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Title: *Developing an Onboarding Training Program for Birch Haven Senior Living.*

The accompanying research report is submitted to the **University of Wisconsin-Stout, Graduate School** in partial completion of the requirements for the

Graduate Degree/ Major: MS Training and Development

Research Adviser: Kat Lui, Ph.D.

Submission Term/Year: Spring, 2013

Number of Pages: 36

Style Manual Used: American Psychological Association, 6th edition

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Kelm, Dale F. *Developing an Onboard Training Program for Birch Haven Senior Living*

Abstract

Birch Haven, a 50 bed Community Based Residential Facility (CBRF) in Ashland, WI has need for a training program that encompasses all components for training as listed in in DHS 83. DHS 83 is the State licensing chapter that addresses CBRFs in Wisconsin. Its purpose is to ensure that CBRFs provide a homelike, safe environment that both meets the Resident's individual needs and is the least restrictive possible. As in all CBRFs in Wisconsin, there is a time line that needs to be followed in the implementation of these trainings and staff are not allowed to work independently without having all components of the training program completed.

No training program was in place at the startup of the CBRF, thus the need for developing this program. Several of the trainings are mandated to have qualified instructors using pre-set trainings. Others give general parameters of what subject matter needs to be covered. This project was developed to provide a training program that not only meets the minimum requirement by the State of Wisconsin under DHS 83 but to provide a culture of caring that can be utilized by all new staff starting at Birch Haven Senior Living.

Acknowledgements

I would like to thank my family for the patience in allowing me the time to complete this project. I would also like to thank the MS-Training and Development Instructors, especially Dr Lui, along with other instructors that I was graced with having. Their dedication and patience in teaching has allowed me the to learn the skills that I need to benefit me with the degree that I hope to obtain but also skills that I can bring into my real career. Lastly, I would like to thank all the people that I have had the privilege to train over the years. Their feedback and participation has not only made me a better trainer but helped me to learn as I instructed. Realizing that training is not just giving out information to open, adult vessels but an interactive dialog is not something I realized until I learned these theories from the wonderful teaching staff at UW Stout. I now see that the truly interactive trainings that I stumbled into early on in the training portion of my career were the truly wonderful learning experiences for both the trainees and myself. These skills, I hope, will allow me to pass on further training to others, the true gift that keeps on giving. The skills that these training programs teach are passed on to real staff who work with our aging population, a true resource to us all.

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Chapter I: Introduction

Elder Care of Minnesota purchased a near defunct CBRF in Ashland, WI and opened a new CBRF naming it Birch Haven Senior Living, Inc. on 1 June 2011. Elder Care of Minnesota (Elder Care) is a management company owned and operated by James and Kathy Birchem of Little Falls, MN. They, as Elder Care Minnesota currently own and manage 12 CBRFs and 9 Nursing Homes. (with one in Mason City, IA). Birch Haven is the first facility of any kind that they have purchased in Wisconsin. Elder Care has a very extensive training program developed for the training of the staff that they currently have in Minnesota. It incorporates a three day program developed and trained by corporate RNs entitled “the Home Health Aide” training. A training program was developed for Birch Haven Senior Living, a CBRF. The training developed as part of this paper was targeted towards all new staff starting employment at Birch Haven and needed to be developed to not only meet State requirements but to offer well trained, caring staff that are best able to meet the needs of the elderly residents that they will be serving.

Statement of the Problem

Birch Haven Senior Living, a CBRF in Ashland, WI opened in June 2011 had no established training program. The former CBRF that existed on this site, through other owners, had significant citations concerning their lack of training and failure to follow State training requirements. A training program needs to be developed that incorporates the Minnesota Based companies’ philosophy and culture, Wisconsin’s State mandated training program and all on boarding training required to start employment. Failure to provide such training sets the facility up for citations and potential fines during annual State licensing. It also potentially puts

residents at risk and decreases the quality of the service being provided by undertrained or inappropriately trained staff.

Purpose of the Training Program

The training program developed as part of this project is intended to equip newly hired staff at Birch Haven with the tools needed to provide adequate and quality care for the residents that they will be working with and also to meet the requirements mandated by the State of Wisconsin.

Proper onboarding can greatly enhance the initial impression for new employees and help them to feel welcome, valued and most importantly, show them where they fit into the organization and what role they can play into the overall success of it.

Assumptions of the Study

The State of Wisconsin developed a new set of training guidelines in 2009 as part of its standard code revisions that occur approximately every 2-3 years. The training program, especially the four trainings requiring specialized trainers (the big four), was developed to standardize knowledge between all staff obtaining the training in the State. These four trainings allow those trained to be entered into a database maintained by the UW Oshkosh Center for Development and Employability Training Center for Development and Employability Training (CCDET) program. All CBRFs are then able to access this database and know that those listed on it have received a consistent set of information and should be able to replicate the information learned at any job location. It is assumed that these guidelines were based upon assessed needs of material needed by new staff to provide quality, standardized care for residents as well as the assessed deficiencies in the previous training system. The training systems and trainer requirements for them were developed in partnership with the UW Oshkosh CCDET program. It

is assumed that current training development systems such as ADDIE and adult learning techniques were instrumental in its development.

Definition of Terms

ADRC. Aging and Disability Resource Center - The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. These services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help (Department of Human Services [DHS], 2013).

CCDET. Center for Development and Employability Training. A division of UW Oshkosh that oversees a portion of the trainings needed for CBRF training certification and database for the State of Wisconsin concerning four of the trainings (Center for Development and Employability Training, 2013).

CBRF. Community Based Residential Facility - a place where 5 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the facility as a primary function of the facility (Department of Human Services, 2013).

DHS 83. The code for Community Based Residential Facilities in Wisconsin.

ISP. Individualized Service Plan. According to DHS 83.35

“The CBRF shall assess each resident’s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed

under par. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission” (DHS 83).

Medical Assistance. Enacted in 1965 through amendments to the Social Security Act, Medicaid is a health and long-term care coverage program that is jointly financed by states and the federal government. Each state establishes and administers its own Medicaid program and determines the type, amount, duration, and scope of services covered within broad federal guidelines. States must cover certain mandatory benefits and may choose to provide other optional benefits (Medicaid, 2013).

Medicare. Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD) (Medicare, 2013).

Chapter II: Literature Review

A quality onboarding project is essential to providing a culture of quality and caring. According to a research paper done by Boettcher (2009), a proper onboarding project reduces staff turnover, reduces costs for training, increases productivity and increases employee engagement. Similarly, according to Vernon (2012) “Onboarding is the first step and the first impression that is made on a new employee. It sets the tone and the culture for the organization. Implementing a solid onboarding program is integral to establishing this culture mindset in new employees. Vernon goes on to say, “...new hires are more interested in knowing how to be valued team members and are looking for reinforcement that they made the right decision by accepting the job offer” (pg3).

There are three distinct factors that are impacting the need for increased training needs in this market. An increase of our aging population in Wisconsin which creates an increase in the amount of long term care facilities, including CBRFs, and the subsequent need for more, well trained staff.

An Executive Summary by the State of Wisconsin Department of Health Services suggested the most visible change over the coming quarter-century will be the escalating share of the population that is age 65 and older, as this group will grow faster than every other age group. Over the 25-year period between 2010 and 2035, Wisconsin’s younger (under 65) population is expected to grow by less than four percent while the 65+ population nearly doubles, increasing by 90 percent (Schmidtkofer, 2009). This boom in our aging population will most certainly increase the need for long term care facilities and solutions for caring for these people. An appropriate onboarding and training program for staff working at such a facility is paramount.

This increase in the aging population in Wisconsin lends itself to the idea that this will increase the need for long term care facilities and senior housing. Recent data from the

National Real Estate Investor (NREI), a leading authority on trends in the commercial real estate markets, and Seniors Housing Investment Advisors, show that the senior housing sector posted near-record sales numbers in 2011. Investment transactions among senior housing properties rose 340% in 2011 to a total of \$27.8 billion across both senior housing and nursing care properties, according to data from New York-based Real Capital Analytics (2012).

Finally, the aforementioned data leads to the increased need for more staff ergo, trained staff. A recent study done by Workforce Connections Inc, a Western Wisconsin workforce development organization, growth for long term care employees in Wisconsin has grown by almost 20% in the past 10 years (2011).

Table 1

Growth of long term care employees in Wisconsin

Description	2001	2011	Change	%	2011 Ave.	2011	% of Healthcare	% of Total
	Jobs	Jobs		Change	Earnings	Establishments	workforce	Workforce
State Total	67,920	79,144	11,224	17%	\$29,117	1,939	19.9%	2.3%

(Long Term Care Report, 2011).

This growth for long term care employees seen by the US overall as well as in Wisconsin, directly correlates to the need to provide a succinct, quality onboarding and training program that allows staff to be trained well, prior to starting their jobs and does not take an undue amount of time before an employer can utilize the staff independently.

The increase in the amount of aging adults along with the need for facilities, again, shows the direct need for increased staff and in turn, well trained staff. As is often the case, a substantial and immediate need for a resource often leads to a knee jerk reaction in obtaining that resource, in this case, trained staff. Having an established training program in place, it is felt,

will help relieve this burden and is a proactive approach that was taken by the State of Wisconsin. This proactive approach and established State based training is an important part of the culture of quality based, caring staff that we want to incorporate into Birch Haven Senior Living.

When developing any form a training program, a proper form of instructional design is needed to implement the who, what, where, why, when and how the training will progress. Most models give an orderly format to developing a training model that able to adapt over time.

One of the most prevalent and simple to use models for instructional development is the ADDIE model (Morrison, 2010). It sets up a five stage framework; Analysis, Design, Development, Implementation, Evaluation, for training development that allows each stage to be developed independently. It allows change to happen through these stages and is adaptable to grow with the training program, once developed.

The five phases of ADDIE are as follows:

Analysis. During analysis, the designer identifies the learning problem, the goals and objectives, the audience's needs, existing knowledge, and any other relevant characteristics. Analysis also considers the learning environment, any constraints, the delivery options, and the timeline for the project.

Design. A systematic process of specifying learning objectives. Detailed storyboards and prototypes are often made, and the look and feel, graphic design, user-interface and content is determined here.

Development. The actual creation (production) of the content and learning materials based on the Design phase.

Implementation. During implementation, the plan is put into action and a procedure for training the learner and teacher is developed. Materials are delivered or distributed to the student group. After delivery, the effectiveness of the training materials is evaluated.

Evaluation. This phase consists of (1) formative and (2) summative evaluation. Formative evaluation is present in each stage of the ADDIE process. Summative evaluation consists of tests designed for criterion-related referenced items and providing opportunities for feedback from the users. Revisions are made as necessary.

All of the staff that will be trained through the Birch Haven program are at least 18 years old. Training adults, many of them with prior experience lends itself to a particular set of challenges. Establishing a training program based on sound principles that incorporate the method by which adults learn will allow them to take away the maximum amount of knowledge and retain this knowledge to take to the actual job. Overall, this should increase the staff's abilities in their jobs and transcend into the culture of caring and quality service that is paramount to what they do for the Residents.

Adult Learning Theories

There are many prevailing theories for the instruction of adult learners. Malcolm Knowles described adult learning as a process of self-directed inquiry. He advocated fostering a cooperative learning environment in which adult learners work autonomously with the teachers

as facilitators (Knowles, 1980). In his cyclical theory of learning, Kolb believed that, “learning is the process whereby knowledge is created through the transformation of experience” He described a four part system of concrete experience (Do), reflective observation (Observe), forming abstract concepts (Think), and Testing in New situations (Plan) (Kolb, 1984). While these theories do apply in the overall learning process for the caregiver and proven methods to adult learning, the staff that onboard at Birch Haven are often inexperienced or untrained in the many of the required trainings. Even those trained as CNAs prior to being hired must learn skills beyond this certification. Due to the almost mandatory nature of all staff requiring training (only staff previously trained to work at an assisted living would be exempt) and the knowledge that all staff trained would be adults, Vella’s Principles of Adult Learning were applied. This structured educational design takes into effect the fact that many of the learners do not have direct experience in working in a CBRF but are able to dialog with the instructors while learning, not just receive information and share the knowledge that they do bring to the table.

Vella’s Principles of Adult Learning

Dialogue. Adult learning is best achieved through dialogue. Unlike younger students, Adults have many experiences to share discourse with any trainer or teacher. They are more apt to engage and learn when they can dialogue and incorporate their own experiences with those that they are learning.

Safety in environment and process. People need to be comfortable with the idea of making mistakes and they need to feel safe in order to properly learn.

Physical surroundings. (Temperature, ventilation, overcrowding, and light) can affect learning.

Learning is best when there are no distractions.

Respect. Adult learners need to have their experiences and feelings respected and acknowledged. They learn better when the new knowledge is paired with what they already know.

Affirmation. Learners need to receive praise and affirmation of their contributions. People need to be sure they are correctly recalling or using information they have learned.

Sequence and reinforcement. Begin with the easiest and most basic and add learning onto learning. Introduce the most important facets in the beginning. Reinforce key ideas and skills repeatedly. Structure enhances learning.

Practice. Practice first in a safe place and then in a real setting.

Ideas, feelings, and actions. Learning is best done when all aspects of a person's being are incorporated; thinking, feeling and doing.

20/40/80 rule. Visual and auditory lessons enhance each other and increase learning and remembering. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

Relevance to previous experience. Build on things that a person already knows.

Immediate relevance. The sooner a person sees relevance to what they already know or do, the better.

Future relevance. Adults learn quicker when they see that it will help them down the road.

Teamwork. Assist teams to form and let them enhance each other's growth.

Engagement. Adults prefer to be active. Encourage them to participate in learning rather than passive recipients of knowledge. Practice makes perfect and gets people involved.

Accountability. Ensure that people are able to actively do what they are learning.

Motivation. Wanting to learn. Make trainings involved and relevant. Engage people in the training so they will want and have a desire to learn. Application of what they are learning will enhance their desire to know more.

Clarity. Messages should be clear. Words and sentence structures should be familiar. Jargon and technical expressions and terms should be explained. Messages should be VISUAL.

Feedback. Feedback shows where a person has gained and where they need future learning (Vella J. , 1994).

Chapter III: Methodology

Birch Haven Senior Living is a 50 bed CBRF in Ashland, WI. It was opened in June 2011 after being purchased by Elder Care of Minnesota. It consists of two campuses and four licensed facilities. All facilities are licensed as CBRFs falling under DHS 83. Employees hired by Birch Haven are not able to work directly with Residents without direct supervision of the Administrator a qualified residential care staff. DHS 83.23 until fully trained. The training required is scripted by DHS 83. Four of these trainings are predesigned trainings that require a State certification to train and are in a format set by the CCDET program. For the purpose of this training program, we will call them the, "Big Four". The CCDET program is a contracted service of UW Oshkosh that oversees the training design for the Big Four. They also maintain a depository for all staff trained in the State in these specific trainings. Anyone who wishes to access this database is able to online and staff, once trained, can access proof of this at any time. All of the remaining trainings have required subject components but the delivery method and overall content are left to the facility to develop.

Existing Data

Training materials for the four State certified trainings; Fire Safety, 1st Aid/choking for CBRF, Standard Precautions and Medication administration are provided thru the UW Oshkosh system. The trainings and subsequent testing materials are prepackaged and made available to all certified trainers. Obtaining the trainers brings with it the training material. Once trained, student's names are entered into the State data base by the registration obtained at the beginning of the training. After a fee is paid, the names are entered into the database and can be found at www.uwosh.edu/ccdet. DHS 83 also outlines the remaining trainings and the minimal subject matter that these need to contain.

Training Design

Training design needs to incorporate principals that will facilitate learning and good instructional principals for adult learning. Vella's Principals of Adult Learning fit this bill. They include the following principles; dialogue, safety in environment and process, physical surroundings, respect, affirmation, sequence and reinforcement, practice, ideas, feelings, actions, 20/40/80 rule, relevance to previous experience, immediate relevance, future relevance teamwork, engagement, accountability motivation, clarity, and feedback.

Birch Haven's training also needs to incorporate a timeline that is both realistic and facilitates the needs of the employees and trainers. Training will always begin with the basic orientation which includes all hire paperwork, reviewing the employee handbook and setting up the remaining outline for training. The remaining overall timeline will be dictated by the availability of the Big Four trainings. Birch Haven Administration will attempt to obtain certification for internal personnel in all possible cases to alleviate the difficulty of obtaining these from outside sources.

Limitations

Limitations of this onboarding training include;

- 1.) Obtaining qualified trainers for the "big four" trainings. Due to Ashland's rural setting, and limited train the trainer courses, resources are limited in finding certified trainers for those trainings requiring CDDET certified trainers. CBRFs are also subject to the time constraints of the few trainers that are available.

- 2.) Finding limited training sessions for the “big four” in a timely manner. Often trainings scheduled by institutions such as WITC or utilizing outside trainers are not congruent with the needs of Birch Haven.
- 3.) Training is prevalent throughout the state, but getting staff to places such as Eau Claire, Oshkosh or Milwaukee would involve several hours of travel, hotel stay and time away from family that precludes sending staff to them at any distance from Ashland, located at the top of the State.
- 4.) The training program is also limited by the time that it takes to develop, produce material for and actually do the trainings. The Administrator is the one qualified person to deliver most of the trainings not covered by the Big Four. Utilizing other staff, such as the Director of Nursing, draws them away from their job duties, requires them to be trained in the subject matter and often adds to the burden of other staff.
- 5.) Time involved in providing all required training as well as trying to cover all material needed for a good, well designed program can easily reach 30 hours of training time. Potential staff are also not always available for all times that the trainings are made available. This increases the overall timeline involved in training, the costs and the resources that are needed to provide the trainings overall.

Summary

As with any training project, resources such as qualified trainers, material to conduct the trainings and time all factor into the difficulties of carrying out the program. Utilizing appropriate training development technique does not alleviate the difficulties faced but does give a solid foundation on which to base the overall training program. It should help develop trainings that are more easily learned and retained eliminating revisiting the material in the future and should show better results in the way that Staff interacts with their clients, the residents.

Chapter IV: Training Program

The training program that will be incorporated will consist of two tracks. Track one will consist of the trainings needed that are required prior to a new employee working with any Residents. Track two will consist of the trainings of which the State guidelines allow up to 90 days to train and allow the new employee to work, just not independently.

The following checklist was developed to discern the timeline for each required training.

Track	Training	Required	Date Completed	Hrs
<i>1</i>	<i>Employee handbook, Job Description</i>	<i>At Hire</i>		<i>1</i>
<i>1</i>	<i>Orientation:</i>	<i>At Hire</i>		<i>1</i>
<i>1</i>	<i>Emergency Planning</i>	<i>At Hire</i>		<i>1</i>
<i>1</i>	<i>Recognizing Change of Condition</i>	<i>At Hire</i>		
1	Standard Precautions	<i>At Hire</i>		<i>2</i>
1	Medication Administration	<i>At Hire</i>		<i>10</i>
<i>1</i>	<i>Abuse and Neglect</i>	<i>At Hire</i>		<i>1</i>
<i>1</i>	<i>ISP Development</i>	<i>At Hire</i>		<i>1</i>
2	First Aid / Choking for CBRF	<i>90 days</i>		<i>4</i>
2	Fire Safety	<i>90 days</i>		<i>4</i>
<i>2</i>	<i>Residents Rights (Nurses Aides exempt)</i>	<i>90 days/</i>		<i>1</i>
<i>2</i>	<i>Client Group Specific (Nurses Aides exempt)</i>	<i>90 days/</i>		<i>1</i>
<i>2</i>	<i>Challenging Behaviors (Nurses Aides exempt)</i>	<i>90 days</i>		<i>2</i>
<i>2</i>	<i>Personal Care (Nurses Aides exempt)</i>	<i>90 days</i>		<i>4</i>
<i>2</i>	<i>Dietary</i>	<i>90 days</i>		<i>1</i>

The Training program developed by Elder Care, MN contains many of the same tenets that are taught in the CCDET program, the Task Specific Training and the All Employee training are very similar. The Proposed training for Birch Haven will contain all the above training and will break down who or what position will train each of the components, what content will be as well as an evaluation per the ADDIE model. All the components not listed as “core” trainings are subjective based upon the subject matter. The content of the trainings will be listed to ensure that they cover the material required by the State as well as actual subject matter that Birch Haven Management feel is imperative for new Staff to know to provide quality care.

A training program was developed for Birch Haven Senior Living, a CBRF. The training is targeted towards all new staff starting employment at Birch Haven. The training program needs to incorporate the Minnesota Based companies’ philosophy and culture, Wisconsin’s State mandated training program and all on boarding training required to start employment.

The training program courses are pre-prescribed by the State of Wisconsin using the State code DHS 83.20. The subjective information of the training program and development thereof is based on the training components whose subject matter can be developed by Birch Haven as long as they fit into the parameters dictated by DHS 83.

The following section will outline those subjective course materials, the testing involved to assure information retention, and the method of obtaining the trainings requiring certified instructors.

Birch Haven
Senior Living
Onboarding
Program
Training
Manual

Appendix A: Birch Haven Senior Living Training Manual

Welcome to Birch Haven Senior Living

(A division of Elder Care, MN)

Mission. Inspired by our Christian values and beliefs, we provide options in Health Care that will enable seniors to remain in their local communities.

Philosophy.

- We believe in caring for our residents in a respectful manner by encouraging choices and providing for their individual independence while ensuring their dignity.
- We believe in the campus concept of care. Whenever possible, we try to co-locate the nursing home and assisted living facility, providing a continuum of care.
- We believe in treating our employees fairly and honestly. We support their education endeavors and career advancements and encourage their self-sufficiency and independence.
- We believe communication is vital at every level in a Health Care Organization: from the resident, families, caregiver on the floor, to the administrator. We promote a culture which fosters accountability and mutual respect along with pride and ownership in one's tasks and accomplishments.

Training Philosophy.

- We believe that a strong training program makes you a better employee.
- We believe that by providing you the tools to do your job, you will be better equipped to provide top notch care for our Residents, the reason we are all here.
- We believe that you bring a lot to the table. We want to utilize the knowledge that you have while enhancing it with unique and proven training. We want you to learn and grow in your job and will provide the tools and knowledge necessary to do this, both when you are initially hired and through ongoing in-services and trainings throughout your employment.

It is obvious and established that our population over 65 years old is growing on a yearly basis and will continue to do so for quite some time. As our population ages, they will experience the need for long term care such as Assisted Living. The client base at Assisted Living is one of the most vulnerable in society. Often aged, physically disabled, mentally handicapped thru dementia and the aging process, they deserve the best that we as providers have to offer. It is imperative that staff that work with this population are not only trained with the appropriate information but also in a way that staff can remember and transfer that knowledge into their daily jobs. Failure to properly train potential staff not only makes for potential problem productivity, but leaves our most vulnerable populations at risk. They deserve our best.

The following training checklist should be brought with you to all training sessions. The State of Wisconsin requires that all staff working in an assisted living receive the following trainings prior to working independently with Residents. It is imperative that you do everything that you can to attend scheduled trainings. Starting your prospective shift directly correlates with

completing these trainings. You may train on site with another trained staff present but you are not allowed to work independently.

Please have the trainer sign off on each training as you complete it and turn this training checklist into the Administrator at the completion of all trainings. This will become part of your employee file. **Highlighted** trainings are taught by State approved trainers. Once you have completed these trainings, your name will be submitted to be put on the State data base. These trainings are transferable (they go with you) and you can use this data base in the future to access proof of your training.

Staff: _____

Hire Date: _____

Training	Required	Date Completed	Hrs
<i>Employee handbook, Job Description</i>	<i>At Hire</i>		<i>1</i>
<i>Orientation:</i>	<i>At Hire</i>		<i>1</i>
<i>Emergency Planning</i>	<i>At Hire</i>		<i>1</i>
<i>Recognizing Change of Condition</i>	<i>At Hire</i>		<i>1</i>
<i>Standard Precautions</i>	<i>At Hire</i>		<i>2</i>
<i>Medication Administration</i>	<i>At Hire</i>		<i>10</i>
<i>Abuse and Neglect</i>	<i>At Hire</i>		<i>1</i>
<i>ISP Development</i>	<i>At Hire</i>		<i>1</i>
<i>First Aid / Choking for CBRF</i>	<i>90 days</i>		<i>4</i>
<i>Fire Safety</i>	<i>90 days</i>		<i>4</i>
<i>Residents Rights</i> <i>(Nurses Aides exempt)</i>	<i>90 days/</i>		<i>1</i>
<i>Client Group Specific</i> <i>(Nurses Aides exempt)</i>	<i>90 days/</i>		<i>1</i>
<i>Challenging Behaviors</i> <i>(Nurses Aides exempt)</i>	<i>90 days</i>		<i>2</i>
<i>Personal Care</i> <i>(Nurses Aides exempt)</i>	<i>90 days</i>		<i>4</i>
<i>Dietary</i>	<i>90 days</i>		<i>1</i>

Description of Individual Trainings.

Employee handbook / Job Description. At the end of this training, employees will have been guided thru both the description and expectations of their jobs as well as the expectations of the company and benefits afforded them in their position. Policies such as dress code, PTO, communication, and work performance evaluations will be covered. Employees will sign an acceptance of these policies as well as their current job description.

Orientation. Orientation consists of all State and Federal paperwork, applicable benefit explanation, schedule and timecard submission, training guidelines and time lines, and philosophy of Birch Haven Senior Living.

Emergency Planning. At the completion of this training, employees will be aware of what steps to take in the event of a fire, severe weather, natural disaster, missing Resident and location of the Emergency Binder and its contents and use.

Recognizing Change of Condition and Resident Assessment. This training's goal is to give the employee basic tools and examples to utilize helping with early recognition of subtle changes in their Residents. It incorporates basic tools such as vital signs, bowel and bladder sheets, neruo checks, intake and output assessment, incident reports, "stop and watch" sheets and the on call system to give an early alert to nursing staff. At the end of the training, employees should be able to recognize when to chart changes, when to report it and to whom.

Standard Precautions. At the completion of this 2 hr. State based training, employees will; Learn about standard precautions and why they are important in your work, understand how

blood borne diseases and other communicable diseases spread from person to person, Learn how to prevent the spread of communicable diseases, and Learn what to do during and after an exposure incident.

Medication Administration. At the completion of this 10 hr. State based training, employees will understand the basic tenants of medication administration including; resident rights, legal and ethical responsibilities, facility policies and procedures, delegated procedures, medication management, medical terms and abbreviations, medication packaging, labeling and storage, types of medications and medication administration. This training contains a test at the completion of the training.

Once this training is completed, contact the DON to schedule time for hands on orientation and training at your prospective Program. The DON must sign off on your skills PRIOR to your being able to administer any medications to Residents.

Abuse and Neglect. This State developed, interactive DVD based training focuses on the following items; Knowing how to identify the red flags of abuse and neglect, understanding and utilizing appropriate responses when abuse or neglect is suspected or observed, including reporting protocols, understanding the strategies and techniques to protect residents and prevent abuse and identifying the promising practices to promote resident and staff safety, dignity, respect and health.

Individualized Service Plan (ISP) Development:. Specific training topics include; identification of the resident's needs and desired outcomes, development of goals and

interventions, service plan evaluation and review of progress. Resident ISPs must be in place upon admission and reviewed 30 days after admission. Residents, their families and interdisciplinary teams involved with their care management are utilized in obtaining information that is contained in an ISP. Trainees will learn the use of an ISP, their role in its development and how and when to assist with surveys for Residents and their families.

First Aid / Choking for CBRF. This Red Cross developed training focuses on the following training points; Recognizing an emergency and easing anxieties in responding to an emergency, how and when to activate the EMS system, what to do until help arrives, recognize and care for breathing emergencies, heart attack and cardiac arrest in adults, identify and respond effectively when a person is choking and unable to breathe, identify and control life threatening bleeding, identify the signs of shock and minimize its effect, identify and care for various soft tissue and musculoskeletal injuries, identify and care for sudden illness, and prevent the transmission of disease. This training contains a test at the completion of the training.

Fire Safety. At the completion of this 4 hr. State based training, employees will; understand the nature of fire, recognize fire hazards, learn about early warning systems, understand the use of fire extinguishers, focus on the evacuation needs of residents, follow the CBRF emergency and disaster plan, respond well in an emergency. A post-test is required with this training.

Residents Rights. Training includes general rights of residents including rights as specified under s. DHS 83.32 (3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion,

retaliation, confidentiality, restraints, self-determination, and the CBRF's complaint and grievance procedures. Residents' rights training shall be completed within 90 days after starting employment. Current CNAs are exempt from this training.

Client Group Specific. Training is specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities.

This training incorporates a Video entitled, "The Forgetting" which walks the trainee through the devastating effects of Alzheimer's / Dementia, not only for the people with the disease but the family and loved ones around that person. Current CNAs are exempt from this training.

Challenging Behaviors. Challenging behavior training for Birch Haven includes a breakdown of the 4 levels of behaviors, rationale as to why behaviors may happen and methodology describing what reactions caregivers can have which directly affect the corresponding behaviors of those acting out. It focuses on identifying potential problems early on and utilizing rapport building and appropriate staff reactions to help reduce the amount of incidences. Current CNAs are exempt from this training.

Personal Care. This 4 hour training contains provisions for assisting with bathing, eating, dressing, oral hygiene, nail and foot care toileting and incontinence care, positioning and body alignment, and mobility and transferring.

This training utilizes portions of the Elder Care Home Health Aide training (HHA) that are not covered in other portions of the WI training regimen. Skills demonstration and sign off by the LPN/RN is required for portions of this training. Current CNAs are exempt from this training.

Dietary. Specific training topics include: determining nutritional needs, menu planning, food preparation, proper temperatures for cooked and raw food as well as food sanitation. Birch Haven also will provide training related to presentation, serving sizes and where to obtain information about specialized diets. A post-test is required with this training.

Chapter V: Discussion

Birch Haven Senior Living started in June of 2011. No training system was in place at this time. Expansion of both residents and staff has created the need for a systematic training system. The purpose of this paper was to produce such a training system. Utilizing pre-existing information from DHS 83, Vella's Principles of Adult Learning and the ADDIE model were all utilized to develop this training.

Limitations

Limitations of the training program include:

- 1.) Availability of trainers qualified in training one of the "big four."
- 2.) Amount of time involved with training new employees. Utilizing internal staff to train reduces costs of outsourcing and increases control over where and when but takes these staff away from integral job duties causing others to have to take up the slack.
- 3.) Difficulty in getting employees to all trainings. Training multiple staff increased productivity of the trainer but logistics in getting all staff to be able to attend trainings can slow the process of training. Many staff are part time and hold other part time jobs.
- 4.) Many of the trainings listed still need to be developed to a level that fulfills the known training practices of ADDIE and Vella's Principles.

Conclusions

The training required for a proper, State approved training process is somewhat regulated. While this seems mundane and easy to accomplish, providing appropriate, time based training that will instill the philosophies and knowledge needed to work with our most vulnerable citizens is a difficult task. The Big Four trainings are difficult to find, not always timely for the Birch

Haven's needs and expensive. Obtaining trainers internally takes time, money and detracts from the job duties that these potential trainers would otherwise need to do. The remaining trainings need to be developed by the assisted living and again, require time and effort to develop to a level that incorporates the tenets of adult learning. Additionally, few management staff know the material at a level that is conducive to seamless training process.

Recommendations

To develop an appropriate, acceptable training program, Birch Haven will need to utilize multiple tools. Foremost, developing trainings based on a proven methodology, such as the ADDIE model will provide trainings that engage adult learners and assist them to retain the information that is put forth. Secondly, trainings need to incorporate knowledge based tests that can be used to determine if the appropriate materials are being used and the correct methodology. Lastly, multiple internal trainers need to be mentored, trained and in certain circumstances certified to allow a more efficient timeline to onboard new employees.

It is further recommended that Birch Haven develop a program to assess the training program itself. Doing so will help with determining quality of the trainings themselves and assist with determining long term quality improvement in job performance.

Lastly, it is recommended that multiple staff at Birch Haven become knowledgeable enough to serve as either primary trainers or backup trainers taking the burden off of the Administrator to provide many of the trainings.

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