



RESEARCH BRIEF

Collaborative Education and Practice in Home and Community Care of Older Adults and their Families

KEY POINTS TO CONSIDER

- ✓ Shifts in current thinking about collaborative education and practice in home and community are required.
- ✓ Client-centered focus is paramount and must be expanded and maintained
- ✓ Collaborative education must discourage “ageism” and build relationship capabilities
- ✓ Ethical and reflective practice is essential for students and practitioners
- ✓ Program evaluation should be a key element in collaborative education and practice models
- ✓ The primary focus of collaborative practice should be to improve patient outcomes and safety; cost effectiveness is a secondary driver
- ✓ Providers require ongoing collaborative education in the form of continuing professional development to enhance development of collaborative competencies, capabilities and knowledge specific to older adults

What is the topic of this research?

Care of older adults can take place in many settings; their homes, doctors' offices, and community-based clinics, with members of the healthcare team often spread across large geographic areas and across different healthcare sectors. In contrast, acute care providers and recipients tend to reside in one location facilitating seamless care and interprofessional education and collaboration (IPE and IPC). Furthermore, many older adults are also managing multiple chronic conditions (MCC), which accounts for 40% of healthcare use among older adults in Canada. The complexity of their care needs and potentially complicating geographic factors makes the integration and coordination of care more difficult but increasingly important for this population.

Research purpose

This study focused on how healthcare providers are educated and how they work together, to provide care for older adults who are living at home, and their family caregivers. The purpose of this research was to: identify existing IPE and IPC models and opportunities for their further development, assess current geriatric or gerontological practice and education in Ontario, investigate core competencies related to collaborative care with community-dwelling older adults, and document best practices by other jurisdictions.

How was the study done?

An in-depth review of national and international literature and relevant policies was conducted in addition to interviews with 33 local, national and international experts in IPE, IPC, and home and community care for older adults and their family caregivers. Recurring themes were confirmed across data collection methods and examples of key findings and future considerations for IPC and IPE in home and community care of older adults and their family caregivers were documented.

What did the researchers find?

Collaborative education and practice are more appropriate terms than IPE and IPC and better reflect the need to involve both professional and non-professional healthcare providers in home and community-based care of older adults and their families. Current acceptable definitions of IPE and IPC should be expanded to encompass older adults and their family caregivers. Social and community service providers and unregulated healthcare providers should also be included in the definition of IPC for older adults and their families. Learning about and use of technological innovations should be encouraged and funded, particularly those related to the care of older adults and their families.



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Key message

- Shifts in thinking about collaborative education and practice are essential to improve the quality of service to older adults and their caregivers in home and community.
- Definitions of IPE and IPC should be adapted to increase emphasis on collaboration across all aspects of care provision.
- Older adults and their families are key decision-makers on the care team.
- Older adults require a clear understanding of who makes up the team and role of each team member, as well as support in prioritizing their needs.

Where do we go from here?

Ensure IPE is available and tailored to the needs of older adults in home and community, and that dedicated faculty are champions of collaborative education and practice, and quality care provision for these clients and caregivers.

Conduct rigorous qualitative and quantitative research to promote understanding of the experiences of older adults and their families with IPC models.

Work to integrate learning-related technological innovations specific to the care of older adults and their families, in IPE programs.

Use simulation technology to its full extent to maximize educational opportunities.

Who are the researchers?

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