

PART 6

key informants

“Key informants” to this project provided their views on issues related to the employment, utilization and education of LPNs and care aides in B.C.’s evolving health care system. Individual and group interviews were conducted with employers, workers, educators and staff of the College of LPNs. Key informants discussed a variety of issues, including changes in patient acuity, health care restructuring, professional regulation, workload pressures, and the nursing shortage. Their accounts reflect a dynamic environment – one where the practice of LPNs and care aides is being re-examined and re-formulated, education programs are evolving, and issues like role overlap and changes to scope of practice are being confronted. Key informants made specific recommendations for actions that would enhance the education and the utilization of both LPNs and care aides in British Columbia.

CONTENTS

268 key informants: major findings from the interviews

268 Purpose and Process

268 Introduction to the Findings

269 Overall Context for Issues Raised

270 current activities

270 Education and Training

271 Employment, Role and Utilization

274 ideas for future action

274 Education and Training

278 Employment, Role and Utilization

281 summary of key points

key informants

MAJOR FINDINGS FROM THE INTERVIEWS

Key informant interviews were planned and implemented in keeping with this project's research plan. This report first outlines the purpose and process of the interviews, and then provides both an introduction to the findings and the overall context for issues raised in the interviews. Finally, key findings are presented, first for the area of employment, role and utilization, and then for the area of education and training.

Purpose and Process

The overview of this project's research plan includes:

Interviews with stakeholders (e.g. College of LPNs, educators, directors of care) to identify major trends and action ideas regarding employment, role/utilization and education/training for LPNs and care aides in the evolving health care system.

In planning discussions, it was noted that a scan of major trends in health care was not necessary, as trends such as increased acuity and the shift to closer to home are well documented elsewhere. The primary focus of the interviews was to solicit input and action ideas from key informants about employment, role/utilization and education/training for LPNs and care aides.

Planning for this phase of the project began in 1999. A protocol was developed for the interviews and key informants were interviewed in April and May, 2000. A list of key informants' areas of expertise, the interview protocol, and sample questions are attached as appendices to this report.

In general, questions focused on two key areas: current activities and ideas for future activities. Questions were tailored so that key informants provided feedback in their area of expertise (for example, educators were asked to focus on issues related to education and training).

Introduction to the Findings

Participants in the interviews freely shared information about both current and potential programs and initiatives related to LPNs and care aides. As participants frequently shared information about issues in their workplace, these issues are summarized below as a context for understanding their comments.

It may be helpful to note that key informant interviews are part of the larger LPN/care aide project looking at the role and utilization of these two care providers in B.C. It is useful to view the comments of key informants in light of other findings.

Furthermore, the findings that follow are the perceptions and represent the understanding of interview participants. It was not within the scope of this component of the research to confirm findings through additional or independent research. Editorial

notes are provided when the perception of participants varies from other data sources available to the project consultant.

The findings of the key informant interviews are presented under the major headings *Current Activities* and *Ideas for Action*, both of which are divided into two sections: *Employment, Role and Utilization* and *Education and Training*.

Overall Context for Issues Raised

Key informants often shared information about issues that significantly impact on the role and utilization of LPNs and care aides in their workplace. The following list highlights issues that arose from nine sets of interviews. These issues, summarized here in the general categories role issues and workplace issues, provide a context for understanding comments made by the key informants.

Although these issues are challenging, participants did not focus on complaints; their comments are presented to provide a context to understand the current reality of their workplaces.

Role issues include:

- perceived underutilization of LPNs and care aides
- overlap and confusion regarding the roles of LPNs, care aides and RNs
- limited understanding of each other's role
- changing and evolving roles and scope of practice
- outdated policies related to role and utilization, perceived as inconsistent with provincial curriculum and scope of practice
- job/role descriptions that varied tremendously across acute and continuing care
- different meaning of terms, such as job/role descriptions, duties, protocols and competencies
- varied levels of competence within each category across acute and continuing care
- different education preparation due to program changes for LPNs
- different education for care aides (publicly funded community colleges offering a standard provincial curriculum and private training programs that may or may not offer the standard curriculum), and
- licensure/non-licensure of LPNs and certification or standardization of the care aide role.

Workplace issues include:

- increased acuity of clients in both acute and continuing care
- 20 years of restructuring and reform
- a very heavy workload
- perception of limited leadership and managerial support
- off-site managers and non-nurse managers
- an acute nursing shortage

- no time or money for education
- major concerns about violence and aggression in the workplace posing a threat to personal safety
- conflict, acrimony, turf protection or rifts among care providers, unions, employers and regulatory bodies
- numerous models of care delivery
- insufficient information systems to support human resources planning
- perception of highly structured, complex, hierarchical systems that resist change
- particular challenges in rural and remote settings, and
- history.

current activities

EDUCATION AND TRAINING

While activities in the previous section often had education components, this section focuses specifically on activities that are primarily about education and training. In general, education was seen by participants as an area that needs attention. Focus groups were particularly strong in advocating education ideas for a number of reasons, including that three of the nine interviews were comprised of educators, and that several interview questions probed specifically for action ideas related to education.

LPN Education

As is outlined at length in the B.C. Context section of this report, entry level practical nurse education is provided at four community colleges in B.C.: Malaspina University College, Okanagan University College, College of the Rockies and Vancouver Community College. A refresher program is offered through the Open College. Access programs for care aides to ladder or bridge into practical nurse programs are emerging at several community colleges. Entry level practical nurse education programs are approved by the College of LPNs of B.C. Continuing education and upgrading of competencies is available through the community colleges and the workplace (for example, in some acute care facilities).

Care Aide Education

Entry level education for care aides is offered through the public education system in Resident Care Aide programs at community colleges and through private training facilities. Community colleges use a standard provincial curriculum and have been working collaboratively with colleges in other provinces in Western Canada to identify common standards.

Participants saw a deficiency in RCA programs not having a provincial approval or accreditation system similar to what exists for LPN programs. Comments focused on

private training programs, with particular reference to a lack of supervised clinical opportunities for students to complete a practicum. Managers noted that they preferred to hire graduates from community colleges using the standard provincial curriculum, as they knew the graduate had received both content and practical learning experience. Participants' ideas for action regarding approval and accreditation for RCA programs are discussed in the next section.

Participants noted that continuing education offerings are very limited for care aides. The Vancouver Community College course on caring for clients with dementia is an example of a course that is highly regarded. They reported health and illness topics needing attention, as well as more general issues, such as cultural awareness. Educators noted that there is a need to assist learners in becoming culturally competent – to develop cultural awareness, knowledge and skills – in order to provide quality care to residents from all cultural backgrounds.

HLAA Education Role

According to the representative of the Healthcare Labour Adjustment Agency, support for education and training is a central part of its mandate. HLAA plays an active role in supporting educational activities using upgrading, access programs and Prior Learning Assessment.

PLA offers learners the opportunity to have previous learning and experience assessed for credit towards certificate or diploma programs. The PLA approach is very useful for care aides who are bridging into the LPN program. Former LPNs who have been working as care aides can also access funds for PLA and courses to convert back into LPN roles.

According to the HLAA representative, the system for accessing HLAA funds is currently being streamlined. This is important, as key informants had many questions about how to access funds, determine eligibility, and understand other features of the system. HLAA participates in the initiative to assist practical nurses who have been working as care aides to upgrade their competencies and again practise as LPNs. According to HLAA, the demand for this upgrading program is increasing daily.

EMPLOYMENT, ROLE AND UTILIZATION

Utilization of LPNs

Participants noted that the LPN role is currently being introduced and reintroduced into acute and continuing care facilities. In some cases this is a return to a previous model of care delivery (for example, team nursing in acute care settings). In other cases, it is a completely new role for a facility or unit (for example, special care units in continuing care). The LPN role is being introduced into long term care facilities due to the increasing acuity of resident care. New models of care delivery were noted, such as the “paired

caring” model at Richmond General Hospital, where an LPN and RN work in partnership to provide care to patients. There was frequent mention of the renewal of team nursing models in practice settings.

Participants were clear that LPNs are not seen as replacing RNs, but as complementary to the RN role, and that there is untapped potential in the LPN role. As one LPN said, “Ask what we can do, not tell us what we can not do... And listen to us.” Some participants also noted that LPNs have been working in the health care system very effectively in a range of settings. (Editorial note: Data on LPN staffing levels are provided in the *Surveys* section of this report.)

Utilization of Care Aides

Participants noted that care aides, whose role and title vary considerably, are most commonly utilized in residential continuing care. Care aides reported positive experiences with team nursing (LPNs, care aides and RNs) in acute care. This is of particular interest because manager participants expressed the idea of introducing the care aide role in acute settings. Key informants identified that new models of care delivery are needed when a new role is introduced. Participants were consistently clear that when a new role was introduced, everyone’s role changed.

Utilization of Competencies and Skills

As LPN and care aide roles are introduced or reintroduced, participants were consistent in their view that they should be able to use their competencies and skills and work to their full scope of practice. Education programs to upgrade competencies and skills have been provided to assist care providers to work to their full capability. Workplace upgrading programs for LPNs were identified by managers and educators as occurring or developing at a number of facilities, including Vancouver General Hospital, Lions Gate Hospital, St Paul’s Hospital and Peace Arch Hospital. (Editorial note: While a comprehensive listing of agencies offering upgrading courses was beyond the scope of the interviews, it is important to note that participants were aware and supportive of these courses.)

Concurrent with education upgrading is an attempt to create a common standard for the care provider role so that expectations are the same across a facility or region. Participants suggested that care aides who received on-the-job training (as opposed to formal education) should have access to upgrading to obtain the skills and knowledge covered in the RCA program. Participants noted that job/role descriptions for LPNs and care aides are being updated and rewritten as part of the process of introducing and reintroducing these roles in various settings.

Health Professions Council Review

The nursing scope of practice review by the Health Professions Council was seen as timely in terms of opening up dialogue around the LPN role. Health Professions Council hearings

and discussion of the revised scope of practice for LPNs have raised interest as the health system looks for ways to deal with the nursing shortage.

Regulatory Body for LPNs

The work of the College of LPNs of B.C. was noted as significant in raising awareness of the potential role of LPNs. It has provided presentations throughout the province on scope and standards of practice and use of the title “LPN.” It has been actively involved in the Health Professions Council review of the LPN role. It has also been involved in other significant regulatory activities, including: approval of LPN entry level education programs for the purpose of licensure; professional conduct review; registration and renewal; and monitoring the continuing competence of LPNs. The College of LPNs has created position statements to provide guidance to members, employers and the public on the utilization of LPNs; for example *The Appropriate Utilization of Licensed Practical Nurses* (1999).

The College of LPNs has worked collaboratively with RNABC to develop and offer joint presentations to nurses and employers to increase understanding of the RN and LPN roles and how they can work together to provide quality care to patients and residents. This program was praised consistently by interview participants. In a related activity, work is being done to clarify the meaning and approach to “delegation” and “assigning” tasks within the nursing team. The Health Professions Council review is attending to this issue, as are the nursing regulatory bodies.

Risk Management

Risk management is an important part of health care workplaces. The College of LPN’s risk management activities, outlined in its position statement, are similar to the approach described by the B.C. Healthcare Risk Management Society.

1. Review the education/training of the care provider.
2. Become familiar with/review benchmarks and job descriptions.
3. Review what similar facilities are doing.

As roles evolve and change, risk management and liability need to be considered and addressed.

HEU Nursing Team Forums

The Hospital Employees’ Union “Nursing Team Forums,” which are attended by LPNs and care aides, were frequently cited by care providers and the College of LPNs as an activity that should be supported. These meetings provide an opportunity for members to learn about each other’s roles as they work on shared initiatives. Dialogue around important workplace issues and problem solving was generally seen as a luxury in the fast-paced health care system. This opportunity for dialogue around workplace issues problem solving was seen as serving an important need.

ideas for future action

Participants said they were pleased to be able to discuss ideas that might enhance or improve both the employment and education aspects of the LPN and care aide roles. Activities with an educational component were most commonly identified, and most ideas for action in the employment area also included some education component.

274

EDUCATION AND TRAINING

Increase LPN Education Seats

At the entry (or basic education) level there was a consistent recommendation to increase the number of seats in LPN programs. Finding enough clinical placements for student learning has become challenging; determining ways to encourage facilities to take more students is needed. In some regions (Lower Mainland, Kootenays), a shortage of qualified faculty has created problems. Creating a “pool” of faculty in the Lower Mainland was suggested as one option to address the issue in this region.

LPN Upgrading Courses

Participants identified a number of areas where they see a need for upgrading the competencies of LPNs to the current provincial curriculum. These include:

- pharmacology
- staple/suture removal
- glucometers
- IV maintenance
- assisting with procedures (paracentesis, thoracentesis), and
- tube feeding.

Participants suggested that upon successful completion of courses, learners should be “certified” so that their skills are recognized for the purposes of job mobility and continuing competence/licensure requirements. Upgrading courses are currently being offered in a variety of formats (independent learning materials, lecture, lab, etc.), primarily in the workplace. Some participants pointed out that these courses should be offered and accessible throughout the province.

Advanced or Post-Basic Courses

Participants identified courses that could be offered as advanced or post-basic courses for LPNs (in keeping with their scope of practice):

- perioperative nursing
- obstetrics/maternity
- pediatrics
- post-anaesthetic recovery

- day care surgery
- ICU
- ambulatory day care
- orthopedic technician
- burn care
- cardiology (e.g. ECGs)
- phlebotomy
- emergency
- endoscopy/x-ray clinics and other diagnostic clinics, and
- foot care.

These courses are not readily available. Learners wishing to pursue them frequently need to go out of the province (for example, LPN perioperative nursing in Alberta or Saskatchewan).

Innovative Approaches in Education

Innovative approaches to teaching and learning are needed. Distance education approaches and part-time education need to be enhanced through Internet based learning approaches.

Access programs in selected community colleges enable care aides to enter LPN programs with credit for what they have already learned. More access programs for care aides are being developed at other community colleges. Educators suggested that a collaborative approach among the colleges would be desirable, both in terms of cost savings and ensuring consistency. While the access programs are popular, colleges have limited funding and learners often have limited resources in financing their education.

RCA educators noted that the 20 week Resident Care Attendant training program is too short to accommodate all the content and skills required by employers. As the provincial curriculum is 10 years old, they noted that it needs to be reviewed and updated. Educators suggested that the RCA and Home Support programs be combined. (Note: Home Support employers were not included in the key informant interviews as this was outside of the scope of the research. Thus, the perspective of these employers was not solicited on this topic.)

Participants noted that care aide needs for continuing education are not being adequately addressed and should include the following:

- additional education or upgrading in dementia care
- psychogeriatric training
- skin care
- caring for patients/residents with immobility problems
- lifts/transfers and using equipment
- dealing with violence and understanding clients who are violent, and
- dealing with aggression.

English Proficiency

English as a Second Language (ESL) and English as an Additional Language (EAL) training are a particular challenge in care aide certificate programs. Vancouver Community College's popular RCA program for ESL students has a five year waiting list and needs to be expanded.

Colleges have different systems for assessing students' English proficiency. Vancouver Community College is exploring a new ESL assessment method – called VELA, the Vocational English Language Assessment – that it will share with other colleges.

ESL and EAL support is a significant issue for RCA programs, as career counsellors often recommend it as a career path. It is also popular because it is a short program resulting in what is seen as a well paid entry level position. Educators noted that support for English language proficiency needs to be addressed in both educational and practice settings.

Teaching the Roles of Nursing Team Members

Key informants said entry level education programs should be reviewed to ensure they teach about the roles and competencies of all members of the nursing team. They also advised that care providers should learn to work in a variety of models and in collaborative partnerships. Different models of decision making, such as shared decision making, need to be introduced into entry level programs.

Student Support

In addition to accessible education that is offered in a variety of formats, there is a need to examine and enhance student support. Financial support is a significant problem.

Eligibility for student loans requires a stipulated number of course hours that may not accommodate part-time work and study approaches. Funding from Employment Insurance normally applies only to the unemployed. Key informants felt that financial assistance through scholarships should be increased and that additional and creative funding options should be considered. Student support, particularly for part-time and distance studies, is seen as critical to successful completion of programs.

Education Funding

Participants suggested that educational institutions should be more responsive to employer and learner needs. Different models of funding may need to be considered. While base funding was perceived as reasonable, cost recovery programs were described as very expensive. With base funding from government, costs are shared between the educational institution and learners. With limited base funding available, cost recovery approaches are becoming more common. In cost recovery, all costs are covered by tuition fees. Cost recovery funding does not allow for stable and consistent programming that can be depended on by learners and employers. These funding approaches need to be reviewed

and innovative approaches to funding need to be examined. Participants also suggested that different sources of funding should be investigated and accessed.

Approval/Accreditation of Care Aide Programs

Participants noted that there is wide variation between private programs and the public programs offered by the colleges. They are also concerned that the provincial accreditation system focuses on the financial stability of the private agency, rather than assuring educational standards. The interview participants identified that the standard provincial curriculum should be offered by both private and public educational institutions and that both should include supervised clinical practice. This is one way to standardize the care aide role so that employers know what to expect from graduates, and care aides have a certificate that is recognized. The private training programs are not always accepted by employers; graduates waste their own money, as well as government subsidies, if they cannot get hired. Some way of certifying care aides or standardizing the curriculum for public and private training programs was recommended by participants.

Orientation and In-Service

Interview participants noted that orientation and in-service education for LPNs and care aides vary widely throughout the health system. It was suggested that more time and funding need to be allocated to orientation and in-service. There was a specific suggestion from participants in the manager focus group that a “shared basic orientation program in the Lower Mainland (for acute, continuing care and community)” be considered. This shared orientation would facilitate consistent education in workplaces. Specific orientation to the policies, procedures and environment of a particular facility would still be required, but issues that are common to all could be included in the “shared orientation.” Due to heavy workloads and lack of funding, there is limited time available for in-service education. This was seen as a significant loss and needing of attention, particularly around such emerging issues as increasing acuity, aggression and psychogeriatrics.

Provincial Educational Planning

Key informants noted that coordinated and collaborative educational planning is needed. As noted above, there are many needs and innovations in education. Participants indicated that an assessment of strengths and gaps in the nursing education system would be a worthwhile endeavour. It was suggested that there be a long range and broadly based planning forum, including all stakeholders with an interest in the nursing education of LPNs, care aides and RNs. This would facilitate current activities and could draw on groups such as the three separate provincial articulation committees (LPN, care aide, RN), employers, unions, and related groups such as HLAA. This comprehensive planning initiative could be a provincial effort; at a minimum, participants suggested that this planning should occur at the regional level.

HPC Scope of Practice Review

Following the review by the Health Professions Council, the provincial government will legislate the new scope of practice statements and reserved acts for LPNs, RPNs and RNs. Education will be needed on these new standards. This may also be an excellent opportunity to educate patients, residents, families and the public about the role of different members of the nursing team.

EMPLOYMENT, ROLE AND UTILIZATION**The Nursing Shortage**

Participants indicated that the nursing shortage, witnessed by hundreds of registered nursing vacancies, has been a significant factor motivating a closer look at the utilization of LPNs. LPNs were viewed as potential nursing team members, complementary to the RN or in a collaborative partnership with the RN in acute care, and working more independently in long term care.

Change and Transition Planning

A planned change process was advocated by manager, educator and regulator focus groups. All participants were clear that change requires time and energy, and that change theory needs to be applied as new roles are introduced and teams are reconstructed.

A transition plan was considered essential; long term planning is also required. Participants suggested that the following factors and issues be included in transition planning.

Use change theory:

- develop a plan that includes key stakeholders and apply change theory
- examine successful models of change, for example Richmond's paired caring model, and
- be open to different models of care delivery and choose what works for patients/residents, staff and the unit/facility.

Attend to roles and responsibilities:

- describe and define team, partnership, and collaboration
- clarify roles and responsibilities in the team and differences between roles
- develop clear job or role descriptions
- develop job routines, and
- introduce LPN practice as independent and in collaborative partnership with RN.

Support and evaluate the change:

- develop guiding principles for the change process and evaluate against them
- bring in resources like the joint presentation offered by the College of LPNs and RNABC, the faculty of LPN and care aide programs.

- support the three groups (LPNs, care aides and RNs) through the transition with education and ongoing support
- support the development of collaborative partnerships
- recreate teams and provide team building sessions, and
- evaluate change and outcomes.

Review decision making:

- develop protocols for decision making about patient/resident care within the nursing team, and
- define who makes what decisions.

Set reasonable time lines:

- don't proceed too quickly, and
- give adequate time and support.

Models of Care Delivery

Participants agreed that models of care delivery (primary care or total patient care, team nursing, etc.) can and should vary depending on the competencies of care providers, the mix of care providers, the needs of patients and residents and the needs of the unit or facility. No one model was seen as the ultimate or best model. As noted above, clarity of roles and decision making within the model of care delivery are the critical issues. Good communication skills and open lines of communication are foundational to effective teamwork. Teamwork also needs rebuilding and ongoing support in the workplace. This may be in the form of “team nursing” or be considered in a more general sense of team work. Regardless, members of the nursing team and health care team need to learn how to effectively work together toward the common goal of providing quality care for patients and residents.

Unions and Regulatory Body Relationships

Participants advised that unions representing LPNs, care aides and RNs should work together. They should also promote understanding of each other's needs in serving their memberships. Care providers suggested that the Hospital Employees' Union should have LPNs on staff to assist with professional practice issues.

Respect for the role of professional regulatory bodies was also seen as essential by care providers. It was very clear from participants that licensure for LPNs was a significant issue. Participants were consistent in their comments that LPNs should be licensed to practise. Licensure is an expectation of professional practice and provides assurance to the public. Continuing competence activities should be supported.

Respect and Recognition

Participants repeatedly discussed how effective collaboration requires respect and recognition. It is essential that each care provider is respected for what they have to offer.

Communication lines must be open. LPNs and care aides need to be part of patient care conferences and rounds.

Participants in the interviews were sensitive about language and terminology. They advised that terms such as care provider or employee should be used to describe care aides, rather than “non-professional” which was perceived to be demeaning and disrespectful.

Provincial Standards

Consistency of expectations for roles and competencies is considered crucial, both across an organization and preferably across the province. Provincial standards, i.e. competencies that are consistent across the province, would be useful. Standardization can come through different processes, such as certification, licensure and standardization of education. The LPN curriculum is standardized by the Ministry of Advanced Education, Training and Technology. Furthermore, the LPN education program must be approved by the College of LPNs, and LPNs have annual licensing requirements. (Note: The annual licensing process applies only to licensed practical nurses; not all practical nurses have an LPN license.)

Participants suggested that standardization processes need to be established for the care aide education program. At present there is a provincial curriculum used by the publicly funded colleges. Private training operations also have access to the provincial curriculum, but those using it do not always implement it in the same way (for example, practicum experience may be limited and/or unsupervised by instructors). There is no system to ensure the same standards for the public system and private schools. Some participants noted that alternative options for standardization should be considered, such as some type of certification (for example, examinations at the end of a course).

Working to Scope of Practice

Participants noted that, in this time of nursing staff shortages, all care providers should be working to their full scope of practice. This can be facilitated in a number of ways. Encouraging and supporting LPNs to upgrade their competencies to the current curriculum level is one step that was discussed. Another is to introduce LPNs into units in acute care and residential continuing care where they have not recently been employed. Participants noted that it is important to ensure that care providers have the opportunity to continue to use their new competencies so that they can maintain their skills.

Management/Leadership of New Nursing Teams

New methods of management and leadership may be needed to support new nursing workgroups or teams. Participants advised that when professional nursing issues are under discussion, a nurse manager/leader needs to be available. It was also noted that orientation to new teams or workgroups is a good beginning step. Long term support is essential for successful team building.

summary of key points

In summary, participants encouraged approaches to enhance quality in the workplace in order to support quality care. They promoted basic, post-basic, continuing education, upgrading, orientation and in-service programs. They advised that nursing team members need to learn more about each other's roles and to respect and recognize each other's strengths. Members within the nursing team and stakeholders should support ongoing dialogue using strong communication skills. All participants were consistent in advising that the focus should be on the common goal of quality care for patients and residents by drawing on the full capabilities of all care providers.

APPENDIX I

key informant list and interview protocol

282

KEY INFORMANTS

Regulatory bodies Two sets of interviews, one for the LPN College and one for RNABC.

Employers One focus group of about seven to eight employers. HEABC identified the employer representatives.

Care providers Two focus groups, one for LPNs and one for care aides, of seven to 10 participants each. HEU identified the care providers.

Educators Three sets of interviews:

- one with LPN educators
- one with RCA educators, and
- one with in-service educators.

Other Two individual interviews - HLAA (education); and B.C. Health Care Risk Management (liability insurance).

INTERVIEW PROTOCOL

Introductions Round table for focus groups.

Project overview Introductory comments to set context and provide background information on project activities.

Goal of interview To solicit input from key informants about action ideas regarding the following: employment/role/utilization; education/training; and regulation.

Selection of key informants and questions The key informants have been identified as including educators, employers, care providers and regulators. Questions were developed for each of these groups and/or individuals focusing on their area of knowledge/expertise.

SAMPLE QUESTIONS

Educators

(LPN faculty, RCA faculty, in-service instructors and HLAA educator.)

There are two general questions which provided a context for more specific questions.

1. What are current activities in your program/school (or facility) and the region/province related to:
 - a. LPN training/education...
 - b. Care aide training/education?
(Probe for: basic/entry level... post basic... continuing education... in-service.)
2. Are there other ideas for action regarding training/education that you would like to share with the project?
(Probe for: basic/entry level... post basic... continuing education... in-service.)

Manager/Employer and care providers

There are two general questions which provided a context for more specific questions.

1. What are current activities/initiatives that you perceive as significant to the employment/role/utilization of: LPNs... care aides?
(Probe for decision making re staffing and/or care models; staffing ratios/patterns; skills utilization.)
2. What are other actions that you think should/might be taken in relation to the employment/role/utilization of: LPNs... care aides?