Strengthening Communication and Problem-Solving Competencies for CNAs

In-Service Training to Improve Geriatric Care in Long-Term Care Facilities

This lesson plan is intended to be used by long-term care facilities and Home Health Agencies employers as part of their mandated in-service training for Certified Nursing Assistants and Home Health Aides.

PHI Quality Care THROUGH Quality Jobs

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Introduction for Instructors

Overview

This curriculum consists of six one-hour in-service training sessions for facility-based Certified Nursing Assistants (CNAs) in California. The goal is to help CNAs provide better care for residents in long-term care facilities, by achieving the following objectives:

- To develop core competencies of communications and problem-solving skills for CNAs, and provide them with concrete tools to respond to resident's needs and preferences.
- To assist CNAs and their employers to comply with 2009 state surveyor interpretive guidelines from the Center for Medicare and Medicaid Services (CMS) for "resident-centered" practices.
- To help to address key areas of residents' concern, as suggested by resident complaint surveys and further refined by resident and staff interviews.

This curriculum uses the adult learner-centered training (ALCT) approach. It includes participants' handouts and a detailed instructor's guide, which is designed to complement and strengthen the ALCT skills of staff educators.

Why Is This Curriculum Needed?

The need overall

In 2007, PHI was invited to testify to the Institute of Medicine's task force that authored the ground-breaking "Re-Tooling for an Aging America" (2008). In our testimony, we emphasized the essential value of the direct-care workforce to elder consumers, and to the core importance of ensuring both more and higher-quality training to direct-care workers. We stated to the IOM task force:

> "Creating an organizational culture that values training -- both technical and relational -- sends a message to paraprofessional workers that their development is important and that the entire facility or agency is committed to improving job performance and the work environment. In addition, improved or continuing training leads to better quality care. Several program evaluations show that combining clinical and interpersonal education with organizational culture change initiatives and/or payment incentives can have a positive impact on workforce stability (increasing job satisfaction and reducing turnover) and on care quality (Stone et al., 2002; Konrad et al., 2004; Hollinger-Smith, 2002)."

The need in California

As articulated by Sarah Wells and Alice Hedt of NCCNHR in the SCAN Foundation's "Perspectives" document (*Direct Care Workers: Essential to Quality Nursing Home and Home Health Care*), the California Long-Term Care Ombudsman 2008 data provides clear guidance on concerns expressed directly by residents themselves: "Resident conflict, including roommates," "Failure to respond to requests for assistance," and "Dignity, respect - staff attitudes" ranked first, second and third respectively as the most frequently voiced complaints, within a list of more than 100 categories.

Based on this guidance, it is clear that communications and problem-solving skills are far from being "soft skills," but are instead "core competencies" that are required of all staff in their responsibility to respond to this top three list of resident complaints, particularly for the CNAs who provide more than eight out of every ten hours of face-to-face care to facility residents.

What Is Our Approach?

Competency-based framework

All of PHI's curricula are competency-based, by which we mean: "The capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform 'critical work functions' or tasks in a defined work setting." (US Department of Labor).

The value of this competency-based approach is that it puts the focus on what the direct-care worker needs to objectively know and do in order to perform a job proficiently. It takes the emphasis away from classroom hours and passing tests, and instead directs the focus toward on-the-job performance.

Addressing CMS guidelines for resident-centered care

Shifting from facility-driven to resident-centered practices requires caregivers to be skilled communicators. Active listening, the ability to maintain self-control in emotionally charged situations, and critical thinking and problem-solving skills—all are essential to fulfilling caregiving tasks within a resident -centered framework.

The Centers for Medicare and Medicaid Services (CMS), with assistance from the Pioneer Network, on April 10, 2009, officially acknowledged the importance of this essential person-directed framework by issuing new "interpretive guidelines" for state surveyors. These guidelines provide detailed information on how to assess a facility's compliance with Federal OBRA 1987 regulations, which cover issues related to physical environment, resident rights, and resident health and safety.

Notably, these new CMS guidelines are designed to encourage long-term care facilities to create a "homelike environment" through "resident-centered" practices, by continuing to de-institutionalize their physical environments, and by requiring an expanded role for direct-care workers, since everyday decisions are made "closest to the resident." This curriculum is designed explicitly to help California's providers and CNAs comply with these new CMS interpretive guidelines.

The curriculum is also designed to address the new Minimum Data Set (MDS) 3.0, Customary Routine and Activities, and emphasize ways that CNAs can carry out the resident's preferences while giving daily care. The final version of MDS 3.0 was released in 2010, with implementation scheduled for October 2010. The new interview-based approach for MDS 3.0 and emphasis on

resident preferences will also have an impact on the daily work of CNAs.

The adult learner-centered training approach

Many people who are drawn to direct-care work in long-term care are low-income women between the ages of 25 and 55. In California and nationwide, many are immigrants, and many speak English as a second language. In PHI's experience, direct-care workers, on average, have functional reading and math skills that test between the fourth-and eighth-grade levels. And the educational experiences of CNAs in California vary. Typical CNA certification courses in California require Test of Adult Basic Education scores of 7.5 to 8 (7th to 8th grade level) for Reading, Math, and Spelling. A high school education is not required, although many programs require enrollees to have proof of a 10th-grade education. In addition, some CNAs have had to surmount significant barriers to employment, and have faced daunting life challenges of raising children and caring for extended family members on limited incomes.

Despite having completed entry-level training required to attain their jobs, many direct-care workers are intimidated by the idea of being in "school," and may also be wary about the process of building on their current skill levels. Our first concern for an effective training is to create a supportive and safe learning environment in which trainees can develop or refine the necessary competencies in an atmosphere that also builds and reinforces self-confidence and self-esteem. In keeping with our focus on meeting the needs of these learners, all handouts for this curriculum will be specifically designed to accommodate the reading levels of CNA participants, and to work well for CNAs for whom English is a second language.

In this training, we honor both the experience that direct-care workers have gained on the job, as well that which they've gained through their own life experience. In fact, this approach aims to help these workers strengthen the direct application of their personal experience to the job itself.

Contextualized for elders and workers in California Nursing Homes

Prior to developing this curriculum, PHI and its partners conducted focus groups and interviews of staff and residents to identify the challenges most often confronted by CNAs in providing resident-centered care. The communications and problem-solving skills in this curriculum are presented through "real-life" scenarios, based on what was learned from the focus groups and interviews. While PHI has decades of experience in developing these types of direct-care worker/resident scenarios, it was important to listen first-hand to the realities of facility-based care in California in the final shaping of the scenarios and other learning activities.

Applying the Adult Learner-Centered Training Approach

Communication and problem-solving skills cannot be taught by merely lecturing about them; it is crucial that participants practice these skills in a variety of real and simulated situations. Problem-based learning is at the core of the adult learner-centered training approach. This requires teaching strategies that actively engage learners in "figuring things out." Rather than mostly relying on giving information to passive learners through lectures and demonstrations, ALCT instructors facilitate learning by building on what participants already know, engaging them in self-reflection and critical thinking, and making problem situations come alive through role plays and other activities.

Training Methodologies

To encourage participatory learning, this curriculum uses a number of teaching methods, some focused on increasing self-awareness and others on building skills through practice. The primary modes of instruction include the following:

- **Case scenarios:** Communication and problem-solving skills are better learned in a reality-based context rather than as abstract concepts. Case scenarios are realistic examples used to illustrate a point or to challenge participants to devise effective solutions. This curriculum uses scenarios that are based on interviews with residents and CNAs, about the challenges of receiving and providing resident-centered care.

- **Role plays:** Role plays make case scenarios come alive by acting out situations that CNAs are likely to encounter on the job. Two types of role plays are commonly used for ALCT: demonstration role plays and practice role plays. This curriculum uses mostly scripted (demonstration) role plays, which allow instructors to demonstrate skills and provide material for analysis and discussion. Practice role plays allow participants to develop communication skills, while also experiencing what it's like to be in the "other person's" shoes during interactions. Practice role plays require more time than is currently allocated for this training, but they could easily be added if additional time is made available.

- **Pairs/Small-group work:** Small-group work helps ensure that all participants remain actively engaged in learning. It also facilitates cooperation and team-building among participants. For small-group work, the instructor creates groups of two to four participants who sit together at a table or arrange their chairs in a small circle. Periodically changing the composition of the groups is recommended. Participants benefit from working with people with differing personalities, strengths, and weaknesses. Small groups will work most effectively if given a clear task and roles (e.g., recorder, reporter, and timekeeper) and a defined time limit. Instructors can help keep participants on task by walking around the room and checking in briefly with each group.

- **Interactive presentations:** Rather than using a traditional lecture format, we recommend involving participants in interactive presentations in which the instructor draws on participants' knowledge. This kind of participatory dialogue is much more engaging than a traditional lecture, wherein the lecturer provides all the information. The interactive presentation builds confidence and keeps participants interested, breaking down barriers between the teacher "expert" and the learner. One challenge is ensuring that the discussion stays focused on the topic at hand; instructors continually guide participants back to the subject material and weave in their comments to deepen learning. (The "Teaching Tips" often provide hints and cues for dealing with these challenges.)

  In an interactive presentation, the instructor starts by asking participants what they already know about the topic. The instructor then engages participants further by asking them to contribute their own experiences and explain what those experiences taught them about the topic under discussion. Participants are also encouraged to ask questions, and instructors provide concrete examples of how the material being taught is relevant to particular situations that participants may encounter.

How to Use This Curriculum

Curriculum Content

This curriculum is divided into six one-hour units, for a total training time of 6 hours. The first unit is an introduction to guidelines for resident-centered care from the Centers for Medicare and Medicaid Services (CMS) and the Minimum Data Set (MDS) 3.0 revisions. Unit 1 also introduces the role of communication skills for resident-centered care, focusing on active listening and body language.

Units 2 and 3 continue building communication skills, focusing on paraphrasing and asking open-ended questions. Unit 4 covers the skill of pulling back, as a strategy for managing emotions in work relationships. Unit 5 introduces a person-centered model for problem-solving—"The Exploring Options Approach." Unit 6 wraps up the series with an emphasis on teamwork for providing resident-centered care and the role of giving constructive feedback within the team.

Elements of the Instructor's Guide

Some instructors may find the adult learner-centered approach to teaching challenging. For that reason, we have developed a detailed instructor's guide, identifying expected learning objectives and detailed steps for each learning activity, plus the necessary training materials.

Each module begins with summary pages describing:

- **Learning objectives:** By the end of each activity, participants should be able to demonstrate knowledge and/or skill through these concrete, measurable behaviors. As the focus of each activity, they provide a basis for instructors to measure the effectiveness of their teaching.

- **Key content:** This section contains the basic ideas and important points to be covered during the activity. *This information is not to be read to participants* but rather should be worked into discussions as the activity unfolds. If necessary, the instructors can summarize these points at the end of the activity, but again, they should not be simply read aloud.

- **Supplies** needed and **handouts** (listed)

- **Advance preparations** to help the learning activities run smoothly

Detailed instructor guidelines for each activity follow the summary pages. These include:

- **Activity steps:** These guides help instructors move logically through each activity. A time estimate is provided for each activity and its parts, based on a group size of no more than 12. However, instructors should be mindful of the size, needs, and interests of the learning group, and should adapt both the steps and the time to meet those needs. For example, if your learning group is comprised of 20 CNAs, you will need a second instructor to ensure that the various activities can be conducted within the stated time. You may also need to increase the amount of time required to conduct the unit, as designed, to achieve learning objectives.

- **Within the activity** steps, **icons** are used to remind the instructor of the following:


When Key Content is being presented or covered in the discussion.


When it is important to ask a particular question to get participants' input.


When it is time to distribute and discuss a handout.

- **Teaching tips:** Based on experiences with field-testing this curriculum, these are suggestions for optimizing particular activity steps.

- **Instructor's guides:** These are additional training materials that are not distributed to participants—for example, scripts for demonstration role plays. Generally, we do not recommend giving these scripts to participants because we want them to be watching and listening to the role plays, and we feel that reading along is a distraction. (When the role play scripts are needed for a learning task, they are presented as handouts.)

- **Handouts:** The handouts that are used in each unit are found at the end of the instructor's guide. Instructions for use of the handouts are included in the activity steps. More information about the use of handouts is provided in this "Introduction" under the section, "General Teaching Tips."

Evaluation

Because this curriculum focuses on developing core competencies of communication and problem-solving skills, the successful achievement of learning objectives will be indicated primarily in on-the-job interactions with residents and co-workers. These are monitored on a regular basis as part of routine supervision. In addition, nursing homes are required by federal CNA certification guidelines to annually perform and document individual assessments of knowledge and skills competencies.

One immediate measure of "performance" that is unique to the adult learner-centered training approach is the level of involvement in classroom discussions and individual and group work. As such, this curriculum is specifically designed to maximize the engagement and involvement of the individual learner, both in discussions and in skills practice. Instructors are able to determine each participant's basic knowledge and skill acquisition through the design of the dialogue-based learning activities and skills practice.

In consultation with our field-test partners while designing the curriculum, we learned that knowledge pre/post-tests are not generally included in their designs for in-service training. Based on this feedback, we determined that pre/post-tests for this in-service would not be effective. However, every unit ends with each participant reflecting and sharing how they can use what they learned in that unit to provide more resident-centered care.

General Teaching Tips

Planning and Preparation

- Before teaching each session, instructors should review the activities and consider the arrangement of table and chairs that will work best for each. For example, activities involving role plays require a "stage" area that is easily viewed by the group. Check-ins and closings have a more intimate quality with chairs arranged in a circle where possible. Participants can help rearrange chairs between activities.
- To keep participants engaged, interactive presentations are limited to 15 minutes or less. Facial expressions, varied voice tones, and movement by instructors ("body language") will keep activities dynamic.

Teaching Materials, Supplies, and Equipment
This curriculum requires a flip chart pad and easel, colored markers, masking tape, pens or pencils, paper, and folders for participants. Additional supplies needed for skill demonstrations and practice labs are listed with the overview of each session.

Flip Charts
All flip chart pages that are used to present information should be prepared ahead of time for each session—these are listed in the "Advance Preparation" section. The suggested text is shown in the activity steps whenever a flip chart page is used. Printed words on flip chart pages should be large and clear. The suggested flip chart pages are based on a maximum of 15 lines per page, and 30 characters per line. More information than that is too hard to read and comprehend on a flip chart. Using colored markers for different concepts can also help to delineate and highlight specific points.

To keep teaching and preparation simpler and less expensive, we have chosen to use flip chart pages for teaching guides, rather than overhead projection. Instructors can choose to adapt the suggested flip chart pages to overhead projection or Powerpoint, keeping in mind the need to limit the number of words and lines in each slide.

Handouts
The handouts for this curriculum were specifically designed for readers with lower literacy levels, or for trainees for whom English is a second language. Some handouts are meant to review concepts, while others are worksheets to be completed during activities.

The general strategy is to distribute the handouts *during* an activity or *after* the activity, to reinforce the learning. Passing out materials as they are used ensures that the information taught in each activity is fresh and provides participants with a sense of accomplishment as each activity or session is completed. It also helps to ensure that the learners remain focused on the information being conveyed in the moment, rather than reading pre-distributed handouts while the instructor is talking.

Participants' Resource Guide
The handouts will become important reference sheets for participants when they apply their new skills in the workplace. Thus, one desired outcome is to create a resource guide that participants

can refer to after the training is completed. Every participant should be given a folder in which to keep handouts distributed for each activity.

Dialogue Facilitation Techniques

- Throughout the training, it is important that instructors consciously model communication skills that are the foundation for caregiving relationships in interactions with the participants. These include active listening, awareness of body language, paraphrasing, and asking open-ended questions.
- If two instructors are co-teaching, it is often effective for one to facilitate discussion while the other writes key points on a flip chart page.
- Instructors should attempt to draw out the quieter people in the group so that everyone speaks during a discussion. More talkative participants should be encouraged to monitor their "airtime" and not be allowed to dominate discussions.
- There are several opportunities in the training for participants to share stories from personal experience. Because this is a rare pleasure for many, such conversations can take on a life of their own. The instructor should keep stories focused on the main point of the activity and watch the time so that all participants get a chance to share.
- Participants sometimes pose questions for which instructors don't have answers. If this happens, instructors should acknowledge that the question is new to them and that they may be able to locate an answer before the next session. A willingness to research the question will demonstrate instructors' investment in participants and in the training.

Course Outline

Time: Each unit is 60 minutes of teaching time.

Units	Learning Objectives	Teaching Methods
Unit 1. Introduction to Resident-Centered Care and Active Listening	*Define resident-centered care.* *Describe the new CMS guidelines and MDS 3.0 revisions for resident-centered care.* *Explain the role of good communication in resident-centered care.* *Explain the importance of active listening, especially as it relates to effective communication in the work setting.* *Describe body language as an aspect of active listening and its impact on communication.*	Interactive presentations, individual exercise (guided imagery), pairs work, pairs reporting, demonstration role plays and discussion, and large-group exercise
Unit 2. Active Listening: Paraphrasing	*Define paraphrasing and explain how it supports active listening.* *Explain the purpose and benefits of paraphrasing.* *Explain how paraphrasing can be used to support resident-centered care.* *Practice the skill of paraphrasing.*	Interactive presentations, scripted role plays and discussion, small-group work, small-group reporting, and large-group exercise

Units	Learning Objectives	Teaching Methods
Unit 3. Active Listening: Asking Open-Ended Questions	*Explain the difference between closed and open-ended questions.* *Explain the purpose of asking open-ended questions.* *Explain how asking open-ended questions can be used to support resident-centered care.* *Create open-ended questions to help gather and clarify information.*	Interactive presentations, pairs work and reporting, and large-group exercise
Unit 4. Managing Emotions: Pulling Back	*Describe how responding emotionally in stressful situations can make it hard to listen well.* *Define "pulling back" and list the steps.* *Explain how pulling back from emotional responses can lead to more respectful communication and more effective problem solving.* *Identify situations that make them respond emotionally.* *Identify strategies they can use for pulling back in those situations.*	Demonstration role plays and large-group discussions, interactive presentation, individual exercise, pairs work and reporting, and large-group exercise

Units	Learning Objectives	Teaching Methods
Unit 5. The Exploring Options Approach to Problem-Solving	*Describe the exploring options approach to addressing challenging situations and solving problems.* *Explain why it is important to consider at least three perspectives to any problem—the resident's, the CNA's, and the organization's.* *List some of the important issues to consider in problem-solving.* *Explain how the exploring options approach to problem-solving supports resident-centered care.*	Interactive presentations, large-group discussions, brainstorming, small-group work, and large-group exercise
Unit 6. Giving Constructive Feedback	*Explain the importance of teamwork and constructive feedback for providing resident-centered care.* *Describe two key goals of constructive feedback.* *Explain the importance of giving constructive feedback to co-workers.* *Demonstrate key skills of giving constructive feedback.*	Large-group exercises, interactive presentations, brainstorming and large-group discussions, pairs work, pairs reporting and discussion, and large-group exercise