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Training Toolkit for Caregivers at Residential Care Centers in Peru

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Training Toolkit for Caregivers at Residential Care Centers in Peru

Elizabeth Stratton, Stephen DiDonato, Wayne Centrone







Introduction and Objective



Girasoles Homes for Boys Ica and Urubamba, Perú

Health Bridges International has taken over responsibility for both homes.

Their goal is to develop, evaluate, and standardize a Center of Excellence Training Toolkit to train caregivers.

Scope of our study: Phase 1 – Awareness and Orientation

5 Year project

4 Phases

3-legged stool

Center of Excellence Research Roadmap (v.03Jan2021)

Stewardship and Sensitivity

- Deeper dive into evidence-based practices
- Re-formation of trauma-aware, strengths-based culture

- Skills laboratories with facilitator led practice.
- Community of Practice learning lab
- Facilitator led case discussions
- Formation of a cultural manifesto



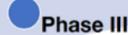
Reinforced and Maintained

- Formation of policy and practice supports that will reinforce culture and environment
- Develop intentional practices to support staff continuous development
- Create child-driven models of change

Key Activities

- Develop web-based database and learning platform to manage growth and development of model
- Onsite learning lab with access to multimedia learning supports
- Web-based policy and procedure manual
- Community of Practice learning lab





Responsiveness and Accountability

- Build skills for continuous learning
- Create culture of knowledge advancement through community
- Orient built-environment to be trauma informed and holistically
- Advance child empowerment culture throughout the supportive care environment of the child

- Community of Practice learning lab
- Facilitator led case discussion
- Independent examination through multimedia and conventional learning resources
- Child-center feedback through records review
- Impact feedback from Focus Groups and Key Informant interviews



Awareness and Orientation

- Formation of a culture of learning
- Development of a knowledge and skills orientation
- Awareness of general principles of trauma stewardship, motivational enhancement and a strengths-based approach

Key Activities

- Orientation to new knowledge through facilitated discussions
- Community of Practice learning lab with structured format and facilitation
- Facilitator led case discussion with manualized learning materials
- Independent examination through multimedia and conventional learning resources



3-Legged Stool

Culture

- · Onboarding and orienting new staff
- Supporting cultural awareness and humility around childempowerment and strengths focused services
- Operating with a culture of continuous personal and professional development and improvement

Environment

- Ensuring a safe, asthetically beautiful and suportive builtenvironment
- Creating systems that reinforce learning, growth and commitment to evidence-based practice
- Infusing the voices of the child in spaces and places

Technical Support

- Creating reinfrocement structures to onrient, train, and reform staff and professionals
- Utilizing web-based resources to support continuous growth
- Encouraging staff driven learning through the use of Communities of Practice and daily Stand Up meetings

Research Questions

Phase I Quantitative Research Questions:

- Does residential caregivers' professional quality of life increase across Phase I of the Center of Excellence development? [Measure: ProQOL]
- Do staff perceptions of the residential care environment improve across the Phase I of the Center of Excellence development? [Measure: CPES]
- Does the social climate of the residential care team improve across Phase I of the Center of Excellence development? [Measure: GES]

Phase I Qualitative Research Questions:

- What are the perceptions and experiences of residential caregivers toward the learning culture across Phase I of the Center of Excellence development?
- What are perceptions and experiences of residential caregivers toward the group environment across Phase I of the Center of Excellence development?



Methods

Study Population: Up-to 30 Caregivers per location

Collection Methods

- Basic Needs Assessment Survey
- Quantitative metrics: ProQOL, CPES, GES
- Quanlitative measures: transcribed interviews
 - 30 min focus groups after each 4-week module
 - 5-10 min individualized QI-based data collection
 - How did you experience the learning?
 - How did you experience the group and learning environment today?

	BSL	1	2	3	4	5	6	7	8	9	10	11	12
ProQOL	Χ						X						Χ
CPES	Χ						Χ						Χ
GES	Χ						Χ						X



Methods (cont.)

- Application finally submitted to IRB (this week)
- Main predictors & outcomes:
 - The primary objectives of the Phase I study is to (1) form a culture of learning, (2) develop foundational knowledge core necessary for residential caregivers to care for children in residential child welfare placements in Perú that is centered on trauma stewardship, motivational enhancement, and strengths-based practices.

Analysis

 Mixed-methods approach, de-identified data collection in REDCap, and transcriptions stored in NVivo



Community and Partnerships

- Casa Girasoles and Unión Biblica
- Jefferson College of Nursing
- Universidad Católica de Santa María
- Health Bridges International
- Advisory committee







Results – Basic Needs Assessment Survey

Survey was distributed via snowball method of contacting 300+ administrators, who then further distributing surveys via email and **WhatsApp** to colleagues

113 Surveys completed, 108 met inclusion criteria

Main results:

- List of possible training areas that current Peruvian caregivers are most interested in
- Demographic data that will help curtail training delivery
- List of current emails of caregivers who may be interested in phases 2 and 3



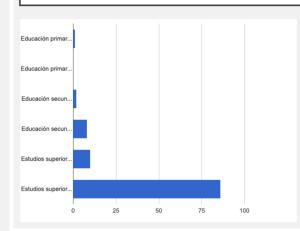
EDAD

18-25 26-35 36-45 46-55 66+ 0 10 20 30 40

Suma/frecuencia:

18-25 (7, 6.7%) 26-35 (23, 22.1%) 36-45 (30, 28.8%) 46-55 (26, 25.0%) 56-65 (15, 14.4%) 66+ (3, 2.9%)

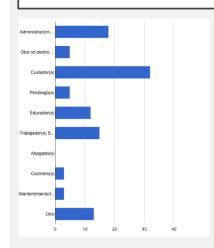
EDUCACIÓN



Suma/frecuencia:

Educación primaria incompleta (1, 0.9%) Educación primaria completa (0, 0.0%) Educación secundaria incompleta (2, 1.9%) Educación secundaria completa (8, 7.5%) Estudios superiores incompletos (10, 9.3%) Estudios superiores completos (86, 80.4%)

POSICIÓN/ROL DENTRO SU TRABAJO



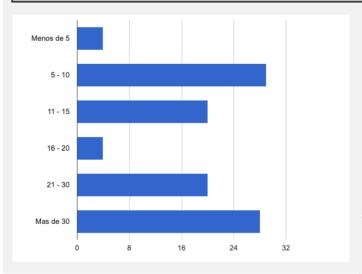
Suma/frecuencia:

Administración- Director(a) (18, 17.0%)
Otro rol dentro de la administración (5, 4.7%)
Cuidador(a) (32, 30.2%)
Psicólogo(a) (5, 4.7%)
Educador(a) (12, 11.3%),
Trabajador(a) Social (15, 14.2%)
Abogado(a) (0, 0.0%)
Cocinero(a) (3, 2.8%)
Mantenimiento/limpieza (3, 2.8%)
Otro (13, 12.3%)

Otros roles: Area de enfermería, Coordinador, Lavandería, Nutricionista, Promotora social, Servicio de guardiania de local, Transporte de personal y compras, Tutora



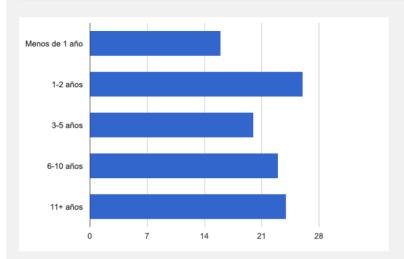
PERSONAS REMUNERADAS LABORAN EN EL CAR



Counts/frequency:

Menos de 5 (4, 3.8%) 5 - 10 (29, 27.6%) 11 - 15 (20, 19.0%) 16 - 20 (4, 3.8%) 21 - 30 (20, 19.0%) Mas de 30 (28, 26.7%)

AÑOS DE EXPERIENCIA



Suma/frecuencia:

Menos de 1 año (16, 14.7%) 1-2 años (26, 23.9%) 3-5 años (20, 18.3%) 6-10 años (23, 21.1%) 11+ años (24, 22.0%)



Philadelphia University + Thomas Jefferson University

Conclusions

OUTCOMES:

There is a need for a Center of Excellence Model that can be used in youth and young adult residential care facilities to better train caregivers and health providers. We believe better trained care providers will lead to better health outcomes for marginalized youth and adolescents.

LIMITATIONS:

There are limitations in that this model has never been done before, while evidence-informed, we are creating this from amalgamating many resources in a small population.

NEXT STEPS:

Gain IRB approval, carry out phase 1, and plan 2



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 - Working on a formal agreement between HBI and Jefferson College of Nursing



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