The know-do gap

Decision making during acute health events is complex, difficult, contentious and occurs under conditions of uncertainty potentially causing emotional strain and moral distress for staff (Kada, 2017; Pulst et al., 2019).

The solution: building nurse capacity

The aim of the project was to fill an identified need (Kada, 2017) to build nurses' knowledge and skills by developing e-modules on facilitating goals of care conversations after an acute health event has occurred since nurses in long-term care settings typically take a lead role. The plan had been to develop **two e-modules**, the **first e-module** was to be 15-20 minutes in length and would use branching logic to guide learners through the emotions, care pathways and potential outcomes that can occur when responding to an acute health event. The **second e-module** would be 3-5 minutes in length and would serve as a supplementary, just-in-time learning tool to support the real-time application of key learnings in situ, promoting practice change. The uniqueness of this training, using branching logic and providing just-in-time support, facilitates practice change by enabling nurses to transfer the new learning to novel care situations.

The process

An interdisciplinary advisory team of seven team members developed the content for the e-module and the funding obtained from RNFOO was used to hire an e-learning design company to create the e-module. The advisory team consisted of a core team: Manager of KT and Education (RN), Manager of Interprofessional Care (OT), Professional Practice Lead (RN), Allied Health Lead (OT), Knowledge Translation Specialist (OT), Psychogeriatric & Palliative Care RN and a Communication Specialist. The e-module was developed with 7 Advisory Committee Meetings (10 hours) and 14 status calls with the e-learning design company (8 hours) and the leadership committee of the project (3 staff).

The collaborative human-centered design process of developing the e-module between the advisory committee and e-learning design company consisted of four main steps
- **Discover and Discuss** the practice gaps and prioritize the key learnings
- **Design and Envision** a learning experience plan
- **Document** the plan within a story board
- **Design and Develop** the e-module

Additional feedback was obtained throughout these four steps. For instance
- **Residents and family members** (via resident and family and friends council meetings) were asked during the Design and Envision stage about what type of information would be helpful for them to receive in order to make an informed decision during an acute health event.
- **Nurses** (via a focus group) during the Design and Envision stage assisted in tailoring and validating the process map of the clinical decision-making steps during an acute health event and gave feedback on which steps they considered priority for learning.
- **Nurses** (via a focus group) during the Document stage were asked to validate and give feedback on the proposed storyboard
- **Additional feedback** on the storyboard was obtained by
  - Medical Director
  - Clinical Quality Lead (RPN)

- o A Quality Lead at an external LTC home
- o A NP providing support to LTC homes in our catchment area

The product

A 15-minute e-module focused on managing a commonly seen acute health event in long-term care was developed.

The next steps
- **July-August 2024:** Nurse champions will review the e-module
  - o Formative Evaluation: Surveys with pre/post evaluation questions will be distributed to champions for their feedback on the e-module and for advice on which just-in time tool would be helpful.
- **September – October 2024**: Full roll out to all nurses in home
  - o Individual impact outcome evaluation: Staff's knowledge, skill and comfort/strain will be measured with pre/post surveys.
- **November – December 2024:** Chart audits to document behavioural changes.
  - o The organizational impact will be evaluated by chart audits to determine what type of impact the e-module had during acute health events.
- **January – April 2025**
  - o Impact/ Reach: The team will measure how many downloads of the e-module from our website occurred to measure external reach.

The process evaluation

Engaging with stakeholders throughout the process helped us more confidently tailor the content of the e-module towards the gaps and learning needs related to managing acute health events in long-term care. For example, process mapping with stakeholders, especially with those directly involved in the process, led to the development of the three main learning objectives for the e-module. We also heard from residents and families about how to make this conversation feel more informed, as well as the importance of acknowledging the uncertainty of the situation and validating that, despite this, everyone involved is simply trying to do the right thing.

As the goal was to ensure that this e-module would be beneficial to homes across Canada, based on discussions during the Design and Envision stage, we ended up changing our clinical scenario from a hip fracture to an acute COPD exacerbation to make it more relatable to other homes. Initial feedback from staff at external homes indicated that they would always transfer a resident with a hip fracture to the hospital and would never decide to manage in their home. Also, during the Design and Envision stage, the idea of developing the second e-module for just-in-time support changed, as the team felt that staff may not access an e-module for just-in time support as it would be too time intensive. Instead the team will reach out to clinical champions this summer to decide what type of tool would be helpful in the moment.

The Advisory Committee was asked to provide their input on what went well during the production of the e-module and what could have been done better. All committee members appreciated that the e-module was developed based on an interdisciplinary team with involvement from key partners (e.g., residents, families, nurses, communications team) both internal and external. Using a professional company trained in instructional design was also a strength of this high-quality product being completed on-schedule. Advisory committee members appreciated that the committee provided an open, safe and respectful environment to create the best possible product. The advisory committee provided minimal areas for improvement other than more time between phases in order to provide feedback, especially on the storyboard and finale-module. The team is very proud of the product and is excited to be able to share it across the sector following the implementation phase.

Appendix A- E-Module
Responding to Acute Health Events in Long-Term Care

To trial our new e-module, please click the temporary link below using the following credentials:
https://www1.surgelearning.ca/course_detail.php?content=308043

Login: prv.student
Password: nursing

Note: Acknowledgements to RNFOO and the generous support from your donors will be written into our course descriptions at go-live. The link to the module is only in test mode.