Co-design and Evaluation of Health Care Workforce Education to Provide Person-Centered Care for Family Caregivers

Priority 1 (Research Category)
Education and training

Presenters
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Abstract
Context: Healthcare providers depend on family caregivers (FCGs) to provide over 80% of the care for people with living with dementia, frailty, or illness yet for the most part they do not meaningfully involve FCGs as partners in care or support FCGs to maintain their own wellbeing.

Objective: This presentation describes the co-design of the competency-based foundational Caregiver-Centered Care Education for the health workforce and reports on the mixed methods evaluation.

Study Design: To ensure a specific person-centered focus on FCGs, study authors created the term “caregiver-centered care” defined as a collaborative working relationship between families and healthcare providers in supporting FCGs in their caregiving role, decisions about services, care management, and advocacy. Multilevel interdisciplinary stakeholders (n=102) co-designed the education. The teaching and learning resources include six competency-aligned educational modules with videos and interactive exercises that encourage reflection. Kirkpatrick’s framework guided evaluation.

Setting: Education is offered free online at Caregivercare.ca

Population: Since November 21, 2020, 1200 healthcare providers, including 57 physicians have completed the education. 161 participants completed the pre-post evaluation before the evaluation study was brought to a close.

Results: Participants were satisfied with the overall quality of education (Mean 4.69 (SD=6) Median 5). Student’s paired samples T-test indicates pre-post education changes in knowledge and confidence to work with FCGs were significant. Pre (M=38.6, SD=6.5) to post (M=47.2, SD=3.4) t (161) = -13.0, p<.0005 (two-tailed). Qualitative results mirrored the quantitative results.

Conclusions: Educating healthcare providers to provide Caregiver-Centered Care is a step towards addressing the inconsistent system of supports for diverse FCGs throughout variable care trajectories.
Involving multilevel stakeholders in the educational co-design process can help ensure the education is relevant and useful for the healthcare providers who interact with family caregivers.

Implications: Although co-design with healthcare providers and caregivers takes more time and facilitation, the efforts are worthwhile through the usefulness of the education to healthcare providers. We are currently co-designing advanced Caregiver-Centered Care education for health providers with significant interactions with FCGs.