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MICRO-CREDENTIAL TRAINING FOR BEGIN RECIPIENTS
Supporting Nurses Transitioning to New Roles in Long-Term Care & Home Care

![Western UNIVERSITY · CANADA]

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FELLOWSHIP OVERVIEW: THE CORE PROJECT

Goal: To support BEGIN recipients transitioning into new roles in Long-Term Care (LTC) and Home & Community Care through micro-credential training. This project addresses a critical gap in palliative care education for dementia in LTC and home care settings. As dementia care often involves unpredictable end-of-life trajectories , equipping nurses with specialized micro-credential training is essential to improve confidence and care quality.

My Role as a Research Fellow:

Data Collection: Acted as a notetaker during participant interviews; ensured ethical standards in recording and confidentiality.

Analysis: Cleaned transcripts and identified emerging themes.

COMPETENCIES GAINED

- **Critical Thinking:** Synthesizing evidence from over 1,500 articles.
- **Academic Rigor:** Adhering to strict methodologies in literature review and analysis.
- **Knowledge Translation:** Developed skills in tailoring complex research messaging for diverse audiences, from frontline staff to administration.
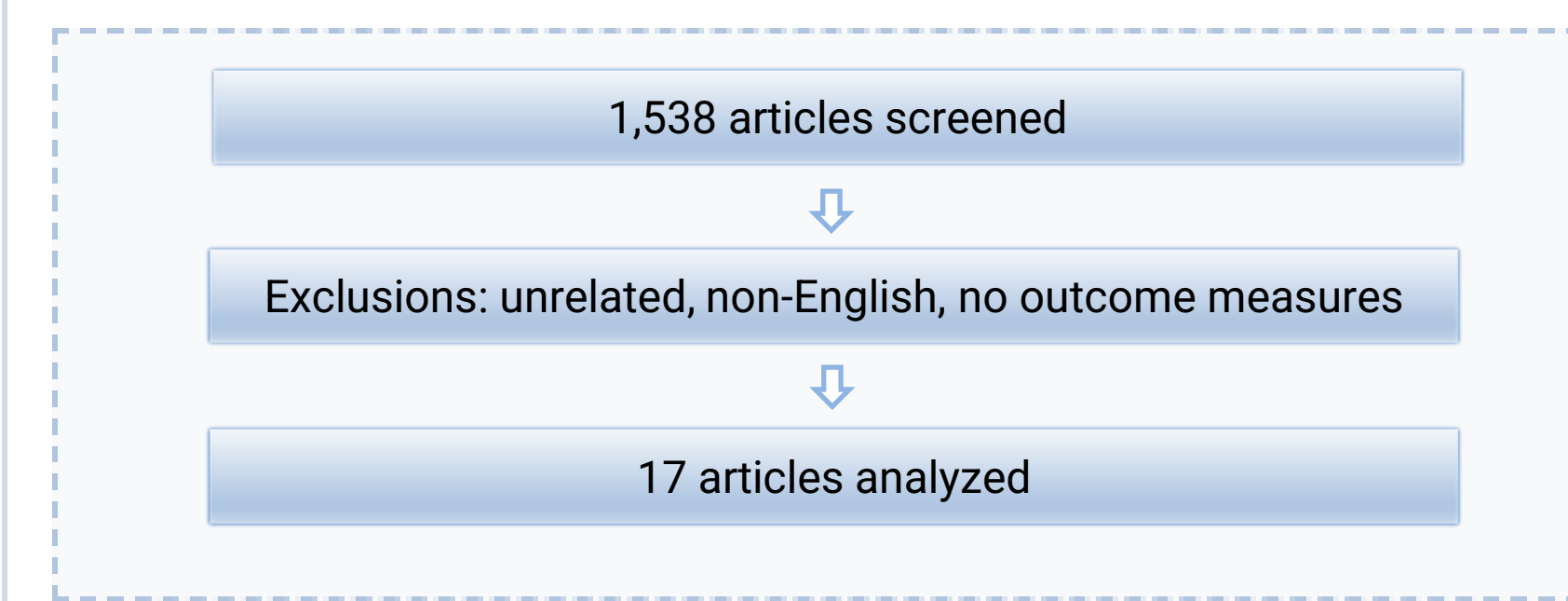
LITERATURE REVIEW

Purpose: To examine existing literature on palliative care education for persons with dementia in LTC and home care.

Questions:
- How does training impact care quality?
- What content and delivery methods are most effective?

Methods: A rigorous search was executed across CINAHL, Medline, Scopus, and EBSCO databases, screening over 1,500 articles using PRISMA flowcharts to ensure transparency.

1,538 articles screened

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Exclusions: unrelated, non-English, no outcome measures

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17 articles analyzed

KEY FINDINGS

Staff Outcomes: Staff education consistently improved care quality by closing critical knowledge gaps. Participants reported a significant increase in self-efficacy and confidence regarding palliative care delivery after training.

Resident Outcomes: Mixed results. While family satisfaction improved in several studies, objective metrics like hospital transfers showed no significant change without broader systemic support, suggesting education must be paired with leadership buy-in.

SYNTHESIS & RECOMMENDATIONS

Effective Formats: Interactive learning modalities such as simulation and ECHO were found superior to passive lectures, highlighting the value of case-based learning in professional training.

Critical Content:
- Pain & Symptom Management
- Dementia Trajectories
- Advance Care Planning

Barriers: Staffing shortages and lack of leadership buy-in limit long-term impact.

KNOWLEDGE TRANSLATION

Outputs:
- Nov 2024: Poster presentation on "Virtual Self-Instructional Learning".
- Nov 2025: Presentation titled "One Year, Countless Lessons".

Next Steps: Advocating for evidence-based, interactive micro-credentials in LTC.

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