

A Collaborative Approach for Online Dementia Care Training

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INTRODUCTION

There are several reasons why university-based researchers and community groups may choose to collaborate together on research projects. Involving the end-users of the research data in the research process often motivates them to integrate the results into new policies, procedures, and education programs. Research outcomes therefore become more relevant to the community members than would be the case using a more traditionalistic approach to research (Morrison & Lilford, 2001; Patton 1997). Community-based partners fully immerse themselves in a collaborative research process as they strive to underpin their interventions with other complementary concepts or evidence-based theories. They are then better positioned to promote social change.

Furthermore, collaborative projects provide an educational opportunity for partners to develop a collective consciousness in addressing the issues at hand (Gallagher, Easterling, & Lodwick, 2003; Karim, 2001; Minkler & Hancock, 2003). The problem is viewed from multiple perspectives as university-based researchers and community professionals contribute unique strengths and share research-related responsibilities within the social and cultural dynamics of the partnership (Gibbon, 2002). Simultaneously, university-based researchers are able to come to a better understanding of the community of interest and its changing realities. The cultural differences of both groups are acknowledged, and sensitive strategies can be collaboratively developed in which the roles and expectations are clearly outlined (Agency for Healthcare Research and Quality, 2003). Full advantage can be taken of the knowledge,

experiences, and perspectives of professionals in the community as they provide input on all aspects of the research project. Thus, the research process becomes a collaborative, co-learning, community-building experience.

There are obvious benefits to working in collaboration. However, real collaboration takes time; time to engage in meetings, complete accountability processes, and resolve problems. The delicate balance between democracy and efficiency can be compromised when you have to choose between equal participation and looming deadlines (Stoecker, 2003). Weaver and Cousins (2004) described this dilemma as assessing manageability or having to make a choice between achieving complete diversity on the researcher-community team and the unwieldiness of working with a large committee. Compromise is often necessary.

This article describes our experiences using a collaborative approach involving university-based researchers and community professionals—in this case, long-term care (LTC) managers, administrators, and hospital-based educators and researchers—to create an online dementia care training program.

BACKGROUND

The Sisters of Charity of Ottawa Health Service (SCOHS) is a corporation with a teaching chronic care hospital and two LTC facilities. Community professionals at SCOHS recognized that their healthcare providers were facing challenging behaviours from persons suffering from dementia, which has been known to lead to staff burnout, distress, and high turnover rates. The

community professionals felt that this problem could be partially ameliorated with staff education through e-learning. They contacted a professor in the Faculty of Education at the University of Ottawa who was conducting research on e-learning. Together, they agreed that conducting a project involving frontline workers in LTC facilities that addressed this issue would be mutually beneficial. Additional experts were recruited to join the project, including psychologists as content experts, e-learning course developers and pedagogy experts, and evaluators experienced in online course evaluation. Six pilot LTC facilities were identified, and representatives from each facility were included in the research team.

THE ONLINE DEMENTIA CARE TRAINING PROJECT

The research group used the Demand-Driven Learning Model (DDLDM) (MacDonald, Stodel, Farres, Breithaupt, & Gabriel, 2001, see Figure 1) to guide the design, development, delivery, and evaluation of the bilingual dementia care training program. The program was targeted towards frontline healthcare providers

(registered and nonregistered) who care for persons experiencing dementia in LTC facilities.

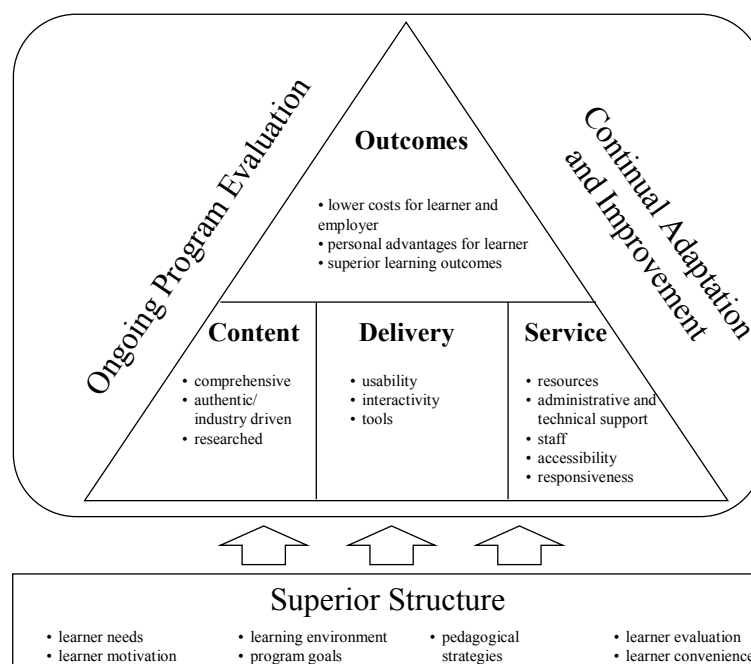
Conducting the Needs Assessment

As advocated in the DDLM, the first step of the project involved identifying the needs of the learners. The university-based researchers conducted three in-depth focus group interviews with seven healthcare providers (prospective learners) and two site coordinators who would serve as the on-site support persons for the learners during the implementation of the program. Through the needs analysis process, community-based stakeholders were able to provide input regarding the design, development, and delivery of the dementia care training program. The results of the needs analysis are published elsewhere (MacDonald, Stodel, & Coulson, 2004).

Designing and Developing the Program

The course facilitator, a content expert and psycho-geriatric nurse with no e-learning experience, was responsible for putting together the first draft of the program content and learning activities. To ensure the

Figure 1. The demand-driven learning model (MacDonald, Stodel, Farres, Breithaupt, & Gabriel, 2001)



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