the client and always communicate with the client so that we can understand each other."

Differences between PCC and Client-Centred Care / Resident-Focused Care

Although many different terms are used to describe this approach to care – including patient-, client-, or resident-focused care – we have opted to use the term person-centred care because we believe it best reflects this holistic approach, acknowledging the personhood of the individual outside the clinical domain. It is more than meeting the person's care needs or improving their health outcomes; it is about understanding the person as a whole.[12] This understanding can develop through the health care provider collaborating with the client and family to learn about the person's life history, present, and future aspirations, which are informed by his/her values and beliefs, place in the physical environment, relationships, and the social interactions in which s/he engages. [13] This is depicted in Figure 1 below, with these factors encircling the person, who is situated in the centre. Person-centred care acknowledges each aspect of an individual, respects differences, and provides care based on the person's needs, desires, and hopes for the future.

Figure 1: Providing holistic, person-centre care

Examples of Person-Centred Care in Practice

When PSW Sam arrives at the home of his client, Mrs. Oxford, he takes a few minutes to sit with her to find out how her night has been and ask her what she would like done first today. Sam finds out she was wasn't feeling well yesterday so did not eat dinner and is now very hungry. She would appreciate his help to get something to eat before her bath today.

Lynn is a PSW providing care at home to Mr. Jeffreys who has had a stroke that has made speaking a challenge. Knowing he loves music and is able to sing more easily and clearly than he can speak, they sing together while she is giving him his bath and during other care tasks.

Mrs. Jodpur is a client in an assisted living facility and her new PSW, Edwin, has been asked to prepare her breakfast of toast and tea. Rather than assuming she would like it prepared the way he prepares toast and tea at his home, Edwin is aware that there may be individual and cultural differences even for something as simple as making toast and tea, so he asks her how she would like her breakfast prepared.

Project Description

Phase 1 - Research

In 2010, Health Canada awarded funding to Saint Elizabeth for a two-year project entitled "*Client-Centred Care: Future Directions for Policy and Practice in Home and Community Care*." As part of this project, the following resources were developed:

- Comprehensive literature review of client-centred care approaches and practices in the home and community setting
- 8 Fact Sheets based on key concepts from the literature review
- Online, searchable inventory of client-centred resources, programs and publications
- 3 promising practice case studies as concrete examples of client-centred care

At Saint Elizabeth, we then turned our focus to using this foundational research evidence to support the implementation of PCC initiatives within our own organization and partner organizations.

Phase 2: Design, Implementation, Evaluation of PCC Education with PSWs

The objective of Phase 2 was to learn about implementing the concepts and learnings from Phase 1 in the home, community and LTC sectors to improve the client experience and to increase staff satisfaction and engagement (and consequently recruitment and retention). Our intent was to promote and support a culture shift toward PCC, starting with one group of health care providers (i.e. PSWs) – the largest group in home care and LTC – and their direct supervisors. It is clear from the literature review that without support from the entire organization, attempting a cultural shift towards PCC could be very challenging. In this project, we focused at the local level only, to learn about the implementation process and challenges, and to test the relationship between the implementation and expected outcomes.

The RNAO (2006)[14] recommends that best practice guidelines can be successfully implemented only in environments where resources, organizational and administrative support and facilitation are present. Specifically, they suggest the development of an implementation plan, supported by funding and by senior leadership, which incorporates ongoing opportunities for discussion and education to reinforce learning and engaging in reflective practice (personal and organizational).

The literature is strongly supportive of the need to educate health care providers in person-centred care provision as a way to implement changes in practice.[15,16,17,18,19] This education may include the use of case studies,[20] sharing ideas/solutions between staff members and/or the use of mentoring and critical reflection.[21] The importance of educating all staff has been highlighted, as evidence suggests that, although possible, it is more challenging for a lone health care provider or discipline to implement a shift to PCC independently.[22,23,24,25]

With these factors in mind, this initiative was designed to engage personal support workers and home support workers (referred to collectively as PSWs in this guide) and their supervisors (PSSs) in home care, LTC and community support services to collaboratively develop three interactive workshops focused on PCC. The workshops were be offered to all PSWs and HSWs in one of Ontario's largest non-profit LTC organization (Yee Hong Centre for Geriatric Care) and one of Ontario's largest non-profit home care companies (Saint Elizabeth). The evidence-based workshops involved discussions about key principles of PCC, practicing/role-play, sharing stories from other PSWs, and reflection on ways to implement PCC and overcome challenges. Videos were developed to promote discussions and will become part of the implementation toolkit.

Goals and objectives

Goals:

The goals for this initiative were to enable PSWs and their supervisors in LTC homes and home care to provide PCC for all their residents and clients, realize greater efficiencies through improvements in recruitment and retention due to greater job satisfaction among PSWs, and to address the need for evidence-based implementation guidance for PCC in the home, community and LTC sectors.

The widespread implementation of PCC in LTCs and home care would improve the care experience of clients/residents and their family members, as well as help create a healthier work environment for the staff of health care provider organizations. Furthermore, by developing, implementing and evaluating PCC education for PSWs and, subsequently, developing this implementation guide, we can ensure that the knowledge gained can be shared widely across organizations, ensuring broader impact and usability.

Objectives:

Our objectives for this initiative were to:

- Utilize evidence, best practices and input from knowledge users to develop relevant and meaningful PCC education for PSWs in the home and LTC sectors
- Increase the knowledge of PSWs about PCC and how to implement this approach so that interactions among the PSWs and supervisors, and between PSWs and clients/residents/families are more person-centred
- Increase staff engagement, retention and occupational pride through involving staff in interactive workshops focused on improving interactions with clients and colleagues[26]
- Evaluate the short-term impact of PCC education on client/resident, staff and organizational outcomes
- Increase client/resident and family satisfaction with the care they are receiving
- Support a shift toward PCC across Canada by engaging in knowledge exchange activities to share implementation guidance related to PCC education with other home care and LTC organizations

About our Organizations

Founded in 1908, Saint Elizabeth is a trusted name in Canadian health care and a leader in responding to client, family and system needs. As an award-winning not-for-profit and charitable organization, Saint Elizabeth is known for its track record of social innovation, applied research and breakthrough clinical practices in home and community care. Our team of 6,900 nurses, rehab therapists and PSWs deliver more than five million health care visits annually through our eleven Ontario Regional Offices and across Canada. Our Foundation is dedicated to raising funds for the advancement of knowledge and charitable initiatives in home and community care.

Yee Hong is a caring community where seniors enjoy a continuum of culturally and linguistically appropriate care. With a person-centred approach, Yee Hong annually serves close to 200,000 seniors and their families across the GTA, through its four centres operating a total of 805 LTC care beds, numerous satellite outreach offices delivering community services and community medical clinics. The waiting list for our LTC care beds has surpassed 3,000 – the longest in Ontario. In order to sustain high quality care and our wide range of community-based programs, Yee Hong Community Wellness Foundation raises funds to support our operations. As reported in a 2012 *Globe & Mail* article, "within the field, Yee Hong Centre has emerged as an innovator in care, routinely boasting lower rates of depression, falls, skin ulcers, and hospitalizations among its residents, compared with those living in mainstream homes."[27]

Saint Elizabeth and Yee Hong Centre decided to partner on this initiative because of the similarity in our visions to deliver high quality care to those in need to enable them to live their lives to the fullest and in the highest quality possible. The similarity in our staffing and education needs also made us good partners.

Rationale for the Initiative

Why focus on Person-Centred Care?

This initiative was very much aligned with current health care transformation strategies, including an increasing focus on providing PCC at the National and Provincial/Territorial levels. By focusing on providing care that is more person-centred, health care organizations in the home, community and LTC sectors can enhance the health care experience of clients/residents and family members and also results in more person-centred interactions among staff and supervisors. As mentioned, our goal was also to realize greater efficiencies through improvements in recruitment and retention due to greater job satisfaction among PSWs[28] and taking a more person-centred approach to care and co-workers. We also expect increased client satisfaction due to the provision of care that is more person-centred[29,30] and the reported association between staff and client satisfaction.[31]

There is growing support for a shift from a provider-centred model of care delivery to one which puts the client at the centre of healthcare. [32,33] Given the aging population and the growing number of people receiving care at home and in LTC settings, [34,35,36] stakeholders, including politicians, health policy makers and health care providers are seeking strategies to address poor satisfaction with health care services. [37] Developing efficient, effective and safe models of health care delivery that meet the needs of the population are key factors. [38]

Person-centred care is receiving increased attention both across Canada and on the global stage, and is endorsed by the public who are increasingly advocating for their rights as participants in health care, rather than being passive recipients. Many provinces within Canada have taken steps to embrace a more PCC health care system, from policies and legislation that encourage a more person-focused approach to reviews that seek to identify how citizens would like their health care system to work for them. Given this reality, a reconfiguration of our health care system to one that is person-centred must be at the forefront of design and implementation and is critical to our collective ability to respond to clients and families, and to ensure the health care system remains valued throughout Canada.

The Victorian Government Department of Human Services (2006, pg. 2)[39] in Australia identified the following as being of key importance in person-centred health care:

- having skilled, knowledgeable and enthusiastic staff, especially with good communication skills
- opportunities for involving the service user, their caregivers, family and community (for example, volunteers) in health care
- providing the opportunity for staff to reflect on their own values and beliefs and express their concerns
- opportunities for staff training and education, including feedback from service users
- organisational support for this approach to practice
- working in an environment of mutual respect and trust
- physically and emotionally enriched care environments
- being in the client's home.

Similarly, a literature review conducted by the Picker Institute Europe of evidence to engage patients and consumers in health care found that communication skills training for clinicians can lead to improved communication, reduced anxiety and greater patient satisfaction.[40] Furthermore, it has been reported that overall patient satisfaction strongly correlates with patients' assessment of clinician's interpersonal skills and initiatives to develop communication skills, such as training courses and coaching strategies that teach staff about the need to establish a connection with patients, have been introduced successfully in a number of settings.[41]

The initiative we undertook and share through this toolkit addressed all of these elements through the development of interactive PCC education workshops for PSWs, who provide the majority of care in the home, community and LTC sectors. Given that there is relatively little evidence available about the effectiveness of practising in a person-centred way,[42] this initiative also served to address this gap through the completion of an evaluation of the impact of the initiative.

Why focus on home care, community support and LTC settings?

The concept of PCC has been studied most thoroughly in an acute care setting; however, not all of the approaches, definitions and interventions used in this setting are relevant, appropriate for use, or transferable to the home, community and LTC contexts. The home and community care environment provides a unique lens from which PCC can be viewed and enacted, presenting both challenges and opportunities.[43,44,45] For example, these settings provide a unique opportunity for PCC, as care is rooted in the client's 'real life' environment, allows the health care provider greater insight into the lives of their clients and therefore, a more in-depth understanding of the client.[46] In this environment, it has been proposed that clients may have equal or greater control/power in the relationship with a health care provider.[47] Conversely, it has been reported that the client may view care in this home environment as an invasion of privacy or encroachment on their space.[48,49] Although the home and community settings provide unique opportunities for the delivery of person-centred care,[50,51,52] the practice setting alone is not sufficient to make practice person-centred. Further interventions are required, such as education, to provide staff with practical tips and strategies to make their practice more person-centred.

People are entering LTC homes later in life, with multiple and more complex health issues. They are also staying for shorter periods of time, thus making end-of-life care an essential part of LTC. Funds available to support LTC have been historically constrained. As home care has helped healthy seniors remain in their homes longer and as inpatient psychiatric care resources have been depleted, care homes have become de facto mental health facilities, often without a corresponding adjustment to the skill mix or nursing intensity in these homes. In fact, there is a trend to reduce professional services in LTC (e.g. nursing, recreation, social work services) and access to geriatricians and geriatric psychiatrists is typically very limited. Approximately 80% of direct care is provided by unregulated health care providers (e.g. PSWs), who are themselves getting older.[53] Given these trends and the fact that there will be a growth in demand for residential care, as described in the Alzheimer Society of Canada (2010) report 'Rising Tide: The Impact of Dementia on Canadian Society,[54] there is an increased need for leaders in LTC to embrace and implement PCC as a cornerstone of all aspects of operations.

Providing PCC education for LTC home staff that addresses the unique opportunities and challenges in this setting is an important step toward achieving the best possible care outcomes for the vulnerable care home population.

Although several acute care organizations have developed PCC workshops for staff, much of the material (videos, activities, case scenarios) are not relevant to the home, community and LTC settings. We are not aware of any other home care organization offering PCC education to their personal support staff. Although we are aware of some LTC organizations that have implemented some aspects of PCC education with certain staff groups, PSWs are not always included and this type of education is not yet the norm.

The education initiative we implemented builds on the evidence from a literature review of PCC approaches and practices in the home and community setting, consultations with acute care organizations, and promising practice case studies Saint Elizabeth completed to provide a comprehensive approach to PCC education specifically tailored to the home, community and LTC sectors. By providing education that is relevant and meaningful to those working in these settings, organizations will be able to more fully engage staff and increase the likelihood of practice change toward PCC.

Why focus on PSWs?

The literature review conducted by Saint Elizabeth revealed a general consensus that the practice of PCC should be a shared responsibility between health care providers, organizations and the broader health care system. Although the intent of both organizations involved has always been to develop PCC education for all staff within the organization to truly support a culture shift toward PCC, we decided to focus first on developing PCC education for PSWs. Since PSWs are unregulated providers, their role, capacity and impact are not well understood or appreciated, even though they provide the 70-80% of direct care in home, community and LTC settings.[55,56] Also, PSWs tend to receive less formal training than other health care providers and this has resulted in relatively low occupational pride.[57] Typically, efforts to create healthier work environments are focused on other health care workers and, as mentioned earlier, PCC activities are usually focused in acute care. Yet PSWs are providing essential services to our home and LTC clients/residents and they have more opportunities to acquire a greater insight in the person's life and a more in-depth understanding of the person. This initiative therefore provided a unique opportunity to develop ways to support/engage PSWs, as well as empowering them to have a significant influence on their clients' experiences, their work environment, and occupational pride.

"We as health care providers need to remember to respect everyone's choices even if they are different from our own. It is good to take the time to get to know your client as their own individual and develop a relationship with them during your care time so they feel appreciated, safe and know that you are there for them. Together you will make a great team"

~ Personal support worker

Part 2: Planning and Developing PCC Education

This section describes the steps we took in planning for and developing the PCC education for PSWs. It will provide an overview of what we did, how we did it, and what we learned from the experience. A detailed task checklist will be provided at the end of most sub-sections, to assist in the planning and development of each stage of the project.

The following are the key areas to consider in the planning and development stage, and will be described in more detail:

- **Partnerships**: Partnering with like-minded organizations can be highly beneficial
- **Project Management**: Having a solid project management framework can considerably ease the planning and development process
- **Resource Allocation**: Allocate resources appropriately to minimize waste and ensure effective utilization of available supports
- **Workshop Content and Planning:** We have provided workshop and content guidelines, along with suggestions for adapting content and implementation strategies based on the context and needs of your organization
- **Engagement of Internal Stakeholders:** It is important to engage internal stakeholders early on in the process, in order to increase support and ensure successful implementation

Partnership

Purpose: Partnering with like-minded organizations can provide additional supports and resources, and promote the sharing and transfer of knowledge across these organizations and disciplines. Partnerships can also ensure that the developed materials are more widely distributed.

Saint Elizabeth and Yee Hong Centre decided to partner on this initiative to pilot the implementation of PCC workshops for PSWs in two distinct settings – home care and LTC. We were confident this partnership would be a success given our organizations' shared commitment to a healthy work environment, employee engagement, the provision of exceptional client care, and the transfer of best practices throughout the health care system.

What we did: In the early stages of our partnership, management from both organizations met frequently to clarify the initiative activities, roles and responsibilities and decide on the project management tools that would be used. Members of both organizations were involved in the development, implementation and evaluation of the initiative to ensure that it was meaningful and relevant to their organization and staff.

What we learned: Through the partnership between Saint Elizabeth and Yee Hong Centre on this initiative, we learned the importance of frequent, ongoing communication to ensure everyone is on the same page and working toward common objectives. Effective communication was crucial for each of the partner organizations to understand the context of the other and determine the best methods for implementing the education in each site. It was helpful to have a project charter developed early on to clearly articulate roles, responsibilities and timelines. Choosing a partner organization with a similar vision and values was considered a key factor in the success of our partnership.

Partnership Checklist:

- ☐ *Choose a partner organization with shared vision & commitment to the initiative objectives*
- ☐ *Frequent initial meetings*
- ☐ *Clear roles & responsibilities*
- ☐ *Define initiative scope: human resources, time, locations, costs and available technology*
- ☐ *Agreement on Project Management tools and strategies*

Project Management

Purpose: Due to the large scale of this initiative, a solid project management framework was essential to guide the planning, implementation and evaluation and ensure timelines and budget guidelines were adhered to.

What we did: A Project Management Committee with members from both partner organizations met regularly to ensure there was ongoing communication and involvement of all members in development, implementation and evaluation of the initiative. This helped to ensure that it was meaningful and relevant to their organization and staff.

A number of project management tools were used during this initiative including:

- A **project charter** to ensure the objectives, roles, responsibilities and timelines are clear and well-defined (if your organization does not have a standard Project Charter template, many examples can be found online)

- A detailed **project plan** outlining key activities to be completed, start and end dates for completion, milestones and deliverables

- An **issues log** to capture issues as they arose, recommended solution, priority level, owner, status, due date and final resolution; reviewing and updating the issues log was a standing agenda item for all project management committee meetings (Appendix A)

- A **work breakdown structure** to organize and define the total work scope for the initiative (Appendix B)

- Additional spreadsheets to track PSW and supervisor participation in workshops and budget expenditures

- A **communication and change management plan** outlining key audiences and messages, objectives for the communication, and strategies. As part of your plan, it will be important to include the following key messages: why a change toward PCC is necessary, the benefits of this approach for that particular audience, what you perceive to be the audience's concerns and how they will be address, and what will stay the same.[58]

What we learned: Regular, frequent meetings of the Project Management Committee ensured the project stayed on track and any issues that arose were dealt with quickly. Using a Project Charter and detailed project plan helped to ensure objectives, roles and responsibilities, timelines and activities were clearly articulated and understood. It was particularly helpful to use an issues log to track issues as they arose and this tool was used to facilitate discussions and problem-solving at our bi-weekly team meetings. There was a significant amount of database management involved to keep track of when the workshops were occurring and the number of participants. A solid tracking system should be set up upon project commencement to ensure this data is tracked consistently and regularly. Personal support supervisors independently scheduled and conducted PCC workshops so we were not always aware of when workshops were held. Several follow-ups were needed with the supervisors to remind them to return the sign-in sheets (which we provided them with) following each session they conducted. This was an important step to ensure we were able to accurately capture the number of workshops conducted and participants attending each one.

Project Management Checklist:

- ☐ *A Project Management Committee with members from both partner organizations; meeting bi-weekly and as needed throughout the project.*
- ☐ *A Project Charter to ensure the objectives, roles, responsibilities and timelines are clear and well-defined.*
- ☐ *A detailed project plan outlining key activities to be completed, start and end dates for completion, milestones and deliverables*
- ☐ *An Issues Log to capture issues as they arose, recommended solution, priority level, owner, status, due date and final resolution; reviewing and updating the issues log was a standing agenda item for all project management committee meetings*
- ☐ *A Work Breakdown Structure to organize and define the total work scope for the initiative*
- ☐ *Additional spreadsheets to track PSW and supervisor participation in workshops and budget expenditures*
- ☐ *A Communication plan*

Resource Allocation

Purpose: Appropriate allocation of human and financial resources was key to the success of this initiative to ensure it was completed within relatively tight timelines and that the required funding was available to cover the project team, personal support supervisor and personal support worker time.

What we did: Two project managers dedicated approximately 50% of their time to this initiative for the three-month duration (about 250-300 hours each for project management, education development and evaluation activities). Following the workshops, one project manager spent approximately 30% of his/her time over the course of six months carrying out evaluation activities.

Other resources that will likely be required for an initiative such as this include:

- Communications Department or external consultant to produce and edit videos
- E-learning specialist to develop and post online modules
- Administrative support to assist with scheduling training sessions, tracking participant completion of workshops, data entry, etc.
- Personal support supervisors' time to participate in planning sessions, attend train-the-trainer sessions, prepare for and deliver each workshop, and participate in evaluation activities
- Personal support workers' time to participate in planning sessions, attend each PCC workshop and participate in evaluation activities

What we learned: Significant time commitment on the part of the project lead(s) is required initially to develop project management tools and processes, engage with partners, and establish the implementation and evaluation plans. Once the facilitators have been trained and are conducting the workshops with their staff, however, the time commitment for the project lead will lessen, consisting primarily of project management activities and responding to any questions/concerns from supervisors. Once the workshops are completed, it will be important to conduct a fulsome evaluation to determine the impact of the education, which will again require a significant time commitment. Decisions will need to be made at the outset about how the PSWs will be compensated for their time to attend and travel to/from the PCC workshops, since this will also require a significant dedication of resources. Ensuring early on that the required human and financial resources are specified and will be available was crucial for ensuring the initiative stayed on track and met identified objectives.

Workshop Content Planning and Development

Purpose: Extensive thought went into the development of the workshop curriculum to ensure it was evidence-based, relevant and interesting for the PSWs, and aligned with other initiatives currently taking place or recently completed within both organizations. We wanted to ensure that the workshops were interactive and used reflective learning strategies.

What we did:

Developing Initial Education Content and Format

The workshop content that we developed was based on evidence from the literature review Saint Elizabeth conducted in Phase 1 with funding from Health Canada, as well as previous relevant education material developed at Saint Elizabeth (e.g. therapeutic relationship education modules). We also adapted material from patient/client-centred care education offered by other organizations (e.g. University Health Network, Sunnybrook Health Sciences, Registered Nurses' Association of Ontario). Once we had drafted the preliminary curriculum, we held several planning sessions with those who would actually be delivering the workshops (in our case, PSSs) and the target audience for the workshops (PSWs). They were invited to provide feedback on the draft workshop content, as well as the feasibility of the implementation and evaluation plans. Additional information about the planning sessions is included in the Internal Stakeholder Engagement and Communication section below.

We felt very strongly that the PCC workshops should be **practical, interactive and interesting**, promoting collaborative knowledge-sharing and learning between PSWs and their supervisors, rather than the one-way communication of information from the supervisor to the PSWs. Based on Malcolm Knowles Theory of Adult Learning,[59] we know that:

- Adults are internally motivated and self-directed
- Adults bring life experiences and knowledge to learning experiences
- Adults are goal oriented
- Adults are relevancy oriented
- Adults are practical
- Adult learners like to be respected

With this in mind, we designed the education modules to provide practical strategies and allow ample time for reflection, discussion and sharing of personal experiences. No more than a third of each workshop included one-way communication of information to provide the background/context.

The workshops were also designed to include multiple formats (e.g. videos, slides, handouts, small and large group discussions, flip-charting, and self-reflection) to appeal to diverse learning styles and provide variety during the sessions.

> ***Reflection:*** *thinking for an extended period by linking recent experiences to earlier ones in order to promote a more complex and interrelated mental schema. The thinking involves looking for commonalities, differences and interrelations beyond their superficial elements. The goal is to develop higher order thinking skills.*[60]
>
> *"Reflection is indicative of deep learning, and where teaching and learning activities such as reflection are missing…only surface learning can result."*[61]

We were also cognizant of the fact that the supervisors may need to offer the workshops during regularly scheduled team meetings when they had other team business to attend to as well. Therefore, we designed the PCC workshops to be a series of three workshops, each 45-60 minutes long and building on the previous one. This would allow the teams to also attend to other business during a typical 2-3 hour team meeting. In addition, it would allow the PSWs time to reflect on what they learned between workshops and the opportunity to practice new skills. They could then reconvene for the next workshop and discuss their experiences with PCC.

We strived to make the workshop material as easy to deliver as possible, in order to account for variability in the knowledge of supervisors in PCC concepts and their experience facilitating education sessions. The content for each workshop was therefore put into PowerPoint presentations that included key concepts, questions for discussion and reflection, case studies, role play scenarios and videos. This allowed the supervisors to go through the presentation from start to finish with their teams and they could refer to the suggested speaking notes and timing guidelines in the notes section of each slide of the workshop. A few select handouts for the PSWs were made available for printing through the accompanying Facilitator Guide, described in more detail in the section below.

To summarize, the workshops were designed to:

- Promote interactive discussions and allow two-way flow and transfer of information between PSWs and PSSs
- Be flexible to meet the needs of organizations and trainers
- Support reflective learning

Each workshop included:

- Key Concepts of PCC
- Questions for Discussion and Reflection
- Case Studies
- Role Play Scenarios
- Videos

Final Workshop Content Areas

The topic areas for the three workshops were as follows:

Workshop 1

- Overview of person-centred care key concepts
- Communication strategies

Workshop 2

- Understanding the person better
- Setting boundaries with clients

Workshop 3

- Putting it all together
- How we can support one another to continue to provide person-centred care

Workshop 1 included two original videos that we produced for this initiative. The first video included two clips showing a client-PSW interaction – one more person-centred than the other. We sought input from a PSS and two PSWs when developing the video script and two Saint Elizabeth PSWs acted in the video.

The second video was an interview with the speech-language pathologist about practical tips for communicating with clients with communication challenges (e.g. difficulty speaking, hearing, cognitive deficits, etc.).

Creating Education for your Unique Environment

Although we are providing general guidelines for developing the education content and implementation plan, it will be important to adapt these ideas to the unique context and culture of your organization. You may want to consider the following factors when planning and developing the PCC workshops:

- Alignment with your organization's vision, mission, values
- Alignment with other initiatives currently underway or recently completed within your organization
- Reporting structures
- Staff diversity / culture (languages spoken, age, religion, etc.)
- Interpersonal dynamics
- Available communication channels and comfort level
- Existing knowledge base relating to PCC and related concepts among PSWs
- Trainer preferences (e.g. format of workshop material, level of detail, etc.)
- Learner preferences (e.g. size of workshops, location, time, etc.)

For example, the workshop content that was used at Yee Hong Centre was adapted to emphasize the alignment of this initiative with their mission and values, as well as other person-centred initiatives that were recently implemented.

Since the majority of the PSWs and supervisors spoke Chinese as their first language, Chinese translations were added to the train-the-trainer session slides, PCC workshop content and videos.

Case scenarios were adapted to ensure they reflected issues faced by the staff in their LTC homes and used culturally-appropriate names. In addition, the implementation plan was adapted to accommodate the work schedules of the PSWs and supervisors at Yee Hong Centre.

What we learned:

We were successful in collaboratively developing interesting, practical education for PSWs. Ninety-three percent of the supervisors reported that their staff were “very” or “extremely” interested in the material covered in the workshop and that they were “very” or “extremely” confident that their staff will be able to use the knowledge that they gained from the workshops in their jobs. This was confirmed by the PSWs, with 98-100% reporting that they will be able to use what they learned in the workshops in their jobs (depending on which workshop they were evaluating).

Through the planning sessions, the PSWs and PSSs confirmed that the content areas for the workshops were appropriate, relevant and useful to them.

Some of the specific feedback we received that informed the content development included:

Train-the-trainer sessions:

- Train-the-trainer sessions should include suggestions for how supervisors can:
  - Focus and manage lively discussions to keep within timeframes for the workshop activities
  - Manage discussions that get off topic in order to let the PSWs know you have heard them but will need to come back to it another time
  - Manage group discussions in large and smaller groups; identify the ideal group size
- Discuss accountability for PSSs to take action if a PSW raises an issue in a workshop where they may have inappropriately crossed the professional/personal boundary; e.g., what is their responsibility for reporting to a supervisor and how does the organization foster a "no-blame" culture in order to promote continual quality improvement?

Workshop Content:

- When talking about communicating with clients with communication challenges, this should also include examples of clients who speak a different language than the PSW; one PSW provided the suggestion of using the web browser on their smartphone to access Google Translate in the client's home to aid communication and this example was shared with the other supervisors to pass along to their PSWs.
- Simplify language throughout the workshops
- Include an activity at the beginning of workshop 1 that asks the PSWs what PCC means to them
- Ensure the groups are small enough to allow for discussions, or in a larger group, divide up into smaller subgroups
- Encourage PSWs to identify their concerns about PCC so they are out in the open and can be acknowledged and addressed, where possible
- Relevant boundary issue to discuss in the workshops might include intimacy with clients, such as hugging
- It is important to acknowledge that boundaries will be crossed but what is most important is how to reinstate boundaries after they have been crossed and that they can approach their supervisors for help
- The PSWs would like guidance for what to say when a client would like them to do something that crosses professional boundaries and appreciated that this would be included in Workshop #2
- The PSWs may need guidelines to help them recognize when they are crossing a boundary; provide a list of warning signs
- Provide an opportunity during the workshop for the PSWs to raise boundary issues they have encountered and problem solve as a group how to address it; ensure enough time is included to allow for this type of discussion

Implementation Plan:

- There may be some scheduling challenges for PSW teams that don't meet every month or that have difficulty pulling PSWs away from client care for a one-hour training session; consider whether the workshops can be combined, rather than offered as three separate sessions
- Offer an online option for PSWs that miss an in-person session
- PCC should be aligned with the annual performance appraisal process, if possible

Content Planning & Development Checklist:

- ☐ *Begin with the general content ideas in this toolkit*
- ☐ *Determine what the education needs are for your staff, related to PCC through discussions with supervisors, PSWs, and management, as well as a review of client feedback, satisfaction scores, etc.*
- ☐ *Look for any previous education material offered at your organization that is relevant and could be "refreshed" and included in your PCC education*
- ☐ *Ensure the content and implementation plan are suitable for your organization's unique context and culture*
- ☐ *Include activities that are interactive and allow for personal reflection and group discussion; limit didactic teaching time*
- ☐ *Include a variety of formats to ensure the education is interesting and appeals to various learning styles (e.g. videos, role play, discussion, reflection)*
- ☐ *Include case scenarios wherever possible to encourage group problem-solving*
- ☐ *Hold planning session(s) with personal support supervisors*
- ☐ *Refine workshop material based on feedback*
- ☐ *Contact Saint Elizabeth if additional training materials or consultation services are required for implementing PCC in their organizations.*

Facilitator Guide

Purpose: Personal support supervisors have many work responsibilities and we knew that they may not have much time to prepare to facilitate the workshops. We also knew that some had less experience leading education sessions than others. We therefore developed a Facilitator Guide to accompany the Workshop presentation slides, so that the supervisors had everything they needed to prepare in advance for the workshops in one easy-to-use guide.

What we did:

The Facilitator Guide included the following sections:

- Brief overview of the purpose of the workshops and the supervisors' role
- A suggested timetable for offering the workshops (e.g. one each month)
- A checklist to assist with preparation 2-3 days before the workshop
- An attendance form / sign-in sheet
- A description of the evaluation requirements (i.e. PSW survey, supervisor survey), links to online surveys and printable versions of the surveys
- A list of the activities for each workshop, with guidelines for how much time to spend on each slide and each of the activities
- Handouts that could be printed to give to the PSWs at the workshop
- Suggestions for other ways to integrate PCC into future meeting agendas (after completing the three workshops)

To further assist the PSSs to facilitate the workshops, the timing guidelines were also included in the speaking notes section of each slide in the workshop presentation, along with suggestions for what to say for each slide and how to facilitate that section of the workshop.

The facilitator guide was briefly reviewed during the train-the-trainer sessions and was made available to the supervisors, along with the workshop presentation slides, on each of the organization's intranet sites for download.

What we learned: Although many PSSs told us that they found the facilitator guide to be useful, the focus groups and surveys revealed that some of the supervisors were not aware that the facilitator guide notes were also included in the speaking notes of the workshop slides and they were flipping back and forth between the slides and facilitator guide during the workshop, which was confusing. For this reason, it would be helpful to clarify how to use the facilitator guide and speaking notes during the train-the-trainer sessions.

We also learned that several of the PSSs came up with different strategies to deliver the workshops and it might be helpful to include some of these facilitation ideas in the facilitator guide.

Facilitator Guide and Speaking Notes Checklist:

- ☐ *Develop a Facilitator Guide to accompany the workshop slides*
- ☐ *Consider including:*
  - *Initiative overview*
  - *Evaluation requirements and surveys*
  - *Checklist for workshop preparation*
  - *List of workshop activities with timing guidelines*
  - *Handouts to print for workshop participants*
  - *Other ideas for integrating PCC discussions into team meetings on an ongoing basis*
- ☐ *Include suggested speaking notes, timing guidelines and facilitation notes with each slide of the workshop presentation*
- ☐ *Briefly review the facilitator guide during the train-the-trainer sessions, clarifying what is in guide and what is in speaking notes*

Internal Stakeholder Engagement and Communication

Purpose: It was crucial to ensure a variety of stakeholders were engaged and supportive of this initiative from the outset to generate excitement for the initiative and garner the support needed to allow us to complete the roll-out within the tight timeframe.

What we did:

Engaging supervisors and PSWs in planning workshop content

After the preliminary workshop content and implementation and evaluation plan have been drafted, it is important to seek feedback from those who would actually be delivering and participating in the workshops. During our planning sessions with PSSs (attended by 16 PSSs from both organizations), we asked them the following questions for each section of the workshop material:

- Is this similar to other discussions you've already had?
- What will be the PSWs' reactions?
- Will we have any difficulties with these ideas?
- Do you have any current training challenges?
- How about this format – are there any barriers, logistics, etc.?
- What else would you need to be successful (in facilitating these workshops)?

Twenty-four PSWs from Saint Elizabeth also participated in a planning session, which involved the project lead facilitating Workshop 1 with their team, followed by an opportunity for them to provide feedback on the workshop. Specifically, they were asked:

- What did you like about the workshop? Probe: Relevancy to your job/Ability to implement what you learned – put it into action:
- What needs to be changed/improved?
- Do you foresee any barriers to implementing what you learned today?
- Other Feedback?

The input from the PSSs and PSWs was used to refine the workshop content and implementation plan before it was rolled out to all PSWs within both organizations.

Key messaging about the initiative:

When discussing the PCC workshops for PSWs during the planning and implementation phases, we endeavoured to provide the following consistent key messages to all stakeholders:

- **Person-centred care as a *philosophy* rather than an action to take or a project to complete**
  - Ensuring that PCC was not communicated as a "project" with a defined start and end date; we wanted to emphasize that the approach is part of everything that we do and this initiative would further embed the philosophy within the organization.
  - When we discuss PCC, the term also includes the client's families and other caregivers

- **Honouring the role of staff and their needs**
  - The focus was not just on providing PCC to clients/residents, but also creating healthy work environments for staff and treating one another in a person-centred way
  - For PSWs, focusing education on PCC recognizes what PSWs and PSSs are already doing outside of their formally assigned tasks to meet client needs; we want to celebrate what they are doing and support them to do it even better
  - Acknowledge that staff may perceive that this initiative will add additional workload to their already busy schedule; but concurrently emphasize the benefits gained from improved client-staff interactions, and the provision of necessary supports to assist with their work
  - Acknowledge that some of the supervisors will need support to deliver education; this initiative was an opportunity to focus on providing knowledge and tools focused on adult learning that would be helpful for the PCC workshops, as well as future education/presentations they may be giving.
  - This initiative builds on other organizational strategies to promote staff engagement
  - Although some of the PCC concepts may appear to be basic for some PSWs and supervisors, they provide a good reminder
  - Alignment of the initiative with the organizations' visions, missions and values, as well as client/resident bill of rights and other education initiatives focused on client care
  - The workshops will provide the supervisors with everything they need to have discussions about PCC with their staff

- **Provide avenues to have important discussions as a team**
  - The workshop will provide time for teams to talk about what they are already doing that is person-centred, challenges they face and how to balance completing tasks with meeting client/resident needs; there are few opportunities for PSWs and their supervisors to engage in such discussions.

Specific Engagement and Communication Strategies with Key Stakeholder Groups

Senior Leadership Team

Senior Leadership Team members were involved early on during the idea formulation stage of this initiative. The project lead then met with Senior leadership team members from Operations at the commencement of the planning phase to inform them of the initiative goals, timelines, activities, resource requirements and potential impact on various parts of the organizations. Regular progress updates were provided to Senior leadership team members to help maintain their engagement in the initiative.

Middle Management

The project lead from Saint Elizabeth informed Directors at their monthly meeting about the initiative. A follow-up e-mail was sent to them with information about the initiative that could be shared with their local leadership team (e.g. PSSs and clinical educators). This demonstrated to the local leadership team support from their Director for the initiative and set the stage for on-going direct communication between the project leads and the PSSs/clinical educators that would facilitate the workshops.

At Yee Hong Centre, the Chief of Professional Practice and Quality, Director of Communication and the Project Manager met regularly (both formally and informally) with the nursing managers to discuss the initiative, hear their concerns and take suggestions.

Personal Support Supervisors (PSSs)

As mentioned above, a group of PSSs from each organization was invited to participate in planning sessions to engage them early on in the initiative. By engaging PSSs in the planning of the workshops, we were better able to ensure the workshops were relevant, met an existing need, and anticipate any challenges/resistance. It also facilitated buy-in from some the supervisors that would be delivering the workshops, since they were involved in the planning. Our hope was that this would generate enthusiasm for the initiative that could then be shared with other supervisors and they could act as champions for PCC more generally and this initiative, specifically. At Yee Hong Centre, the Chief of Professional Practice and Quality also met with supervisors after the train-the-trainer sessions to learn more about the managers' own understanding of the concept, their comfort level with delivering the education, and address any ongoing concerns, such as timing of workshops, workload, staff compensation and logistics.

Personal Support Workers

A group of PSWs from Saint Elizabeth also participated in a planning session to obtain their feedback on the Workshop 1 material. This planning session allowed us to incorporate feedback from our target audience for the workshops into the final content, thus engaging them in the development process and helping to ensure other PSWs would find the workshops relevant and interesting.

Internal Stakeholder Engagement and Communication Checklist:

- ☐ *Check to ensure alignment of initiative goals to organizational mission and strategic objectives at all levels*
- ☐ *Develop list of key messages to communicate consistently to all stakeholder groups*
- ☐ *Assessment of available communication channels and comfort level for each stakeholder (e.g. e-mail, in-person, webinars, etc.)*
- ☐ *Senior Leadership involvement early on and ongoing communication*
- ☐ *Communication to middle management during planning phase*
- ☐ *Communication from middle management to their direct reports, indicating support for the initiative*
- ☐ *Involvement of personal support supervisors who would deliver the workshops in content and roll-out planning sessions*
- ☐ *Involvement of PSWs who would participate in workshops in content and roll-out planning sessions*

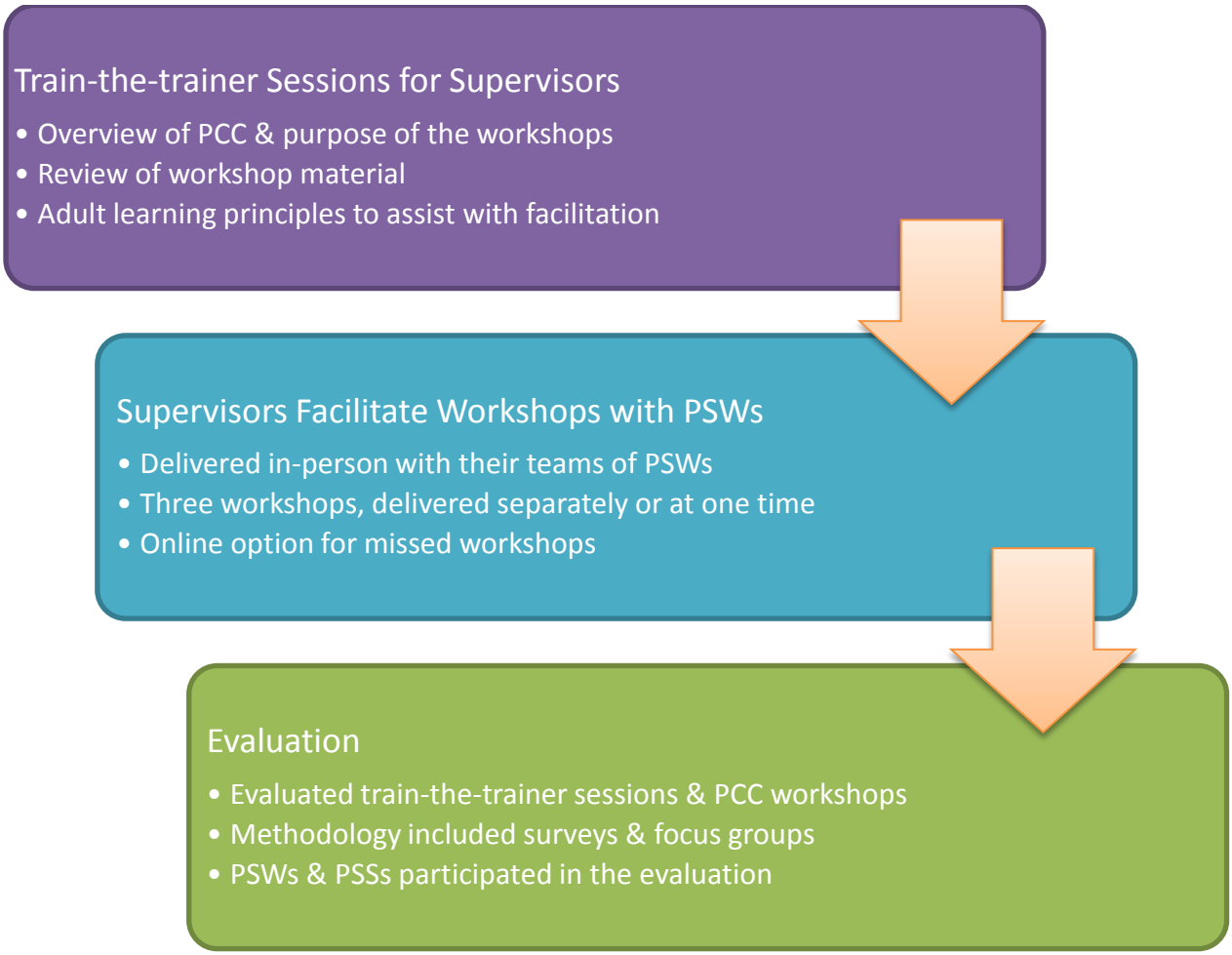
"When our clients express their needs and wants without any hesitation or thoughts that we PSWs [will] get offended or think that they ask so much, they feel a sense of fulfillment and our service will be appreciated and valued."
~ Personal support worker

Part 3: Implementing PCC Education

Framework for Implementation

This section will outline our process and experiences in implementing workshops and training sessions for PSSs and PSWs, as part of our PCC approach.

The diagram below outlines the key elements of our implementation plan.



Train-the-trainer Sessions for Personal Support Supervisors

Purpose: It is important to provide trainers with the necessary tools, support and skills to effectively deliver workshops. Since a significant number of the PSSs had limited or no experience facilitating education or delivering presentations, we knew it would be crucial to provide them with resources to help them feel comfortable and competent in delivering the workshops. The train-the-trainer sessions were developed to build the capacity and confidence of the supervisors to facilitate, not only the PCC workshops, but also future education sessions, team meetings, and/or presentations.

What we did: We designed two train-the-trainer sessions that were offered to all of the PSSs at Saint Elizabeth and Yee Hong Centre and some clinical educators at Saint Elizabeth who would be assisting with delivering the workshops. The train-the-trainer sessions were facilitated jointly by a subject matter expert involved in the development of the workshop curriculum and a learning specialist with extensive experience facilitating education with adult learners. These sessions were delivered in person at Yee Hong Centre given the relatively close proximity of Yee Hong Centre's four sites. Since the Saint Elizabeth PSSs are spread out across Ontario, the train-the-trainer session were offered by webinar, on several different dates/times to accommodate the schedules of all the supervisors.

Details of the content of each train-the-trainer session are outlined in the tables on the next page. The first train-the-trainer session focused on providing an overview of the initiative, PCC and the Workshop 1 material. It also included an overview of adult learning principles to assist the supervisors to facilitate workshops with adult learners. Due to differences in the implementation plan that evolved at each of the organizations and questions/concerns raised by the supervisors after the first train-the-trainer session, the second train-the-trainer session was adapted slightly for each of the locations. At both locations, session #2 provided a brief review of the initiative and addressed concerns that were raised by PSSs within that organization after the first train-the-trainer session. Since some of the PSSs at Saint Elizabeth had already delivered Workshop 1 when they attended the second session, there was an opportunity for them to share their experiences and to discuss any difficult situations that arose during the workshops. The second train-the-trainer session also included a preview of Workshop 2 at Saint Elizabeth and all three Workshops at Yee Hong Centre. A more detailed outline of the content for each of these train-the-trainer sessions is provided below.

At Yee Hong Centre, sections of the train-the-trainer sessions were translated into Chinese since this was the first language spoken by many of the supervisors.

Train-the-trainer Session #1

- Overview of the initiative, its alignment with corporate objectives and endorsement by Senior Leadership
- Overview of PCC
- How the workshop material was developed
- How it affects PSSs (i.e. what's in it for them) (e.g. helping them achieve their objectives for client satisfaction, staff engagement, etc.)
- Overview of the workshop topics and timelines for the delivery of the workshops
- A description of the ways PSSs would be supported to facilitate the workshops
- Preview of the content for Workshop 1 with an opportunity to ask questions and provide comments
- Tips for facilitating workshops with PSWs. E.g.:
  - Adult learning principles
  - Your role as a facilitator
  - The goal of icebreakers, small group activities, group discussion/flip-charting
  - Group discussion of difficult situations that might arise during the workshop and how to deal with difficult questions or situations
- Opportunity to ask questions about facilitating sessions with adult learners
- Overview of the Facilitator Guide content
- Review of next steps
- Overview of evaluation requirements

Train-the-trainer Session #2

- Opportunity to share feedback on how Workshop #1 went (SE only)
- Explanation of the difference between client/resident-focused care and PCC
- Further explanation of why this initiative focuses on PSWs, why it is important and the role of champions
- Review of the ways PSSs can promote PCC
- Review of workshop topics and timelines for the delivery of the workshops
- Review of how the PSSs will be supported to facilitate the workshops
- Brief review of Workshop 1 topics / activities
- Preview of the content for Workshop 2 and 3, with an opportunity to ask questions and provide comments
- Group discussion of difficult situations that might arise during the workshop and how to deal with them
- Opportunity to ask questions about facilitating sessions with adult learners
- Review of next steps and how to access the workshop material
- Overview of evaluation requirements
- Train-the-trainer session evaluation survey

During the webinar sessions at Saint Elizabeth, online polls were used to make the webinars more interactive and time was provided at several points for the participants to ask questions and engage in group discussions.

For those PSSs that were unable to attend either the first or second train-the-trainer session, we made a recorded version of the Saint Elizabeth webinar sessions available for the supervisors to access from the intranet at their respective organizations.

We also posted a list of next steps for the PSSs to complete after the first train-the-trainer session and a copy of the slides used during the train-the-trainer session that included tips for facilitating workshops with PSWs/adult learners.

What we learned:

From our evaluation findings and experience implementing this initiative, the following are suggestions for how to improve the train-the-trainer sessions (more detailed evaluation data is included in the Part 5: Evaluation below):

- **Provide suggestions to the supervisors for how they can engage their staff in the workshops**
    - Some of the supervisors told us that they sometimes have difficulties getting their staff to participate actively in group discussions. We therefore discussed during the train-the-trainer sessions some strategies for engaging participants, including:
        - asking questions and pausing to allow time to answer
        - using humour and stories to help them feel comfortable
        - highlighting what you know people in the room have done that is person-centred, to make them feel safe to share experiences
        - asking them to call out answers and record on a flip-chart
        - using small group activities which are more intimate and may help them feel safer to share
        - asking PSWs for their ideas about how to engage the group

- **Provide direction for how much supervisors can customize/adapt the education material and options for facilitating the workshops:**
    - Several of the PSSs came up with different strategies to deliver the workshops (examples provided below); we think it would be helpful for the supervisors to include some of these examples in the train-the-trainer session to give the facilitators some ideas for different ways they can deliver the workshops and adapt the workshop material for their teams

- Some of the supervisors were unclear about how much they could adapt the workshop material, adding that when they facilitated some other training, they were required to adhere closely to the material provided. A couple of the supervisors commented that they wanted to spend more time on the discussion of boundaries and communication strategies so they modified the content, but were unsure if that was permitted.

- **Find out about PSSs questions/concerns to address at the second train-the-trainer session**
  - It was extremely helpful to canvass the PSSs after the first train-the-trainer session to find out if there are any common questions/concerns that could then be addressed in the second train-the-trainer session. It was helpful to have the second train-the-trainer session so that we had an opportunity to follow up with the supervisors, address their concerns, review the material again and answer any questions. Indeed, the evaluation revealed that the supervisors had a better understanding of what PCC is, the purpose of the workshops, the workshop content and how to apply the adult learning principles after the second training session, as well as feeling more motivated to discuss PCC with their teams.

- **Ensure the train-the trainer sessions include a preview of the workshop material, adult learning principles and tips for facilitating workshops with adult learnings**
  - These aspects were reported to be the most valuable to the supervisors
  - We suggest first previewing the workshop content so the facilitators first know what they will be expected to do and then discuss adult learning principles

- **Hold train-the-trainer sessions in person, if possible**
  - It is more challenging to engage in interactive discussions using a webinar format; in-person sessions would be preferable, if logistically possible

- **Provide supervisors as much time as possible to prepare for the workshops**
  - Many PSSs had concerns about finding time to schedule the workshops and to prepare to facilitate them, with some feeling overwhelmed by the amount of information presented to them in the train-the-trainer session. The supervisors want to do a good job facilitating the material and need to be given sufficient time to review the content and prepare before delivering the workshops.
  - It was also suggested that it would have been helpful for the PSSs to observe a workshop being conducted first, before conducting the training on their own. It may be possible to video record a workshop that can be accessible online to other supervisors, should they wish to view it to help prepare.

- **Provide clarification about how to use the facilitator guide and speaking notes**
  - The focus groups and surveys revealed that some of the supervisors were not aware that the facilitator guide notes were also included in the speaking notes of the workshop slides and they were flipping back and forth between the slides and facilitator guide during the workshop, which was confusing.

- **Provide a reference list**
  - It was suggested that a reference list be provided with the sources of the workshop material and additional resources that could assist the supervisors with addressing questions, such as those related to boundaries.

- **Offer certificates to facilitators certificates:**
  - It was suggested that certificates be offered to supervisors who facilitate the workshops in recognition of their efforts.

"I am pleased to present this topic to my team. I feel if we provide the proper tools in our sessions, we can prevent issues that can arise and give us more time doing the fun stuff :)
Not always performance management meetings."
~ Personal support supervisor

Train-the-trainer Checklist:

- ☐ *Determine the most appropriate format for train-the-trainer sessions (in person/webinar)*
- ☐ *Determine how many sessions will need to be offered to accommodate the schedules of the supervisors*
- ☐ *Decide if you will offer a train-the-trainer sessions before each workshop or only prior to the first and/or second workshops*
- ☐ *Determine who will be invited to the train-the-trainer sessions – only PSSs or also clinical educators, preceptors, champions, etc.*
- ☐ *Identify a subject matter expert and someone with expertise in adult learning to co-facilitate the train-the-trainer sessions*
- ☐ *Develop content – key sections: overview of the initiative, key PCC concepts, a preview of the workshop material, evaluation requirements, and adult learning principles*
- ☐ *Develop an evaluation survey for the train-the-trainer session*
- ☐ *Develop a "Next Steps" handout for PSSs for after the session*
- ☐ *Consider how the PSSs who can't attend a train-the-trainer sessions will access the training material (e.g. a recorded version they can watch)*
- ☐ *Ask participants about their remaining questions/concerns after the first training session and address during the second session*

Personal Support Supervisors Facilitate Workshops with PSWs

Purpose: In selecting facilitators for the PCC workshops, it is important to select organization members who have established relationships with front-line staff, and are in a position to demonstrate and obtain support for PCC and this education. Facilitating in itself is a form of learning, allowing facilitators to learn about PCC and how it could be applied to their interactions with clients and their staff. It is important to emphasize that learning, in these workshops, requires a two-way flow of information, with both facilitators and participants actively participating in knowledge exchange. For this reason, the direct supervisors (PSSs) of the front-line staff (PSWs) were selected as the ideal facilitators for the PCC workshops. We know that it would be unrealistic to expect front-line staff to provide PCC without the support of the organization[62,63] and so having the PSSs deliver the workshops was a way to demonstrate that support and another step towards further embedding a person-centred approach throughout the organization. We also hoped that by having the supervisors engage in these discussions with their teams of PSWs, interactions between the supervisors and staff would be improved, leading to increased engagement of both the supervisors and the PSWs.

What we did: Once the PSSs had attended the train-the-trainer sessions (or watched the recorded version) and downloaded the presentation slides and facilitator guide, they were ready to begin conducting the workshops. Although our goal was to have all of the PSWs complete Workshop 1 and 2 within a three-month timeframe from project initiation and this was communicated to the facilitators, we realized early on that we would need to be flexible on the implementation strategy to ensure these timeline were met to the greatest extent possible. Different implantation strategies were used at each of the organizations, as well as within the various sites of each organization. Adjustments to the schedule were needed during implementation, as well, to accommodate issues such as illness outbreaks in some of the LTC sites, vacation schedules, and weather conditions that resulted in cancelled team meetings.

Saint Elizabeth

At Saint Elizabeth, most of the PSSs offered Workshops 1, 2 and 3 separately, during regularly scheduled team meetings, with about one month in between workshops. Due to scheduling challenges, a small number of supervisors offered Workshops 1 and 2 together or Workshops 2 and 3 together.

Although general guidelines were provided to PSSs for facilitating the discussions, several different strategies were used by the Saint Elizabeth PSSs to actually deliver the workshops, based on what they felt would work best for their teams.

For example, at some sites:

- The workshops were offered jointly to all of the PSW teams that worked in a particular region rather than each team individually; one of the PSSs in that regions facilitated the workshop with assistance from the other PSSs
- One PSS found local examples of what PCC looks like – or doesn't – and the benefits of being person-centred, to augment the workshop material (e.g. newspapers articles)
- The clinical educator coached PSW preceptors to facilitate smaller group discussions during the workshops (each preceptor was given scenarios or assignments from the content to facilitate). The larger group of PSWs was divided into 4 smaller groups during the workshop and after 10-15 minutes of smaller group discussions led by the preceptors, the preceptors were rotated to another group of PSWs.

Yee Hong Centre for Geriatric Care

At Yee Hong Centre's four LTC homes, teams of PSWs generally meet less frequently but for longer periods of time so it was decided to offer Workshops 1, 2 and 3 together during one session. In Yee Hong Centre's community support division, it worked better to offer each workshop separately, similar to the approach at Saint Elizabeth.

As with Saint Elizabeth, individual PSSs or team of supervisors chose various approaches for the delivery of the workshops. For example: small prizes were given to participants who spoke first; participants were divided into teams to play fun games that would demonstrate team work; attendance certificates were given to each participant after the workshops; pictures were taken during workshops then shared within the organization via emails to celebrate the success and learning.

Participant Tracking

At Saint Elizabeth, PSSs were asked to let a member of the project team coordinating the implementation know when they had completed a workshop, how many PSWs attended, and forward the attendance form, if completed. At Yee Hong Centre, supervisors were asked to give their attendance forms to their Director of Resident Care, who then forwarded it to a member of the project team.

What we learned:

The following are some important considerations based on our experiences implementing this initiative, including some quotes from workshop facilitators and participants. More detailed evaluation data for the workshops is included in the Part 4: Evaluation section below.

- **Be flexible for how workshops are delivered**: In order for the supervisors to include the workshops in their busy training schedules and tailor them to meet the needs of their team, they need to be given flexibility for the ways workshop can be delivered (e.g. individually or combined; smaller vs. larger groups; adapting workshop content); it may be helpful to provide some suggestions for how to customize the workshops in the train-the-trainer sessions and facilitator guide

- **Create an online version for PSWs who miss a session**: Since some PSWs may miss one or more of the in-person workshops or new staff may join the team partway through the roll-out, it is important to develop online versions of the workshops so that all PSWs can be on the same page when it comes to PCC. A certificate and/or knowledge test at the end is helpful allow the PSSs to track participation.

- **Make the workshops as interactive as possible, with lots of time for group discussion**: The PSWs and PSSs liked the format of the workshops, with the opportunity for small group discussions of case scenarios and interactive activities. The PSWs told us that it was helpful to have time to think about how they would respond in a particular situation, which they may encounter in their work. They also appreciated the opportunity to share experiences with colleagues through the group discussions and found the workshops to be interesting. The PSWs were often attending the workshops after a long day at work so it was important for them to be interactive and entertaining.
  - "*Experiences of other personal support workers shared in the workshop were helpful in illustrating the challenges we encounter caring for our clients. Subsequent group discussions presented approaches in dealing with those challenges*."

> *"It was entertaining…you wake up and say 'I don't want to miss this…what is next?' You are eagerly waiting for what to learn, what is coming; when we were told there is another [workshop] coming, I'm looking forward [to it]. I'm not going to miss [it] because I know it is going to benefit me and going to benefit my clients so I'm going to attend."*
>
> ~ Personal support worker

The group discussions can also be useful for the PSSs to better understand their employees' experiences.

- One supervisor commented that he/she was able to "*understand staff better, hear the staff voice and address their concerns.*"
- Another explained it was an opportunity *"to know your staff more, share their frustration, success stor[ies], show your staff we care.*"

- **Smaller groups are preferable**: It was suggested by a few facilitators that a smaller group (11-12 participants) would be ideal and some supervisors mentioned that they divided the larger group into smaller groups for discussion activities.

> *"I always learn something new in a workshop and sometimes other coworkers tell a situation that they have been in which may help me in the future or may be similar to what I am going through in a client's home."*
> ~ Personal support worker

- **Allow sufficient time for boundary issue discussions**: The PSWs particularly found the boundary issue discussions to be useful, noting that it helped to clarify boundaries and organizational policies, as well as providing time to think about how to respond in situations they may encounter and discussing ways to reinstate boundaries if they have been crossed.

  - *"Before, I think about the senior or resident like family, like my grandmother or grandfather…but [the workshop] made it clear don't talk about something outside the job; on the floor, family comes to visit, [we] talk about weather, but maybe we should focus on our job instead"*

  - *"Sometimes we as PSWs forget the therapeutic boundaries and this was a good "reminder" of where to seek help if you find yourself about to cross them."*

  - One supervisor commented that the boundary discussion *"[made] staff reflect on their daily work. For example, after the training, a few staff from different floors came to me and asked me if their actions cross boundaries.*"

- **Ensure sufficient time is allowed for discussion of time concerns:** A number of the PSWs had initial concerns that it would take more time to practice PCC, which is particularly challenging when providing care within a limited visit time with many assigned care tasks to complete. Time should be allowed during the workshops to address this valid concern through group discussion. Some of the supervisors told us how this concern was addressed in the workshops:

- Some of the PSWs suggested using the time when completing care tasks, such as bathing or meal preparation, to communicate better with clients and learn about their needs and preferences
- The supervisor showed the first video, which depicts a PSW-client interaction approached with two different communication styles (one person-centred, one not), and the supervisor pointed out that each video clip took the same amount of time
- Another explained to the PSWs that they may need to spend more time initially understanding the client and his/her needs but then in the long run, they will be building a relationship and will better understand the client, which will ease the work
- Another emphasized to his/her staff that PCC may add a bit more time initially to get to know a client better but if they then share that information with their co-workers, that will decrease time in the long run. The PSS added that by not engaging in activities that are outside their professional boundaries, that will cut down on time as well.

> *"At the beginning, they were wondering if person-centred care was going to add more workload or make them busier. But after the training, when they found out this provides an approach to provide better care, they became more interested and they want to be involved. This training opened their minds and made them think differently from before. Most staff are very positive, they think this is really helpful for them in their practice."*
>
> ~ Personal support supervisor

- **Ensure accessible workshop locations and times:** It was suggested, that if the workshops are mandatory, the locations should be very accessible since many are coming between client visits and need to allow for travel time (and some do not drive). Workshops may need to be offered multiple times on multiple days to ensure all PSWs can attend.
  - "*If we all attend, we all benefit and we all improve ourselves and it is for the benefit for the client and for the [PSWs]*"

- **Include entire team in the workshops**: One LTC home focus group participant suggested that it would be preferable to have all the PSWs from a floor attend the training together. This would provide an opportunity for them to discuss PCC as an entire floor and then apply it together on the floor (rather than having smaller groups on the floor attend on different days). Others suggested that registered staff (e.g. Registered Nurses) could benefit from attending the workshops as well, so that the entire care team is on the same page.

- **Ensure case scenarios and terminology used are relevant to the care setting**: Some of the Yee Hong Centre supervisors felt that some of the scenarios provided were more geared towards community providers rather than LTC homes. It was also mentioned that some of the language used in the workshop material was not relevant for all of the care settings. For example, in the community, the term "client" is used most often as opposed to "resident" in the LTC homes and, in some settings, the term "professional relationship" is more commonly used than "therapeutic relationship."

- **Consider the most appropriate facilitation language for the audience**: It was mentioned by a Yee Hong Centre supervisor that some of the PSWs, who speak Chinese as a first language, have a harder time paying attention if the workshop is facilitated in English, especially if they are tired. Some of the supervisors found that some of the PSWs participated more actively in the discussions if the workshop was facilitated in Chinese.

- **Highlight what PSWs are already doing:** Some of the supervisors commented that there should be additional recognition at the start of the first workshop for what the PSWs are already doing that is person-centred and an emphasis on the fact that the workshops are designed to build on this, rather than implying that they are not currently practicing PCC.
  - *The workshop gave clear examples of the proper way to greet and treat all clients with respect ....I was reassured that the way I treat my clients during their visits is proper."*

- **Continue to offer workshops such as these**: Many of the PSWs mentioned that they would like to have these types of workshops regularly. They commented that these opportunities allow them to learn what other PSWs are doing and share the challenges they face.
  - *"It's a well needed workshop and there should be more to keep reminding [us] how to make our clients [a] priority and how best to meet their needs."*
  - *"These workshops are crucial from both the management and the field staff. Hoping there will be much more of these as they are the backbone of success [in our organization] to thrive above all other health care providers! This to me is and should be our goals / BEST COMMUNICATION EVER!"*

> *"Doing [a] workshop like this will give me more encouragement to continue and improve my knowledge and skills as a PSW."*
> ~ Personal support worker

Offering the workshops separately versus combined (in one session):

The workshops were initially designed to be delivered in three sessions, however, due to logistical issues, they were offered in one longer, combined session at the Yee Hong Centre LTC homes. Although it is difficult to compare the two approaches of workshop delivery given the large difference in sample sizes, we did analyse the survey data to determine if there were any differences between the Yee Hong Centre LTC home and community support sites that could in part be attributed to the delivery of the three workshops separately versus combined. It was found that the responses to the survey questions were very similar for both groups for almost all questions. This interim data may indicate that the usefulness and impact of the education was not significantly affected by the way in which it was delivered and that offering the workshops separately or combined may be equally effective. Follow-up evaluation is needed to determine if there are any longer term differences in the impact of the education depending on how the workshops were delivered. We have however identified the following positives and negatives to offering the workshops separately, as originally intended, with time in between.

Pros:

- Allows time for participants to reflect on what they learned and try out new skills between session; they can share experiences at subsequent workshops
- Shorter time commitment for each workshop; may be easier to fit into PSWs' schedules and/or combine with other team meeting business
- Less mentally and physically draining

Cons:

- Participants may not be able to attend all three workshops if scheduled at different times due to work schedules, vacation, etc.
- May not be worthwhile to travel to workshop location for a one hour meeting

To summarize, the key take-aways for the implementation of the PCC workshops included:

For the facilitators:

- Flexibility of delivery (e.g. approach, timelines, customized content)
- Smaller group sizes
- Greater recognition of current capacity of PSWs in delivering PCC to clients

For workshop participants:

- Greater accessibility to workshops
    - Access to online versions
    - Accessible timings and locations for workshops
- Emphasis on interactive activities and group discussions
- Ensuring the relevancy of case studies to their practice
- Importance of discussing issues related to:
    - Boundaries in PSW-client interactions
    - Time constraints in the PCC approach and how to overcome them

Workshop Facilitation Checklist:

- ☐ *Invite all facilitators to attend the train-the-trainer sessions; offer them on multiple days/times to allow as many as possible to attend*
- ☐ *Provide them with the workshop presentation slides and facilitator guide; other facilitator tips and resources (make available online for download, if possible)*
- ☐ *Clearly articulate the implementation schedule – BUT REMAIN FLEXIBLE! – revise as required*
- ☐ *Encourage facilitators to be creative in their implementation strategies and find the way that will work best for their team; augment with content with their own examples/scenarios*
- ☐ *Develop an online version of the workshop material for PSWs that could not attend the in-person session and for new staff*
- ☐ *Develop a clear process for tracking PSW participation in the workshops to ensure all have attended or accessed an online version within the specified time period*

Evaluation

Purpose: During the implementation phase, the train-the-trainer sessions were evaluated to assess the extent to which they were meeting the needs of the participants and helping them to feel more comfortable delivering the workshop material, as well as to make improvements to subsequent train-the-trainer sessions. The workshops themselves were also evaluated using a variety of methods to determine the impact of the workshops and make improvements.

What we did: The evaluation methodology, tools, and results are detailed in Part 4 – Evaluation section of this toolkit.

Internal Stakeholder Engagement and Communication

Purpose: During the implementation, we communicated regularly with the PSSs about the initiative to ensure they had the supports needed to facilitate the workshops, address any concerns as they arose and to maintain their engagement in the initiative. We also kept Directors, Senior Leadership Team members and other relevant committees updated on the progress of the project (e.g. Quality Council, Client Experience Committee) and periodically shared feedback/evaluation data from PSWs about the workshops with the facilitators and other internal stakeholders.

What we did:

Some of the strategies we used to communicate and continue to engage internal stakeholders were:

- Sent e-mails to PSSs letting reminding them where to find the workshop material and other resources to help facilitate the workshops
- Responded promptly to any questions or requests for information/materials
- Collected common questions/concerns PSSs had after the first train-the-trainer sessions or delivering Workshop 1 and addressing these in the second train-the-trainer session (e.g. what the difference is between resident-centred care and person-centred care)
- Sent the PSSs a sample of quotes from PSWs who had attended Workshop 1 which highlighted what they learned from the workshop and how useful they found it to be; this was also sent to the Directors and Senior Leadership team members so they would also be aware of the positive feedback that had been received
- Subsequently sent the PSSs and their regional directors highlights from the preliminary evaluation (including survey findings and focus groups conducted to date)

- In all communications, we continually thanked the PSSs for their efforts and commitment to implementing this initiative and recognized the great job they were doing facilitating the workshop, as evidenced by the positive feedback we had received through the evaluation and anecdotal comments

Internal Stakeholder Engagement & Communication Checklist:

- ☐ *Regular communication with PSSs to ensure they were clear on next steps and prepared to deliver the workshops*
- ☐ *Prompt response to questions/concerns*
- ☐ *Share feedback from PSWs to reaffirm the positive impact of the workshops*
- ☐ *Recognize the facilitators' hard work and commitment*
- ☐ *Keep other internal stakeholders in the loop – e.g. Directors, Senior Leadership, other committees*

"The workshop information modeled excellent communication skills. We were reminded of all areas of communication including when silence may be our best option. I think it was beneficial to remind us of all skills available to communicate more effectively. Effective communication directly transfers to improved client care."

~ Personal support worker

Part 4: Evaluating the Impact of the Education

Purpose: Evaluating the PCC education is an extremely important step, as it will help you to better understand the extent to which the education was found to be useful, how well it was implemented, the impact it had on those participating and any challenges that were encountered. This vital information will help your organization to make decisions about how to improve the education and whether or not to continue and/or expand the education program.

With this in mind, there are several considerations when designing the evaluation of the PCC education:

- What audiences will be interested in the findings from the evaluation of the education? (e.g. Senior management, middle management, staff, clients/residents, funders, Board of Directors)
- What data will you need to collect to assist you in making these decisions about the PCC education? (e.g. satisfaction with education, knowledge change, perceived impact, staff engagement, client/resident satisfaction, absenteeism, turnover)
- How can you collect the needed information? (e.g. surveys, focus groups, interviews, database reports, project documentation)
- When will the required data be available? What are the timelines for collecting this information?
- What financial and human resources are required to collect this data?
- How will the data be analysed and reported upon to each of the audiences?
- Will you require ethics approval?

Regarding ethics approval, according to article 2.5 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2010):[64]

> Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of REB (Research Ethics Board) review (p. 20).

This exemption for REB approval would apply to an evaluation of professional training. However, if you intend to use the evaluation data for research other than quality improvement of the education then REB review may be required at that time. If you are unsure whether or not REB review would be required, we encourage you to contact a REB to inquire further.

What we did:

Our evaluation of the PCC education included several components:

1. An evaluation of the personal support supervisors' satisfaction with the train-the-trainer sessions
2. An assessment of the impact and perceived usefulness of the person-centred care workshops, from the perspectives of both the personal support supervisors and PSWs
3. An examination of the impact of the PCC workshops on staff engagement
4. An analysis of the impact of the PCC workshops on client/resident satisfaction
5. A review of project management documentation to determine factors that facilitated staff engagement and collaboration, challenges that were faced, and how they were overcome.

Several quantitative and qualitative data sources were used to evaluate the impact of the initiative:

1. Surveys

PSS surveys:

- Train-the-trainer session #1 (online) (Appendix C)
- Train-the-trainer session #2 (online) (Appendix C)
- Person-centred care workshops (online) – each workshop facilitated was evaluated separately (Appendix D)

PSW surveys:

- Person-centred care workshops (online or paper) – each workshop attended was evaluated separately (Appendix E)
- Available in both online and paper formats at Saint Elizabeth and paper format only at Yee Hong Centre. At the Yee Hong Centre LTC homes, PSWs completed one evaluation survey after they completed the combined workshops 1-3.

The surveys collected both quantitative and qualitative data.

Extensive thought was put into whether to offer the surveys in paper or online format since we wanted to ensure the greatest response rate but also minimize data entry requirements. It was decided that since the supervisors have regular access to a computer during their work day, the PSS surveys would be online only. Since all of the PSWs at Saint Elizabeth have company-issued smartphones, we designed online, mobile-friendly evaluation surveys for them to complete. The supervisors were asked to allow the PSWs time at the end of each workshop to complete the surveys on their smartphones before leaving. In case there were technical difficulties, we also included a printable version of the surveys in the facilitator guide that could be distributed to the PSWs after the workshop and then mailed to a Saint Elizabeth Research Team member. This resulted in only minimal data entry requirements for the over 2000 PSWs that attending the workshops at Saint Elizabeth. Since the PSWs at Yee Hong Centre have limited or no access to a computer during work hours, they were given a paper copy of the evaluation survey to complete, which was then entered by a member of the Yee Hong Centre project team.

Quantitative data was collated and descriptive statistics produced using the online survey software, FluidSurveys (www.fluidsurveys.com) . The qualitative survey data was combined with the focus group responses and thematically analysed.

2. Focus groups

March 2013

- Two focus groups were held with PSWs from Yee Hong Centre and one with PSWs from Saint Elizabeth to gather qualitative data on the impact of this initiative (n=12).
- One focus group held with PSSs from Saint Elizabeth and one for Yee Hong Centre to gather feedback from the facilitator's perspective (n=14).

July 2013

- One focus group held with PSWs from Saint Elizabeth (n=19) and one with PSWs from Yee Hong Centre (n=10) to find out how they have been able to use what they learned in the PCC workshops and anything that has made practicing PCC challenging.

Focus group questions for PSWs and PSSs can be found in Appendix F and Appendix G, respectively. The focus group discussion was combined with the qualitative survey data and analysed to identify key themes.

3. Client Satisfaction

For our evaluation, we compared client satisfaction data for the PSW program for the quarter before/during the PCC workshop roll-out (January to March 2013) to the quarter after the majority of the workshops were completed (April to June 2013). Although we did not expect much change in client satisfaction so soon after completing the PCC workshops, since some PSW teams had not completed the final workshop until May 2013, we decided to look at this preliminary data and then conduct a follow-up evaluation after the fourth quarter (January to March 2014). Since some domains on the client satisfaction survey would not be expected to be directly impacted by the PCC education initiative (e.g. arranging services, completing work, safety), we focused our analysis on the domains of: attitudes and behaviours, communication, meeting client needs, and overall satisfaction.

At Yee Hong Centre, resident satisfaction data is gathered annually through a standardized survey. Survey data from the year prior to the PCC education will be compared to the data from the year following the education to determine if there has been a change in resident satisfaction that could be, at least in part, attributed to the PCC education. In conducting this annual survey, Yee Hong Centre identifies which residents will be able to understand and answer the questions based on a cognitive scoring system. Anyone who has normal cognition to mild cognitive changes is included in the sample. Volunteers, who receive prior training in survey techniques, approach the residents and ask them questions in their first languages (usually Chinese). Volunteers enter the responses into an online survey program. After all the results are entered, the Decision Support Manager is responsible for producing reports for each of Yee Hong Centre's sites. Since some domains on the resident satisfaction survey would not be expected to be directly impacted by the PCC education initiative (e.g. food and food services), our focus will be on the following domains: Staff (e.g. Do the staff show you that they care about you? Do the staff respect your wishes?); Dignity (e.g. Do staff call you by the name you prefer? Are you treated the way you want to be treated?); and Autonomy (e.g. Do you feel that you are encouraged to participate in decisions around your care?).

4. Staff Engagement

Although staff engagement is a complex construct and can be influenced by many factors, there is evidence to support an association between training, job satisfaction and work commitment.[65] Furthermore, it has been reported that staff engagement can be improved by providing staff with learning and development opportunities, improving work relationships, listening to employees' opinions, empowerment in decision-making, trust and respect, and helping staff come up with solutions to problems,[66,67] all of which were addressed through the PCC education. Intuitively, it also makes sense that engaging PSWs in interactive workshops that would empower them to have a positive influence on the client experience would result in increased engagement levels, satisfaction and occupational pride. At the same time, research has shown a relationship between client/resident and staff satisfaction,[68, 69] making it reasonable to assume that, if providing PCC increases client/resident satisfaction, staff will also feel more satisfied and engaged.

It would be ideal to compare data from an annual staff engagement survey from the year prior to the PCC education to the year following the education for all PSWs and it is our intent to do so, there is a lag until the follow up data will be available. Therefore, in the interim, we decided to administer a shortened version of the engagement survey to a sample of PSWs approximately 6-8 weeks after completing the final PCC workshop. This allowed us to assess if there was a short-term impact of the initiative on staff engagement levels for that sample, without duplicating the annual engagement survey process which will occur a few months after the evaluation phase of the initiative.

Six personal support supervisors were therefore randomly selected from all the PSSs that worked at Saint Elizabeth the prior year when the annual staff engagement survey was administered to all staff (to allow us to compare from the previous to the current year). The PSWs that worked with each of the 6 selected PSSs were asked to complete a shortened version of the annual staff engagement survey. The shortened version consisted of 10 questions in the domains of Engagement (all 4 questions for this domain included), Client Orientation (all 3 questions for this domain included), Growth and Development (1 of the 5 questions for this domain included) and Quality (both questions for this domain included). In addition to the 10 engagement survey questions, the PSWs were also asked if they had attended the PCC workshops. The team results for each of the 6 selected PSSs from the shortened engagement survey completed after the PCC workshops were compared to the results for those same 5 teams of PSWs on the same 10 questions from the longer annual engagement survey completed the year prior.

5. Project management documentation

Project management tools such as an issues log, meeting minutes and field notes were also analysed to determine factors that facilitated staff engagement and collaboration, challenges that were faced, and how they were overcome.

What we learned:

Indications of Change in Practice

It can take a long time for a practice and culture change to take place and it is entirely possible that any impact of PCC on staff engagement and client satisfaction levels would not be apparent for many months after the PCC education. There are also many factors that impact these complex measures, making it difficult to tease out the impact of PCC education. That is why it is particularly important to gather qualitative, as well as quantitative evaluation data, as the qualitative data collected through focus groups and interviews will fill some of these gaps by providing more immediate and richer insight into the impact of the PCC education on staff engagement and client satisfaction. It can also help us to better understand the association between the PCC education and the quantitative findings. Although we cannot say that any changes in staff engagement or client satisfaction, as measured by surveys, are directly attributable to the PCC education, the qualitative data provides us with a better understanding of the likelihood that it had an impact and why.

For example, through the focus groups, we heard that the PCC workshops did make the PSWs feel more engaged. As one Saint Elizabeth PSW told us, “I provide care more passionately…it is good when the whole team is on the same page and is passionate together.” Some of the Yee Hong Centre PSWs talked about working as a team better since participating in the workshops, as the PCC education reminded them how important it is to work in partnership with co-workers. They provided examples such as having co-workers help to translate with residents and discussing the best care approach for particular clients/residents. The PCC workshops also helped them to recognize the alignment between the organization’s values and practicing PCC.

We also heard from PSWs in the focus groups about the impact they have observed of the PSWs taking a more person-centred approach with clients/residents. One PSW in a LTC home noted that he/she has found that when the PSWs have more patience and speak softly, the resident calms down. Others mentioned that clients seem happier.

One gave an example of a resident who requires assistance throughout the day to go to the bathroom due to partial paralysis. The resident would yell for staff if he/she didn't feel they were coming quickly enough to assist. Previously, PSWs thought of this resident as a difficult person who was never happy. But since completing the workshops, they have focused on trying to understand the resident's background and why he/she might be reacting that way. They have worked with the resident to set up a schedule for toileting that the resident is happy with and he/she no longer yells for staff. Other PSWs reported that they have found practicing PCC promotes positive communication with client/residents and families and decreases safety concerns.

Although the qualitative data tells us that PCC education is having an effect on staff engagement and client satisfaction that is in the right direction, we recommend that other organizations conduct a longer-term follow up evaluation. It would be helpful to be able to compare engagement and satisfaction scores from surveys conducted before the PCC education and one year after the education, since the sample sizes would be larger and more comparable and this would allow more time for PSWs to practice PCC and observe the impact it is having. With complex measures, such as engagement and satisfaction, however, it will still be important to continue to look at qualitative data to help understand the quantitative findings.

The qualitative data from the focus groups was combined with the responses to open-ended survey questions and analysed to identify key themes. These themes are presented in the tables below, along with examples and quotes from PSWs and supervisors to illustrate the themes.

Changes PSWs have already made or intend to make to be more person-centred in their care

Communicating more effectively with clients/families/co-workers, particularly with clients with communication challenges

Examples:

- Talking to clients more, to let them know when he/she is coming; sometimes clients forget why you are coming and who you work for
- Using time during bathing, meal times or dressing to talk to clients and get to know them (doesn't add extra time to the visit)
- Asking clients for their preferences for how and when care tasks are completed (e.g. shower or sponge bath, order of care tasks, how they like food prepared)
- Using non-verbal communication strategies to provide clients/residents with choices, such as using pictures they can point to or indicate preferences with a thumbs up/down.
- Sharing more information about clients with other PSWs
- Working collaboratively with their co-workers; discussing how to approach specific client situations; assisting each other with translation when there is a language barrier

- ❖ *"When I work for a client who cannot speak, I would use non-verbal communication skills, such as facial expression and body language to communicate with him."*
- ❖ *"I have a couple clients with language barrier[s]. I will use pictures to communicate."*
- ❖ *"[I learned that] asking how a client is feeling at the start of visit can help determine the safest way to do personal care that day - i.e. sponge bath vs. shower/tub bath."*
- ❖ *"When our clients express their needs and wants without any hesitation or thoughts that we PSWs [will] get offended or think that they ask so much, they feel a sense of fulfillment and our service will be appreciated and valued."*
- ❖ *"[I intend to] share with [my] colleagues about individual [client] preferences. If [PSWs] can collaborate with each other, they will achieve best result[s]."*
- ❖ *"Have clients inform the decision instead of doing what you think is better for them."*

Having more patience

Examples:

- Not rushing through care tasks
- Being patient and taking time to establish a relationship with a client so that they trust the PSW and feel comfortable allowing the PSW to assist with personal care

- ❖ *"I will be more aware of my body language and try not to rush."*
- ❖ *"In my experience, sometimes when you do personal care for [a resident], sometimes they are not in a good mood or are agitated. I will leave them alone and give them some time, and then come back later."*
- ❖ *"…don't push them. If they don't want to bathe one day, just try to comfort them, come back later, maybe they will change their minds."*
- ❖ *"Every day is different. What may work or not work one day might be different the next, so try again."*

Establishing a therapeutic relationship

Examples:

- Listening more
- Showing respect and understanding
- Having a positive attitude
- Taking a partnership approach
- Asking clients about their preferences and not performing care tasks and meal preparation the way the PSW would do it for themselves; recognizing there may be individual and cultural differences in how the client prefers these tasks to be completed.

- ❖ *"Every client/situation [is] different, but, empathy/caring/patience [are] needed always."*
- ❖ *"I provide(s) care more passionately; when the client is happy, the work is easy."*
- ❖ *"No matter what has already gone on in my day, the new client visit should be a clean slate, come in cheerfully with no negativity."*
- ❖ *"Just knowing and being able to understand everyone's their own individual and we as health care providers need to remember to respect everyone's choices even if they are different from our own. Also it is good to take the time to get to know your client as their own individual and develop a relationship with them during your care time so they feel appreciated, safe and know that you are there for them; together you will make a great team."*
- ❖ *"People come to long-term care because they need help, love, attention and respect. If you pay more attention to them, they are happier. If you touch them, they are happier, especially if they don't have family to visit them."*
- ❖ *"I think this workshop was fantastic. I definitely learned a lot in how to understand others cultures and choices, we are all unique in our own way but should all be highly respected as a whole with no judgement."*
- ❖ *"Arrive with energy and love, make them to feel better."*
- ❖ *"Before [the PCC workshops], I thought of it as providing a service for the client. During the PCC workshops, I learned that I can work as a partner with clients. We need to work well together and understand each other so we can work well together to complete the tasks. [The workshops] reminded me to always think about the client and always communicate with the client so that we can understand each other."*

Finding out the meaning behind behaviours

Examples:

- Trying to understand what a client/resident is trying to communicate with certain behaviour, if there is an unmet need
- Not labelling clients/residents as "non-compliant"

- ❖ "*Before, most staff want to finish the task…[for example] give the resident a bath…Right now, after training, we should think about the resident needs first, and resident preferences…[for example] one of the residents doesn't want to get in the bath so we should understand and figure out why she doesn't want to get in the bath. We try to find out the reason behind [the behavior] so not just to finish the task. We should find a different way and think about that and the resident needs and preferences."*

Maintaining professional boundaries

Examples:

- Not sharing personal information with clients/residents
- Being aware of organizational policies related to receiving gifts from clients/residents
- Being clear with clients/residents about tasks PSWs are not allowed to perform but letting them know what they are able to help with and how the client/resident or family can get additional assistance
- Remembering that they are a care provider, not a friend, and there are professional boundaries

- ❖ *"The challenge to keep our personal affairs personal was another positive coming out of this meeting. Too many [times] have I entered a client's home and they can tell me who my wife is and where she works and things of that nature. We talk too much of the wrong things with our clients."*
- ❖ *"Sometimes clients may be crossing professional lines or boundaries. We, as PSWs, have to maintain those lines and boundaries and that may take courage but it's worth it so as things don't escalate for you or the next co-worker that comes on your day off."*

Ways the personal support supervisors intend to use the knowledge they gained from facilitating the workshops

Improving client interactions and care
Examples: • Coaching their PSWs to provide more person-centred care • Using PCC strategies in their own interactions with families and clients/residents • Ensuring care plans are centred more on client/resident needs and preferences
❖ "*If all the suggested strategies in PCC will be applied, I guarantee that we will be able to give the best for our client[s]. The knowledge that I have learned will definitely be applied into everyday interaction with client[s], client's family and even staff."* ❖ "*[I will] encourage staff to incorporate this approach into care plans. I will remind staff to emphasize communication with individuals, even those who were nonverbal*." ❖ "*I will use [the workshop information] when doing plan[s] of care to concentrate [more] on residents' needs, the way they would like to be cared [for]. Monitor and remind staff to be sensitive to the resident needs."*
Awareness of boundary issues
Examples: • Several PSSs reported that they were surprised by the boundary issues that were raised in the workshops • Supervisors recognized that they are not always aware of what the PSWs might be telling or promising clients; felt better knowing that the PSWs are now more aware of professional boundaries and more likely to say "no" to requests outside of their boundaries • Supervisors will continue to have discussions with staff about boundaries during team meetings
❖ "[*I will] talk to staff about boundaries from time to time and remind them of their role and responsibilities and use the guide to help with decision[s]*." ❖ *"[It is] so easy for them to cross boundaries when they start to develop a relationship with the resident."*
Continuity of care
Examples: • One of the LTC home supervisors commented that he/she would like to try to change the scheduling of PSWs so that they more consistently provide care to the same residents, noting that this will allow the PSWs to develop relationships with the residents and be better able to provide PCC than if they work with different residents every day. • Another mentioned that it can be challenging when some PSWs do not want to work with the same residents all the time.

Improve team communication
Examples: • Continuing to have discussions about how to provide PCC at team meetings to allow staff to share ideas and problem solve together • Discussing PCC during PSW performance appraisal appointments to better understand the supports PSWs need to practice PCC
❖ *"[I will] encourage staff to share at the floor meeting*" ❖ *"[I will] facilitate and encourage staff to share the successful stories and challenge[s] with their colleague[s] [to] better understand PCC through the discussion*."

Challenges to providing person-centred care

The PSWs and supervisors identified, through the focus groups, some factors that may make it challenging for them to provide PCC**.** These are provided in the table below, along with examples and quotes, where available. It is important to understand the challenges that PSWs and their supervisors expect will arise or that they have experienced in practicing PCC since these will impact whether or not there is a sustained change toward PCC. We recommend ensuring sufficient time is provided during the PCC workshops for discussion and problem-solving about how to address these challenges.

Communication barriers
Examples: • It can be difficult to develop relationships with clients when the client speaks a different language than they do or has other communication challenges; but they also mentioned ways they had learned to overcome this challenge through the workshops, such as using body language, pictures, short words and learning a few words in the client's first language. • Some of the PSWs are not comfortable asking clients open-ended questions and had expressed concerns about whether the client will perceive it as an invasion of privacy to be asked questions about their culture, background, etc. • Some PSWs raised concerns about how they balance being open and honest with clients who have dementia with the practice of taking parts of the clients' histories and creating a (partly imagined) scenario to motivate them.
Limited information about clients when they come on service
Example: • If the PSWs had more information about clients and families when they first came on service, that would help them to provide more person-centred care.

Time/resource concerns

Examples:

- Many PSWs were quite concerned about the fact that they thought it would take more time to better understand client needs and preference and they have a limited visit time, with many care tasks to complete.
- In the LTC home, for example, there may be 50 residents in the dining room at a time, all with a possibility of choking. It can be challenging to spend time talking to one resident when they need to make sure everyone is safe.

❖ *"Sometimes we are so busy we forget to stop and listen."*

Maintaining boundaries

Examples

- It can be difficult for them to refuse a request to do something that is outside their boundaries once they have built a relationship with clients over time.
- It can be challenging to maintain boundaries when each PSW that visits the client treats the client differently.
- Boundaries are not always clear.
- PSWs have to make decisions about boundary issues on the spot, often without the opportunity to discuss the situation with colleagues; they did, however, indicate that it was helpful to have discussions about boundary issues at regular team meetings, since this will help them to problem solve situations they may encounter in the future.

❖ *"The PCC workshops, they are very important…sometimes we go to the same client, but we behave differently, we give care differently…it is because I have my own [way of] doing [things], she has her own [way of doing things]…but if we have something uniform…if we are centred and feel passionate together to the clients, the clients will not complain. Clients complain because they are seeing different people…we have to be like Saint Elizabeth together, because we are working together at giving the same care to the same client, the same approach. This is something we need to learn if we are to change and to improve*."

Organizational policies

Examples:

- Some of the PSWs were unsure whether they can accommodate some client preferences when they are not aligned with organizational policies.
- Organizational policies may need to be clarified and communicated clearly to all staff, to allow more clarity around boundary issues.
- Some examples that were provided when client preferences might be in conflict with organizational policies included:
    - In the LTC home, residents are scheduled to receive a bath/shower two times a week but some would like a shower every day, some do not want one at all, and others would like their shower days to be on a different day than when it is scheduled.
    - Some LTC homes have set mealtimes and residents, for example, may need to be dressed and in the dining room by 8am for breakfast. Some residents may prefer to sleep longer and have breakfast later.

❖ "*How do you balance client care preferences with the task assigned when they are in contravention?"*

Lack of continuity of care and scheduling issues

Examples:

- Having the same few PSWs providing care to clients/residents provides more continuity and can make it easier to establish relationships and provide PCC.
- If there is not continuity, clients and PSWs can get frustrated; clients will be asked the same questions repeatedly and have similar conversations with different care providers.
- In the community support division of Yee Hong Centre, PSWs are assigned to visit only two floors in the building so they can get to know clients and understand them better. They will visit clients on the same two floors for at least one to two years and the PSWs reported that this not only supports relationship-building, but allows them to recognize signs of decline.
- At Saint Elizabeth, some PSWs expressed that the visit schedule can sometimes be a source of frustration for clients when the timing does not meet their needs or preferences. The PSW is sometimes blamed for scheduling issues, although in most cases, scheduling is beyond the control of individual PSWs.

Task-focused care

Examples:

- The care provided can easily become task-focused, given the emphasis on completing a number of care tasks within a limited timeframe; it may be challenging for PSWs to move away from task-focused care given the current models of service delivery.
- It can be challenging to practice PCC when other PSWs take a more task-focused approach.

All members of the care team have not received PCC education

Examples

- There is a need for more support from others on the care team (e.g. nursing staff and management) to resolve client issues.
- It would make it easier to practice PCC if others on the care team attended PCC workshops so that everyone was on the same page and could practice PCC collaboratively.

Providing PCC when clients and families do not treat the PSW well

Examples:

- It can be challenging to practice person-centred care when working with clients and families who do not treat them with respect (and who are even abusive toward them).
- A PSW told us about a client yelling and using profanity with her when she accidently got shampoo in his eyes. The PSW tried to be understanding, using silence to let the client express his anger until he calmed down. But afterwards, she was still very upset by the incident.

Clients engaging in behaviour that is considered to be risky
Examples: • It can be challenging to provide care that is based on client preferences and choices, when those preferences and choices are deemed to pose a safety/health risk for the client (e.g. a client who wants to have his bed right beside the stove). • PSWs struggle with wanting to do what they think is best for the client, versus what the client decided was best for him/herself (client moving bed close to stove).

Project management documentation

Project management tools such as an issues log, meeting minutes and field notes were also analysed to determine factors that facilitated staff engagement and collaboration, challenges that were faced, and how they were overcome. Lessons learned from these project management tools are included throughout this toolkit.

Evaluation Checklist:

Consider:

- ☐ *What audiences will be interested in the findings from the evaluation of the education? (e.g. Senior management, middle management, staff, clients/residents, funders, Board of Directors)*
- ☐ *What data will you need to collect to assist you in making these decisions about the PCC education? (e.g. satisfaction with train-the-trainer sessions, usefulness of PCC education, knowledge change, perceived impact, staff engagement, client/resident satisfaction, absenteeism, turnover)*
- ☐ *How can you collect the needed information? (e.g. surveys, focus groups, interviews, database reports, project documentation)*
- ☐ *When will the required data be available? What are the timelines for collecting this information?*
- ☐ *What financial and human resources are required to collect this data?*
- ☐ *How will the data be analysed and reported upon to each of the audiences?*
- ☐ *Will you require ethics approval?*

"It's a well needed workshop and there should be more to keep reminding [us] how to make our clients [a] priority and how best to meet their needs."
~ Personal support worker

Part 5: Sustaining the Change

Purpose: Our hope was that the PCC workshops for PSWs would provide the impetus for sustained changes in PSWs practice to be centred more around client needs and preferences. As mentioned, we did not want this to be perceived as a "project" that ended once the final workshop was completed. For this reason, a number of strategies were employed to help to sustain the practice of PCC over time.

Sustainability is "the degree to which an innovation continues to be used after initial efforts to secure adoption is completed."[70]

What we did:

Based on a literature review and their experience, Davies and Edwards (2009)[71] identified the following as factors that should be considered in the development of a sustainability action plan. For each, we have included examples of strategies we employed or plan to undertake to support the sustainability of a person-centred approach.

1. **Relevance of the topic:** We considered and emphasized the alignment between the initiative and the priorities of the organizations involved (e.g. improve staff engagement and occupational pride, decrease turnover, improve client satisfaction with care provided) and health care system priorities (e.g. enhanced quality of care, person-centred health care system). We engaged knowledge users and experts in adult education to ensure the education provided was relevant and practical.

2. **Benefits:** We considered the benefits of this education to all stakeholders and shared these in all internal communications, the train-the-trainer sessions and in the workshops themselves. The messaging of the benefits were tailored to each audience, focusing on what would be most meaningful for each group. In addition, however, we did not only emphasize the benefits of the initiative, but also explicitly and proactively identified and addressed the concerns of each group of stakeholders, acknowledging and validating their apprehensions. We also spent time discussing what would stay the same.[72] During the evaluation phase of the initiative, we shared with the supervisors, regional directors and senior leadership team the positive feedback we had received from the PSWs that participated. We also intend to share with them and the PSWs any improvements in staff engagement and/or client satisfaction that could be attributed to the practice of PCC.

3. **Attitudes:** The project lead then met with senior leadership team members from Operations at the commencement of the planning phase to ensure they were supportive of the initiative. Our experience implementing other education initiatives with PSWs gave us a fairly good understanding of what their attitudes would be toward the initiative, however the planning sessions were also very helpful in this regard and allowed us to identify any concerns that may impact the PSWs or PSSs attitude toward the initiative. We then had the opportunity to address those concerns during the train-the-trainer sessions and workshops. We built on the knowledge that PSWs generally want to provide person-centred care but are at times hindered by structural barriers (e.g. time constraints, policies) and may need permission to move away from a task-focused model of care delivery. To further support the sustainability of the initiative, we purposefully asked the PSWs' direct supervisors to facilitate the workshops since we know that it would be unrealistic to expect front-line staff to provide PCC without the support of the organization.[73,74] Having the PSSs deliver the workshops was a way to demonstrate that support and another step towards further embedding a person-centred approach throughout the organization. We also hoped that by having the supervisors engage in these discussions with their teams of PSWs, interactions between the supervisors and staff would be improved, leading to increased engagement of both the supervisors and the PSWs.

4. **Networks:** To facilitate sustainability, we engaged the Saint Elizabeth personal support council to participate in one of the planning sessions. This council is comprised of personal support supervisors that acts as advisors within the organization for issues related to the personal support program. By engaging this group early on, they were able to act as champions for the initiative and played a role in ensuring the content was relevant and meaningful. The project lead from Saint Elizabeth also met with the network of Regional Directors at their monthly meeting about the initiative. A follow-up e-mail was sent to them with information about the initiative that could be shared with their local leadership team (e.g. personal support supervisors and clinical educators). At Yee Hong Centre, PCC champions from each floor were identified and engaged in the planning, implementation and evaluation process. Person-centred care was also promoted and discussed in Yee Hong Centre's Quality Forum through the sharing of success stories by PSWs.

5. **Leadership:** As mentioned, leaders from both organizations were involved early on to support the sustainability of knowledge use. Leaders were included in all communications to supervisors and, at times, we asked them to send communications about the initiative to their staff. By having the PSSs facilitate the workshops, support for the initiative was demonstrated to the PSWs. We also asked them to continue to include discussions of PCC and the client experience on the agenda for their regularly-scheduled team meetings. As a next step, we are developing PCC workshops for leadership-level staff to further embed the philosophy within the organizations and ensure it is supported throughout. At Yee Hong Centre, the CEO provided an introduction during the train-the-trainer session to articulate the organization's support and commitment to the PCC education and alignment with their vision, mission and values. The CEO also shared information about the initiative with Board Members and through the organization's annual report.

6. **Policy articulation and integration:** Through the implementation of the PCC workshops for PSWs, the participants confirmed that there are existing policies that can hinder the practice of PCC, making it challenging for PSWs to accommodate client needs and preferences. As a next step, we will be examining these policies, as well as current documentation, to identify what changes are needed so these systems can more fully support the practice of PCC. We have already begun to look at how PCC principles can be embedded within human resource processes, such as job descriptions, interview questions, and performance appraisals. How will the fit between new knowledge and existing policies be assessed? How might the knowledge be integrated in relevant policies, procedures, regulatory and documentation systems?

7. **Financial:** To contain implementation costs, the PCC workshops were offered as much as possible during regularly-scheduled PSW team meetings. We also drew on the expertise of internal resources from each organization, such as the learning solutions, communications and research teams. Rather than contract out to a production company to film the videos, we produced them in-house, using staff as "actors."

8. **Political:** Since support from the senior leadership at both organizations was crucial for the success of this initiative, they were engaged early on in the process to provide input into the planning and implementation phases. Regular progress updates were provided to senior leadership team members to help maintain their engagement in the initiative.

Our hope is that the PCC workshops will provide the impetus for sustained changes in practice to be centred to a greater extent around client needs and preferences. We do not want this to be perceived as a "project" that ends once the final workshop is completed. For this reason, a number of strategies have been or will be employed in the near future to help sustain the practice of PCC over time. These include:

- **Provide PCC workshops for all front-line, support and management staff within the organization**: Although we were able to begin to create a culture shift toward PCC by implementing PCC education with the largest group of health care providers, we know from the literature review that challenges would be faced should individual health care providers or disciplines attempt to implement a shift to PCC independently, without support from the entire organization. A person-centred approach needs to be implemented across all levels of the organization, which will be the next step at both organizations.

- **Online education:** Since some PSWs were not able to attend all of the in-person workshops or new staff may have joined the team partway through the roll-out, we developed online versions of the workshops so that all PSWs can be on the same page when it comes to PCC. The online versions could be completed independently and supervisors are able to track participation.

- **Orientation**: At Yee Hong Centre, PCC has been added to the monthly new hire orientation and plans are underway to do the same at Saint Elizabeth. This will ensure that new hires are familiar with what PCC looks like at the organization and the commitment to this approach.

- **Individual and team action plans**: The final PCC workshop included the development of an individual and team action plan to support sustainability. Workshop participants were asked to commit to 1-2 changes they will make to their practice to be more person-centred and were held accountable for those commitments through a scheduled check-in with a co-worker and/or their supervisors one month following the final workshop. Time was also provided in the final PCC workshop to come up with a team plan to continue to support one another to practice PCC and keep discussion about PCC going after the workshops were completed (e.g. standing team meeting agenda item, sharing stories of what has worked well and what has been challenging, ways to introduce new team members to the team's approach to PCC, awards and recognition for providing PCC).

- **Performance appraisals:** We intend to include in staff annual performance appraisals and learning plans a requirement to set a goal related to providing person-centred care.

- **Ongoing Professional Development opportunities**: At Saint Elizabeth, the service delivery centres offer professional development days for front-line staff, during which education tables are set up. We will be attending such events to remind staff about key concepts from the PCC workshops and share our evaluation findings. A discussion about PCC will be included in the annual corporate training program for all front-line staff and managers at Yee Hong Centre to introduce, refresh, and remind staff about PCC.

- **Comprehensive PCC strategies to support a culture shift toward PCC:** Our hope was that having direct supervisors, wherever possible, facilitate the PCC would contribute to a culture shift within the organization toward PCC. In addition, at Saint Elizabeth, we are currently developing a comprehensive list of PCC strategies to take our PCC approach to the next level. These strategies will include integrating a person-centred approach into human resource processes (e.g. job descriptions, interview questions), finding new ways to consult with clients and families regarding care delivery, ensuring policies and procedures are person-centred, and integrating person-centred measures and indicators into our performance measurement processes. These strategies, along with PCC education for all staff, will promote and help to sustain a person-centred approach within the organization.

- **Posters:** At both Saint Elizabeth and Yee Hong Centre, posters have been designed and posted in prominent areas of the organizations to remind staff of key concepts of PCC and demonstrate our commitment to this approach to clients and families in our facilities.

- **Implementation toolkit:** This implementation toolkit will be shared broadly with other home and LTC organizations across Canada, which will allow other organizations to implement similar initiatives following the completion of this funded project.

- **Ongoing work to promote PCC**: Saint Elizabeth and Yee Hong Centre are committed to making PCC the norm rather than the exception. Any outcomes from this project will be woven into Saint Elizabeth's and Yee Hong Centre's ongoing work and amplified. In addition, we speak about this work and share strategies for implementing a person-centred approach in home, community and LTC settings through conference presentations.

What we learned:

There were several important lessons learned about how to sustain change toward PCC from our experience implementing this initiative.

- **Leadership support and commitment**: This was crucial for us to be able to move ahead with this pilot, given the relatively short timelines, but also for us to continue to implement strategies to take our person-centred approach to the next level. This includes planning to roll-out PCC education across the organization, adding this to orientation, and revising policies and procedures. Our next step will be to develop PCC workshops for all management level staff to ensure there continues to be support for PCC throughout the organization. In addition, we received positive feedback about having the PSWs direct supervisors helped to support a sustained change within the team of PSWs.

- **PCC workshops for all staff:** Focus groups with the PSWs and supervisors confirmed for us that all staff would benefit from receiving PCC education, from front-line up to senior management, so that everyone is on the same page and providing a consistent approach. This will be crucial for there to be a true culture shift toward PCC within the organization and will be a next step for both organizations.

- **Refreshers/reminders:** We learned from the PSWs and PSSs how important it will be to have PCC education refreshers and reminders to ensure that what was learned in the workshops is not forgotten once they are completed. We have therefore encouraged all supervisors to continue to have discussions about PCC at their team meetings and have developed other reminders, such as posters, "Education Day" presentations, and online modules. We will continue to seek opportunities to remind staff about PCC principles and encourage them to share their own strategies for practicing PCC with their colleagues. We also asked PSSs in the focus groups about their ideas to help sustain a change toward PCC. Some suggestions included:

    - One supervisor from Yee Hong Centre mentioned that his/her team came up with the idea to leave note cards in a common area on which PSWs can write PCC-related questions/concerns. The supervisors will choose one question/concern to discuss at each team meeting.
    - Some suggested developing additional online educational material related to PCC, including videos, case scenarios, and complete education modules.

- **Enhanced communication strategies/mechanisms**: One group of Saint Elizabeth PSWs that was asked what would help them and others to make a change toward practicing PCC suggested that improved communication strategies and mechanisms would make providing PCC in the home care setting easier and decrease confusion. Suggestions included: a communication book in the home in which all staff visiting the client could document client preferences and other updates, including who has been to visit the client; schedules in the client's home to help all PSWs visiting the client to know what care tasks need to be provided and when (e.g. day to day plans); utilizing their work-issued smartphones more effectively for communication with client/families and other members of the care team, particularly when clarification of care plans is needed; and involvement of PSWs in case conferences with the entire care team.

Sustainability Checklist:

- ☐ *Ensure the initiative is aligned with your organization's vision, mission and values and that there is support and commitment from Senior Leadership and management*
- ☐ *Develop education that is relevant for PSWs, the work that they do, and challenges they encounter*
- ☐ *Consider how new hires and PSWs that miss a workshop will be able to access this education (e.g. online version)*
- ☐ *Design a plan to offer PCC workshops to all staff within the organization, including front-line staff, support staff, administrative personnel, middle and senior management to promote PCC throughout the organization*
- ☐ *Develop a change management and communication plan*
- ☐ *Provide regular refreshers/reminders to staff about PCC following completion of the workshops (e.g. discussions at team meetings, posters, newsletters, performance appraisals)*
- ☐ *Share successes and stories from clients/residents and staff*
- ☐ *Ensure organizational policies and procedures support the practice of PCC*
- ☐ *Determine if there are ways to enhance communication among members of the healthcare team and between PSWs and clients to enable greater information exchange and support the provision of PCC*

"If we all attend the workshops, we all benefit and we all improve ourselves and it is for the benefit for the client and for the staff."
~ Personal support worker

Part 6: Future Directions

The PCC workshops for PSWs was an important step on our journey toward implementing a more person-centred approach but the intent of both organizations has always been to develop PCC education for all staff within the organization to truly support a culture shift toward PCC. The literature review conducted by Saint Elizabeth revealed a general consensus that the practice of PCC should be a shared responsibility between health care providers, organizations and the broader health care system.[75] The importance of educating all staff helping to provide care to clients has been highlighted, as evidence suggests that, although possible, it is more challenging for a lone health care provider or discipline to implement a shift to PCC independently.[76,77] Essentially, the ability to be 'person-centred' is directly impacted by the culture, mission, models of care delivery and administrative structures of an organization.[78,79,80]

In the focus groups we conducted following the PCC workshops with PSWs, the personal support supervisors felt strongly that others within their organizations would also benefit from PCC education, particularly other front-line staff, service coordinators and other supervisors. One personal support supervisor explained that during a PCC workshop she was facilitating, she realized that she too is guilty of sometimes not being person-centred. "*I stuck my hand up and said 'Okay, guilty. I'm always saying my door is always open, but sometimes I'm frustrated when I have too many people lined up at the door. I need to manage that - that is not their fault, it is my fault. But I always put it in [the] perspective of…they [the PSWs] are my clients. You know, it was a good reminder for me too*."

With this in mind, planning is now underway for a broader implementation of PCC education at Saint Elizabeth and several LTC pilot sites, with the intent to create a culture shift toward PCC by embedding its principles throughout the organizations. We will do this by developing a program of PCC workshops for the full range of front-line care providers (PSWs, nurses, rehabilitation professionals) and for all support staff and management in LTC homes and in home care organizations. It will be particularly important in this next phase to develop PCC education workshops for senior and middle management teams to create and sustain a culture and environment of PCC within the organization.

This education will promote the importance of leading by example, including treating employees the way they want employees to treat the clients/residents and their family members**.** Leaders will be asked to consider what they personally and their teams can do to promote a culture of PCC and will develop an action plan.

We plan to document the planning, implementation and evaluation experience in order to develop a toolkit, similar to this one, to assist other organizations. The expanded PCC education initiative will build on our experiences and lessons learned from implementing PCC workshops for PSWs and will incorporate input from clients/residents, families and health care providers.

Although some professional associations may already offer PCC education (e.g. RNAO Client-Centred Care online course - http://clientcentredcare.rnao.ca/login.phpl[81]), they are discipline-specific, leading to inconsistencies in the interdisciplinary team's understanding of PCC and their approaches to care. Furthermore, these courses are not specific to the home and LTC sectors. Research has shown that training is not offered equally to the different types of workers within organizations[82] and that, particularly in home care, a lack of resources results in training being focused on practical, clinical care issues with limited training on other topics,[83] such as PCC. The next phase of our PCC education will complement currently available training by facilitating the use of common language and approaches for PCC within an organization, including the leadership team, front-line staff (e.g. nurses, PSWs, and rehabilitation therapists) and support staff (e.g. housekeeping, food services) so that, ultimately, all staff in an organization will have received the education and consistent messaging about PCC.

"Sometimes we are so busy we forget to stop and listen."
~ Personal support worker

Part 7: Summary

This toolkit has provided suggestions for designing, implementing, evaluating and sustaining person-centred care education with PSWs. We hope that by sharing our strategies and experiences with this initiative, we will be able to assist other organizations that are interested in developing similar education for their staff. Our intent was that this guide would provide a good starting place for designing the education by highlighting important content areas to include and key factors to consider. It will also provide some insight into the scope of this type of initiative and resources that might be required to assist in planning. Finally, we have also included a number of tools and resources in the appendices that can be adapted for use in your organization. The following page includes some key factors to consider as you embark on this journey.

Given the aging population and the growing number of people receiving care at home and in LTC settings, it is imperative that we find a way to ensure our health care system can better respond to the needs and preferences of clients/residents and families. Our hope is that this guide will contribute to the ability of health care organizations in the home, community and LTC sectors to enhance the health care experience of clients/residents and family members through the provision of PCC, as well as to create a healthier work environment for personal support staff.

Summary of key factors to consider:

- The process of developing, planning and implementing PCC requires **organizational and management support** in order to be most effective. Thus, engaging key stakeholders, maintaining communication, and encouraging feedback, is imperative.

- Remain **flexible** in your approach to the education design and implementation, as there is no one-size-fit-all approach. The "best approach" will depend on a number of organizational and individual team factors. It will therefore be important to adapt the education content and approach to suit the needs of your organization and staff.

- Continue to emphasize that **PCC is a philosophy** to inform the approach to providing care, rather than a specific list of "person-centred" tasks to complete.

- The PCC workshops and training sessions are designed to encourage a **two-way flow of communication** between facilitators and participants. Though supervisors will be facilitating the workshops, it is important to ensure that there isn't a hierarchical flow of information. **Reflective learning** for both groups is encouraged, as is the mutual flow of knowledge-sharing and information equally between facilitators and participants. Essentially, these sessions are an opportunity for both supervisors and front-line staff to work together and learn from one another. Applying a person-centred approach to the workshops themselves will ensure that participant needs are honoured and met, and that their existing capacities are recognized and cultivated. In this way, PCC can become more easily embedded in every aspect of the organization, from meeting staff needs, to, of course, meeting client and family needs.

Part 8: Other Resources

Below are a selection of other resources that you may find useful when developing, implementing and evaluating PCC education.

- The Institute for Patient- and Family-Centered - http://www.ipfcc.org/
- National Research Corporation (NRC) - http://www.nationalresearch.com/home/
- Planetree / Picker Institute (2008). Patient Centred Care Improvement Guide - http://planetree.org/wp-content/uploads/2012/01/Patient-Centered-Care-Improvement-Guide-10-28-09-Final.pdf
- Planetree - http://planetree.org/
- Registered Nurses' Association of Ontario (RNAO). Client-Centred Care online course - http://clientcentredcare.rnao.ca/login.phpl
- State Government of Victoria, Australia Department of Health (2012). Best Care for Older People Everywhere – the Toolkit. http://www.health.vic.gov.au/older/toolkit/index.htm

Part 9: Appendices

Appendix A – Example of Issues Log Template

Appendix B – Example of Work Breakdown Structure

Appendix C – Train-the-Trainer Session Survey

Appendix D – Workshop Facilitator Survey

Appendix E – Workshop Survey for PSWs

Appendix F – PSW Focus Group Questions

Appendix G – Personal Support Supervisor Focus Group Questions

Appendix A – Example of Issues Log Template

Issue Log Template

Project Management Framework Document 12

PROJECT ISSUE LOG - Details Worksheet

Saint Elizabeth

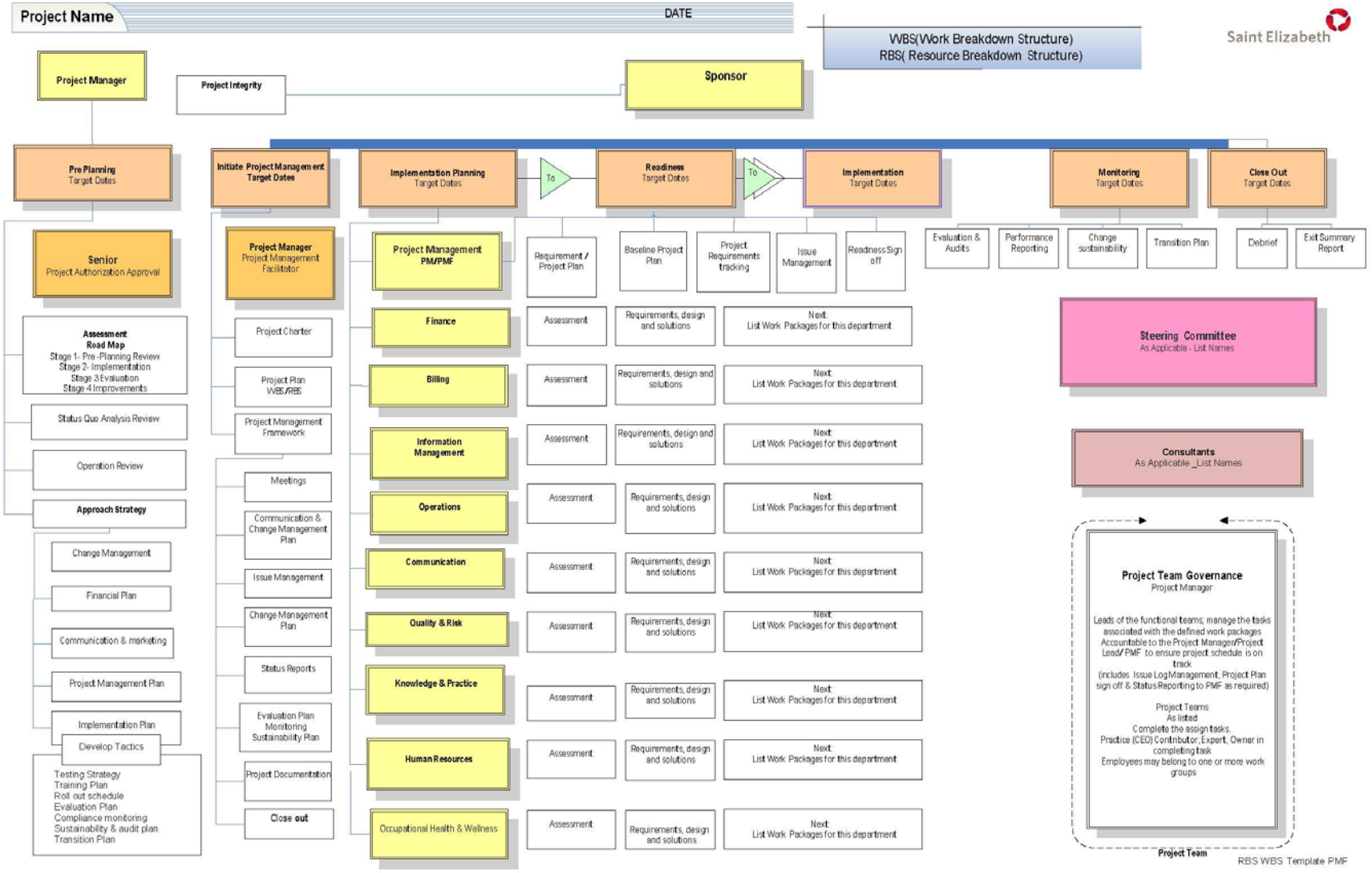
Project Name:	
Issue Version Date:	
Project Manager:	
Project Management Framework:	

Instructions:
>Log in each Issue Request as soon as it is received
>Unprotect sheet and add additional rows as needed

Issue#	Category / Issue Name	Site/Location/ Other	Current Status/ Issue Identified/ What is the impact	Solution Recommendations / Actions	Priority (H,M,L)	Owner	Status	Due Date	Final Resolution / Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Project Management Framework Document #9 Page 1 PMF Issue Log Template

Appendix B – Example of Work Breakdown Structure



Appendix C – Train-the-Trainer Session Survey

1) I feel well prepared to facilitate the person-centred care workshops

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

2) I have a good understanding of what person-centred care is

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

3) I have a good understanding of the purpose of the workshops

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

4) I have a good understanding of the content in the person-centred care workshop I will be conducting

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

5) I have a good understanding of how to apply adult education/learning principles when facilitating the person-centred care workshops

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

6) I am motivated to discuss person-centred care with my team of PSWs

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

7) I know who to contact if I have any challenges with the person-centred care workshops

Totally disagree	Disagree	Agree	Totally agree
☐	☐	☐	☐

Comments:

8) What is the most valuable thing you learned from the PSS session?

9) What is the least valuable thing you learned from the PSS session?

10) Please provide any additional comments you have to ensure you are comfortable facilitating the person-centred care workshops

THANK YOUR FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Appendix D – Workshop Facilitator Survey

Which workshop did you just deliver?

Workshop # 1	Workshop # 2	Workshop # 3
☐	☐	☐

	Not at all	A little	Somewhat	Very	Extremely
A) I was comfortable delivering this workshop.	○	○	○	○	○
B) My staff seemed interested in the material covered in the workshop	○	○	○	○	○
C) The workshop gave me a better understanding of how I can support my team to practice person-centred care	○	○	○	○	○
D) The workshop gave me a better understanding of what I can do to interact in a more person-centred way with my staff	○	○	○	○	○
E) I am confident that my staff will be able to use the knowledge that they gained from this workshop in their jobs.	○	○	○	○	○

F) I will be able to use the new knowledge that I gained from this workshop in my job

○ Yes

○ No

If yes, please describe how you will use the knowledge. If no, please suggest how we can improve.

G) Did you have everything you needed to facilitate the workshop?

○ Yes

○ No

If no, please provide details .

H) Is there any additional information or supports that would help you to facilitate workshops such as this with adult learners?

I) Did you have any difficulties with the workshop material? e.g. PowerPoint presentation, videos?

○ Yes

○ No

If yes, please provide details

J) Were you able to complete the workshop material (excluding the evaluation) within 60 minutes

○ Yes

○ No

If no, how long did it take?

K) Were most of your staff able to complete the evaluation within 10 minutes?

Yes	No	Unsure
☐	☐	☐

L) Did your staff experience any difficulties completing the survey on their Blackberries?

○ Yes

○ No

If yes, please provide details:

M) What did you like about this workshop?

N) What would you have changed to make this workshop better?

O) Any other comments?

THANK YOUR FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Appendix E – Workshop Survey for PSWs

Work Location:

Number of years working as a PSW:

Number of years working at this organization:

Please respond to these statements about the workshop:

	Yes	No	Maybe
I found this workshop valuable/useful	○	○	○
The workshop gave me a better understanding of what person-centred care is	○	○	○
The purpose of the workshops was clear	○	○	○
My concerns about person-centred care were addressed	○	○	○
I feel more comfortable using a variety of questions to start and continue conversations with residents	○	○	○
I feel better able to deal with situations when boundaries have been or may be crossed	○	○	○
I know who to discuss any concerns I have about professional boundaries with	○	○	○
I feel comfortable using person-centred approaches to care	○	○	○
The workshop helped me understand what my team can do to better meet client needs and provide person-centred care	○	○	○
The workshop helped me understand what I can do to be more person-centred in my care	○	○	○
The workshop gave me a better understanding of how to overcome challenges to practicing person-centred care	○	○	○

Please rate how much the workshop will help you to: (1=not at all, 5=very much)

	1	2	3	4	5
a) Communicate better with others (e.g. clients, families, caregivers, co-workers)					
b) Communicate with people with communication challenges					
c) Have good therapeutic relationships with clients					
d) Find out more about your clients, their preferences and goals					
e) Identify situations when professional boundaries may have been crossed					
f) Make decisions about professional boundaries					

I will be able to use what I learned in this workshop in my job

○ Yes

○ No

IF YES, please describe how you will use the knowledge.

IF NO, please suggest how we can improve.

Other comments?

THANK YOUR FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

Appendix F – PSW Focus Group Questions

1. What did you like best about the person-centred care workshops? Probe: Relevancy to your job, ability to implement what you learned/put it into action:

2. Did you feel that the workshop built on things you were already doing?

3. Have you done anything differently in your approach to care since participating in the workshops? What was your experience? Or if you have not yet, do you plan to do anything differently in your approach to care?

4. Is there anything that you think will stop you from being able to do any of the things that you learned and talked about in the person-centred care workshops? Anything that has made it hard to practice PCC?

   What suggestions do you have for how to address these challenges? What else would help you to continue to practice PCC?

5. What would you change to make these workshops better?

6. Other Feedback?

Appendix G – Personal Support Supervisor Focus Group Questions

1. What reactions did you get from your staff during and after the workshops?

2. Do you plan to do anything differently since participating in the workshops? Please explain.

3. Is there anything that will prevent you from implementing what you learned and talked about in the workshops?

4. Is there anything that you think will prevent the PSWs from implementing what they learned and talked about in the workshops?

5. What additional supports do you feel you need to facilitate future workshops such as these?

6. What other roles in the organization do you think this type of education would benefit? (e.g. other health care professions, administrative staff, support services)

7. Other comments?

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