

## CONFERENCE ABSTRACT

# Co-Design and Evaluation of Education for the Healthcare Workforce to Provide Person-Centered Care for Family Caregivers

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

Sharon Anderson<sup>1</sup>, Cecelia Marion, Wendy Duggleby, Arlene Huhn, Bonnie Dobbs, Lyn Sonnenberg, Glenda Tarnowski, David Howatt, Colleen Turkington, Sandy Sereda, Jasneet Parmar

1: Department of Family Medicine, University of Alberta, Canada

---

### ***Introduction***

Changes are needed in the way we support family caregivers (FCGs). FCG distress has risen from 16% (2010) and 33% (2016) to over 50% during the COVID-19 pandemic. FCGs do not have a defined role in current healthcare systems. Specifically, FCGs and healthcare providers need to work as a team yet typically education has targeted increasing FCG's care skills to sustain care rather than educating healthcare providers to support FCG as partners-in-care and to maintain their own health. Caregiving scholars now recommend the healthcare workforce receive competency-based education to identify, assess, support, and partner with FCGs across the care trajectory.

### ***Aims Objectives Theory or Methods***

Aims: To describe the co-design of the competency-based foundational Caregiver-Centered Care Education for the health workforce and report on the mixed methods evaluation. To ensure education focused on person-centered care for FCGS, we 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 including FCGs (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 our evaluation.

### ***Highlights or Results or Key Findings***

Results: Since November 21, 2020, 1203 people have completed the online education (caregivercare.ca). Attendees were satisfied with the overall quality of education (Mean 4.69 (SD=.6) Median 5) (Kirkpatrick, Level 1). Student's paired samples T-test indicated that there were significant pre-post education changes in knowledge and confidence to work with FCGs (Kirkpatrick Level 2): Pre (M=38.6, Sd=6.5) to post (M=47.2, SD=3.4)  $t(150) = -13.0, p < .0005$

(two-tailed). Qualitative results mirror the quantitative results. “This was a wonderful course that provided "real life" examples of what kinds of roles the family caregivers take on and how we can recognize and support their journey as much as the care recipient's journey. Excellent content and I look forward to taking the next course.” Interviews with learners three months post education suggests that the education had a positive effect on caregiver interactions in practice (Kirkpatrick Level 3).

### ***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 FCGs.

### ***Implications for applicability/transferability sustainability and limitations***

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. The participatory approach assists with knowledge mobilization. We are currently co-designing advanced Caregiver-Centered Care education for health providers with significant interactions with FCGs.