

# NURSING ASSISTANT TRAINING TRAINING SITE OBSERVATION AND INTERVIEW PROTOCOL

## Confidentiality Statement

*The following statement would be written at the top of the questionnaire and discussed prior to beginning a group or individual interview to assure participants of the confidentiality of their responses (both verbal and written).*

I/We are from Abt Associates, a private research firm, specializing in health policy research for the Federal government. We currently have a contract with the Health Care Financing Administration (the branch that administers the Medicare and Medicaid programs) to provide them with research that will help them determine whether or not they should pass a regulation to require minimum staffing levels in nursing facilities that care for residents receiving Medicare and Medicaid benefits.

We are conducting these interviews to learn more about the training that nursing assistants receive and whether or not that training adequately prepares them for the duties and responsibilities of the job. We ask that you be as honest and open as possible and provide us with responses based on your experience as a nursing assistant. Your name (or the name of the facility) will not be used in our report nor will your responses be shared with any of your supervisors at the facility.

This interview/discussion will last approximately \_\_\_\_\_ minutes and we greatly appreciate your willingness to give us your time and provide us with this valuable input to our study.

## Training Site Program Observations and Interviews

### 1. Nursing Assistant Training Classroom Observation

Describe the training session (number of students, instructor and student activities, teaching methods employed):

Describe the environment where classes are held. Does there appear to be an adequate supply of materials, does the environment appear conducive to learning?

### 2. Program Curriculum

Obtain a copy of nursing aide training course curriculum with description of teaching methods used.

### 3. Instructor Interview

#### *Instructor Qualifications*

Instructor # 1

Obtain information on instructor educational level, experience and qualifications:

Is the instructor a nurse – RN, LPN

If not a nurse – what profession?

Highest educational level in nursing: Diploma Grad, Associates Degree,  
Bachelors Degree, Masters Degree, Doctorate Degree

Highest educational level outside nursing: HS, College, Graduate Degree,  
Area of Study \_\_\_\_\_

Certifications:

Length of time teaching nursing assistants:  
Length of time teaching adults:  
Nursing experience:  
Geriatric nursing experience:

Instructor # 2

Is the instructor a nurse – RN, LPN

If not a nurse – what profession?

Highest educational level in nursing: Diploma Grad, Associates Degree,  
Bachelors Degree, Masters Degree, Doctorate Degree

Highest educational level outside nursing: HS, College, Graduate Degree,  
Area of Study \_\_\_\_\_

Certifications:

Length of time teaching nursing assistants:

Length of time teaching adults:

Nursing experience:

Geriatric nursing experience:

*Personal Experience:*

In his/her opinion is the length of training time adequate to prepare nursing assistants for employment? If no, what would be a more realistic time frame? What activities would be included in the additional time? (More practice, more lecture, etc.)

If the instructor has been teaching for more than two years, do they note any changes in the types of students coming through the classes? Prompts – Are the students - older/younger, English as primary language or ESL, more/fewer men, greater/less previous work experience, more/fewer students seeking to advance to nursing programs.

Does the instructor receive any comments from facilities regarding former students? If so, describe the content of comments?

Does the instructor receive comments from former students? If so, describe those comments.

#### 4. Nursing Assistant Student Interview (Group or Individual)

Obtain the following information from nursing assistants participating in the interview:

Age: Under 25  
26 – 45  
Over 45

Sex: Male Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State

Race/Ethnicity: How would you identify yourself? Please circle one or more of the following ethnic groups:

Non-Hispanic White  
Black/African American  
Hispanic/Latino  
Asian & Pacific Islander  
American Indian/Alaskan Native

Educational Background:

If educated in the United States: (circle appropriate level) No High School Diploma/GED  
HS Diploma  
GED  
Some College – Area of Study \_\_\_\_\_  
College Degree - Area of Study \_\_\_\_\_  
Graduate Degree – Area of Study \_\_\_\_\_

If educated outside the United States:

Number of years of schooling prior to university \_\_\_\_\_  
Number of years of schooling at the university \_\_\_\_\_  
Country \_\_\_\_\_

Last job-type prior to beginning training or if currently employed type of employer:

Retail – clothing store, grocery store, convenience store, etc.  
Factory – assembly plants  
Fast Food Industry – MacDonalds, Wendy’s, Burger King, etc.  
Service – hairdressers, dry cleaners, childcare, etc.  
Health Care – hospitals, nursing homes, home health  
Transportation – taxi cab drivers, subway workers, airline workers  
Construction- building houses, building roads/bridges, remodeling  
Other

What led you to decide to enroll in the nurse aide training program?

Always wanted to be a nurse or nurse aide

Previous experience taking care of an elderly family member/neighbor/friend

Attractive wages, benefits

Many job openings in the community

Best opportunity based on current level of skill and experience

Other \_\_\_\_\_

Are you confident that this program will adequately prepare you to get a job as a nursing assistant?

Very confident

Somewhat confident

Not confident

Are you confident that this program will adequately prepare you to carry out the duties of a nursing assistant?

Very confident

Somewhat confident

Not confident

# NURSING ASSISTANT TRAINING NURSING FACILITY STAFF INTERVIEW PROTOCOL

## Confidentiality Statement

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We are conducting these interviews to learn more about the training that nursing assistants receive and whether or not that training adequately prepares them for the duties and responsibilities of the job. We ask that you be as honest and open as possible and provide us with responses based on your experience as a nursing assistant. Your name (or the name of the facility) will not be used in our report nor will your responses be shared with any of your supervisors at the facility.

This interview/discussion will last approximately \_\_\_\_\_ minutes and we greatly appreciate your willingness to give us your time and provide us with this valuable input to our study.

## 1. Nursing Assistant Interviews (Group or Individual)

### a. Background Information

*This information would be obtained via a short questionnaire. See Confidentiality Statement at the end of this document.*

Obtain the following information from nursing assistants participating in the interview:

Age:                      Under 25  
                                    26 – 45  
                                    Over 45

Sex:                      Male                      Female

Address: \_\_\_\_\_ City      \_\_\_\_\_ State

Race/Ethnicity: How would you identify yourself? Please circle one or more of the following ethnic groups:

Non-Hispanic White  
Black/African American  
Hispanic/Latino  
Asian & Pacific Islander  
American Indian/Alaskan Native

Educational Background:

If educated in the United States:      No High School Diploma/GED

(circle appropriate level)

HS Diploma  
GED  
Some College – Area of Study \_\_\_\_\_  
College Degree - Area of Study \_\_\_\_\_  
Graduate Degree – Area of Study \_\_\_\_\_

If educated outside the United States:

Number of years of schooling prior to university \_\_\_\_\_  
Number of years of schooling at the university \_\_\_\_\_  
Country \_\_\_\_\_

Last job-type prior to training or prior to current position:

Retail – clothing store, grocery store, convenience store, etc.  
Factory – Assembly plants  
Fast Food Industry – MacDonaldds, Wendy’s, Burger King, etc.  
Service – hairdressers, dry cleaners, child care  
Health Care – hospitals, nursing homes, home care  
Transportation – taxi cab drivers, subway workers, airline workers  
Construction- building, remodeling

What led you to decide to become a nurse aide?

Always wanted to be a nurse or nurse aide  
Previous experience taking care of an elderly family member/neighbor/friend  
Attractive wages, benefits  
Many job openings in the community  
Best opportunity based on current skill and experience level  
Other \_\_\_\_\_

NA Training Provider: Red Cross

High School Vocational School  
Community College  
Facility where currently employed  
Other Facility  
Other – Describe \_\_\_\_\_.

Training Length in hours or days/weeks:

75 hours/ 10 days  
100 hours/ 12 days  
120 hours/ 15 days  
More than 120 hours/15 days – Describe \_\_\_\_\_  
Other \_\_\_\_\_

**b. Training Program Description**

Did training include both classroom learning and laboratory practice (either in a lab setting or facility)? How was the training time divided between the two settings?

- 50% Classroom and 50 % Clinical laboratory practice
- 75% Classroom and 25% Clinical laboratory practice
- 25% Classroom and 75% Clinical laboratory practice
- 100% Classroom and no Clinical laboratory practice
- No Classroom and 100% Clinical laboratory practice

Consider the following list of topics that may or may not have been included in your training program. Check the ones that your training program covered:

- Resident Rights
- Infection Control
- Safety
- Basic Resident Care
  - Bathing
  - Dressing
  - Grooming
  - Hygiene – Nail care, Mouth care, Incontinent care
  - Feeding
  - Transfers and ambulation
  - Positioning
  - Toileting
- Vital Signs – Temperature
- Vital Signs – Pulse
- Vital Signs – Respiration
- Vital Signs – Blood Pressure
- Blood Glucose Testing
- Care of the Geriatric Resident
- Care of the Dementia/Alzheimer’s Resident
- Care of a resident with a Feeding Tube
- Care of a resident with a Foley Catheter
- Care of a resident with an IV (Central or peripheral)
- Care of a terminally ill resident
- Using the resident’s care plan
- Recognizing signs/symptoms of illness in elderly residents
- Team work – nursing team (supervisor, charge nurse, med nurse, other NAs)
- Team work – facility team (administrator, dietary, social service, activities, rehab)
- Conflict resolution
- Communicating with the resident’s family

When you think about your training program, what areas/topics/procedures did you find most difficult to learn?

From the list above, which topics/procedures would you have liked to receive additional training/practice on?

When you completed your training program did you feel adequately prepared?

If no, how could your training program have been improved? Explain \_\_\_\_\_

How was material presented/studied/practiced in the training program? Mark/circle all that apply:

- Lectures
- Demonstration
- Video Tapes
- Text Book
- Role Play
- Class discussion
- Team projects
- Homework
- Clinical practice (Return demonstration)
- Computer program

Which method(s) did you find most helpful?

How many instructors were there in your training program?

- 1
- 2 or more

If only one instructor – was this person a nurse? Yes No

If no, what was their background, if known? \_\_\_\_\_

If there was more than one instructor – Describe the number of people and their professions.

### **c. Employment**

How long between the time when you finished your training and your first job?

- Less than 2 weeks
- 2 – 4 weeks
- 5– 8 weeks
- More than 8 weeks

After you started working, did you feel that what you learned in class had prepared you for the responsibilities of the job?

Describe your first few weeks on the job:

At what point were you given the same number of residents to care for as your co-workers?

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7
- Day 8 – 14
- Day 15 – 21
- After Day 21

What kinds of support were available to help you transition from training to work? Prompts - Met regularly with supervisor, assigned to work with a more experienced NA, given a lighter resident load, provided with additional training on the floor. Were there other ways that you were offered support during those first few weeks?

If you had a buddy or mentor (describe further if necessary) during the first few weeks of your employment, how long did that buddy/mentor stay with you?

- First week of employment
- First two weeks of employment
- First three weeks of employment
- First four weeks of employment
- Longer than the four weeks – Explain \_\_\_\_\_

Describe the role of buddy/mentor. What did you learn from him/her? Was it helpful?

Describe \_\_\_\_\_

\*Please describe your first few days on the job. Chose the statement that best describes your experience:

- #1. I loved my job from day one; I couldn't wait to get back to work each day.
- #2. I was nervous at first, but gradually felt more secure. I was eager to go back to work and practice/improve my skills.
- #3. I was scared and uncomfortable and sometimes dreaded going to work.
- #4. I was miserable and frequently considered not going back.

For those that answered the above question with responses # 3 and # 4 – What made those days so difficult, and what would have made those early days easier.

\*Describe how you learned to care for the residents at the facility. Rank the following sources of information in the order in which you generally used them:

- Charge nurse explained resident care needs
- Other nursing assistant explained resident care needs
- Read the care plan
- Asked the resident
- Asked the resident's family
- Other- Describe \_\_\_\_\_

\*When you think back over all the information and techniques that you learned as part of your nurse aide training, and the tasks that you now perform as part of your job, how much of what you actually do every day on the job was learned in the nurse aide training program and how much was learned on the job?

100% learned in the training program	0 % learned on the job
75% learned in the training program	25% learned on the job
50% learned in the training program	50% learned on the job
25% learned in the training program	75% learned on the job
0 % learned in the training program	100% learned on the job
Other _____	_____

Please list and describe any tasks or procedures that you learned on the job.

In view of your answers to the last two questions, would you like to make any suggestions about the way that nurse aide training is conducted?

Sometimes the way we learn to assist the residents with their care (for example, bathing and grooming) in a training program is not the way we do them on the job. Would you say that the way you bathe your residents is the same as you were taught in the training program? Yes No  
If no, describe the differences and how you feel about them.

Answer the same question as it applies to feeding residents –

Is your facility providing you with additional training or learning experiences? Does your facility currently have a system in place for nursing assistants to advance to a higher level of responsibility and/or recognition? Prompts – a career ladder program, advanced nursing assistant training, lead nurse aide or head nurse aide

Is there anything else you would like to say about your nurse aide training program or about nurse aide training in general?

\*Questions that are lengthy or require ranking of responses would be printed out for participants so that they could refer to them during the discussion.

## **2. Director of Nursing/Supervisor Interview**

Have you hired newly trained and certified nursing assistants in the last 6 months? If yes, Do you feel that the nursing assistants being hired as recent new-graduates are well prepared? If not, in what way(s) do you think their preparation could be improved?

Are there some programs that you are aware of that generally do a better than average job preparing the nursing assistants? Please identify these programs and why you feel they do a good job?

In what ways do you or your staff reinforce, support or provide additional learning to the nursing assistants. Prompts – buddy/mentor system, lighter resident assignment, skills assessment, orientation program, increased level of supervision during initial employment period, frequent feedback on job performance

# Nursing Assistant Training Recommendations

The general thrust of these recommendations, which were written for this chapter by the Paraprofessional Healthcare Institute, is that training requirements for CNAs should be expanded.

Raising the bar for entrance into the nursing assistance field may seem counterintuitive at a time of widespread vacancies throughout the industry. However, these recommendations are based on the assessment that *retaining* nursing assistants once in the field—not simply attracting more new applicants only to lose most within months, if not weeks—is the most effective way to prevent vacancies. Central to improving retention is providing CNAs with the preparation and ongoing support they need to do the job with competence and confidence.

The recommendations are divided into four sections: recommendations for CMS, recommendations for states, recommendations for nursing facilities, and course content and testing recommendations.

## Recommendations for CMS

**Evaluate current state training programs.** Regulations governing state-mandated training hours and curricular components vary widely across the states. A few states and provider organizations require at least 150 hours of pre-certification training, while others remain at 75 hours. CMS should undertake an evaluative study to determine the hours and content of training programs in the states and their efficacy. The CMS study should build on the current evaluation of state CNA training programs due in early 2002 from the Office of Inspector General of the Department of Health and Human Services.

**Mandate more hours of training for CNAs.** Because older adults and younger individuals with disabilities are living longer and those with less severe or more manageable disabilities are choosing to live in less restricted settings, the current cohort of nursing home residents are more acutely ill and likelier to suffer from some form of dementia or mental illness than residents of 14 years ago, when OBRA was enacted.

Many of the key informants interviewed for this chapter—whether they were trainers, providers, direct care workers or supervisors—suggested that CNAs need at least 160 hours of initial training to learn and practice the technical, cognitive and interpersonal skills needed to manage the physical and emotional demands of the job. Some recommended that at least 80 of these hours should be allocated to guided and specified clinical practice in both a lab and in a nursing home working with residents. They also recommended that all 50 states require clinical training in the program.

**Standardize state training regulations and requirements.** States vary in whether they accept certification status from CNAs who were trained, tested and certified in another state. Some require such people to test and train all over again. Standardizing training requirements and regulations would help ease the recruitment difficulties of providers who are desperate to find qualified workers, and accommodate the needs of CNAs who were certified in one state and are seeking employment in another.

**Incorporate cross-training to better prepare direct care workers to assume caregiving responsibilities across long term care settings.** Due to low wages and few benefits, many CNAs must work more than one job to support their families. Often direct care workers hold two caregiving positions in different locations, perhaps employed privately as a home care worker while working in a nursing home, an assisted living facility or a county-based program with minimal training requirements.

A standardized curriculum would give caregivers a wider range of skills, enabling them to move easily between settings. With standardized requirements across the long-term care spectrum, providers would be able to hire certified employees secure in the knowledge that they are qualified to assist clients in various settings. A mandated cross-training certification curriculum would develop a cadre of direct care workers who could meet our society's growing need for caregivers to assist the quickly expanding population of older adults wherever they live.

Evaluating and standardizing state nurse delegation statutes may be a necessary first step to achieving standardized certification for nursing assistants across settings.

**Build into nursing home rate structures financial incentives for specialized services, which in turn would require some broadly defined levels of additional competencies.** This additional compensation would reward CNAs who expend the extra time and effort to gain competencies in new areas, such as Alzheimer's, pediatrics, geriatrics or AIDS.

**Develop and sustain a multi-agency training task force across DOL, HHS, and DOE.**

As described in Sections 6.4, 6.12.1, and 6.12.2, candidates for certification training programs may need financial support while attending pre-certification training programs such as ESL or GED or certification programs. In addition, they may need assistance with managing transitions to full time work and access to subsidized childcare, transportation, housing or health care.

CMS, along with the Department of Labor, Department of Education and the welfare side of the Department of Health and Human Services, should establish and sustain a high-level standing taskforce to focus on direct care workers. The task force can address what is needed—in programs, linkages and funding—to support the success of both CNA trainees and incumbent employees.

**Make funds available to ensure that prospective candidates can access certification and pre-certification training opportunities.** CMS should publicize to potential trainees its existing policy of paying facilities to reimburse trainees for training expenses incurred elsewhere. This important benefit is not currently well known.

Since many CNAs apparently are not reimbursed for their training costs, scholarship funds should be available to support tuition costs of CNA certification programs. CMS should also collaborate with the agencies described above to support trainees with wages, living expenses and access to public assistance programs such as Medicaid, food stamps and child care while they are enrolled in these training programs.

All nursing assistants must be able to read and write at a minimum level, with a provision for remediation for those who are unable to do so. As described in Section 6.12.2, achieving fluency in reading, writing and speaking English is essential to following directions and delivering quality care, yet in many parts of the country prospective and incumbent employees do not have a good command of the English language. Many lack reading and writing skills in their first language as well. Furthermore, many who are native to America and fluent in English lack a high school diploma or equivalency degree.

Finding convenient and affordable access to GED and ESL programs is difficult in many communities. CMS should collaborate with the Department of Labor and the welfare division of the Department of Health and Human Services to ensure that funds are disseminated to communities to make these programs easily accessible. Interested students should also have access to scholarship funds for enrolling in GED and ESL training programs.

**Develop a system to monitor NA trainers.** CMS should develop standards for trainer qualifications and methods of training. Trainers should be experienced in and knowledgeable about adult training methods and incorporate variety in their teaching methods. Additionally, funding should be available to support the education of those preparing to become CNA trainers.

## Recommendations for States

**Abolish cost containment limits on facility Medicaid reimbursement for training.** In order to encourage economic efficiencies, most state Medicaid programs limit training cost reimbursements to nursing facilities based on a comparison of the facility's costs with others in a grouping or class within a specific geographic area and size of facilities. (See Section 6.11.3.) To encourage facilities to develop and deliver good training programs that are responsive to the needs of both new and experienced CNAs, CMS and state Medicaid departments should pay facilities for the full costs of all allowable and required training expenses, including the wages and salaries of trainees and replacement workers.

**Provide funding to assess existing curricula and training programs.** Although for this report it was not possible to survey all state-level departments with oversight over CNA training and curriculum development, conversations with several indicated that they have few staff available to oversee the development or implementation of CNA curricula. One state noted that a single staff person has oversight over more than 400 state-approved training programs, making it impossible to observe or evaluate the quality of each one over the course of a year, or to adequately evaluate proposed new programs. These departments need adequate funding to assess, critique and oversee curricula and actual training programs.

**Establish a state-level task force linking the state Medicaid, Labor, Education and Health departments.** Parallel to that described in Section 16.1 at the federal level, states should also create active linkages among departments with a focus on creating a stable, valued, well-trained direct care workforce. With representatives from cabinet-level agencies overseeing Medicaid, labor, education, and welfare, the task force can address what is needed — in programs, linkages and funding — to support the success of both CNA trainees and incumbent employees.

States should also help foster system-wide structures to connect all the constituency groups potentially involved in the recruitment, training and development of nursing assistants and other direct care workers. Partners could include advocates working with a welfare-to-work constituency, agencies assisting new immigrants in accessing training and jobs, workforce development organizations, community colleges, high schools with GED and ESL training programs, long-term care providers across settings, community development organizations, and disability and aging consumer advocates.

**Make funds available to ensure that prospective candidates can access pre-certification and certification training opportunities.** State Medicaid departments should collaborate with state Labor, Welfare and Education departments to coordinate programs that will ensure that scholarship funds are available to pay for training programs such as GED and ESL that would prepare a prospective worker to enter a certification training program, as well as for tuition for the certification training program.

States should also find ways to support trainees with wages, living expenses and access to public assistance programs such as Medicaid and child care while they are enrolled in these pre-employment training programs.

**Provide incentives for larger nursing homes to train new and experienced employees at smaller and/or rural facilities.** Many nursing homes are too small to afford the infrastructure or separate staff to develop and sustain a comprehensive training program. Others choose not to train because of the expense of losing newly trained employees to high rates of turnover. Yet, when larger facilities with adequate training capacity provide training to other facilities, they are not reimbursed for the cost of the training. State Medicaid departments should identify incentives for nursing homes to join together to share expenses and expertise for pre-certification and ongoing training.

## Recommendations for Nursing Facilities

**Create strong connections between facilities and community-based training providers.** Candidates for training can access programs either at nursing homes, community colleges or through other community-based training providers such as the Red Cross. It is essential that communication between nursing facilities and these community-based training providers be active and ongoing if training programs are to reflect and teach good practices and keep abreast of ongoing practice changes in nursing homes.

If the training program is outside the nursing home, local providers should participate in the design, implementation and monitoring of the training process, contextualizing the training to ensure that both training content and performance expectations are consistent with what the participant will find when she first walks through the employer's door.

**Assume a “Pioneer approach” to training.** The Pioneer Network is a national organization dedicated to changing the culture of aging in America. Long term care employers who are active in the Network have designed training programs and a supportive workplace culture that is based on valuing individuals and their relationships. These efforts foster a “culture of retention.”

From the first day of work, the Pioneer training emphasis is on building skills to enter into a caregiving relationship. Tasks are de-emphasized. For example, CNAs are taught to get to know an individual, learn their bathing habits, and then incorporate that information into the bathing experience they offer the resident. Pioneers seek to engage both elders and experienced CNAs in the training process, giving new nursing assistants a broader perspective than they would gain from a nurse alone.

Nursing assistants enter into long-term relationships with a primary group of residents whom they always care for, helping to shift the focus from tasks to caring relationships.

Many Pioneer organizations offer their own CNA certification courses, with curricula based on relationship and community building experiences within the institution. Many augment mandated content with on-the-job training and education in communication skills. Many also offer career ladder opportunities, which enable a CNA to advance in terms of both job responsibilities and wages.

**Invest in workers for the long term.** To ensure long-term retention, the employer should offer a range of opportunities for career and educational advancement. One key ingredient to a decent job is a clearly defined framework for advancement, as remaining in a job with no prospect of promotion deadens an employee's motivation. In addition to a clearly defined job ladder within the organization, advancement may take other forms:

- An employer may construct discrete steps of new competencies and new responsibilities for the entry-level worker—even within the entry-level job title. These steps should be compensated with both financial increases and other types of company recognition.
- The employer should facilitate access to other educational opportunities outside or within the walls of the facility. These may include GED programs, ESL courses or community college programs.
- Facilities should establish training programs that prepare experienced CNAs to become associate trainers or peer mentors, or to take on other roles as key members of the caregiving team. In order for training opportunities to be sustaining, facilities must accompany them with effective supervision, support and adequate compensation. In building these new “rungs” in the CNA's career ladder, two basic pathways should always be provided—one that occurs within the arena of direct-care work, the second into other health-care related fields. That is, high-quality CNAs should not be forced out of direct-care work as the only option for earning a sustainable wage.

- Career ladders should be developed based on standards of practice and a hierarchy of skills actually performed by nursing assistants.

**Emphasize and train nursing assistants’ supervisors.** As noted in Section 6.9.2, the frontline supervisor is centrally important for successful transition of the new employee from a trainee to a long-tenured, experienced worker. Either through training and support in the facility or at a local college, supervisors need to develop an understanding and practice of their supervisory role. This should include cultural sensitivity, as LPNs and RNs are often of a different racial, ethnic or class background than the employees they are supervising. A coaching model of supervision is one promising way to emphasize a learner-centered approach to supporting new and experienced CNAs (for details, see Section 6.16.2).

**Establish ongoing communication between the supervisor and the training program.** Too often there is a disconnect between classroom training and on-the-job experience in the nursing home, whether the training is offered in the nursing home or elsewhere in the community. To ensure that classroom training reflects current practices and practice changes, trainers and supervisors should have ongoing communication in developing, implementing and reinforcing the training.

**Develop effective and substantive orientation programs.** Studies cited in this chapter note that many new employees leave the job within the first 90 days. A good orientation program and immediate connection to peers and a supervisor are important antidotes to this mass exodus. The experiences of Apple Health Care and Providence Mount St. Vincent, both of which have established a buddy system of peer mentors to orient new employees for as long as they need, exemplify creative ways to reinforce a workplace culture that values employees and their individualized learning needs.

To be effective, the peer mentor needs to know what the CNA learned in class, what she is to work on in the clinical setting, and what to do if problems occur. A paid, on-the-job learning period or internship might also be established for the new CNA. During this time the new nursing assistant would be given increasingly complex work, getting to know the residents she will care for and learning about the care planning process and the culture and policies of the unit and facility.

**Employ a full-time trainee/employee counselor to offer support and support services.** In addition to using classroom training to prepare students for the workplace, training programs in facilities or community settings should also address supportive service issues. An on-site counselor can help trainees manage the transition to full-time work for those who have limited job experience. A counselor can assist trainees in accessing public benefits, in managing crises that might prevent successful completion of the program, and in acquiring life skills such as goal setting and time and money management. The counselor can play a key role in assessing trainees’ progress and their ability to assume responsibilities as caregivers. In addition, both new and experienced employees may need help in managing their home responsibilities in order to be more stable, focused employees.

Peer support opportunities also offer important learning opportunities for CNAs. Facilities should offer support groups or other mechanisms for CNAs to meet with one another, exchange information on technical aspects of care, and provide opportunities for stress reduction and collegial support.

**Offer training opportunities outside the traditional classroom.** Nurses and other professional employees are offered continuing education opportunities and given credit for attendance. CNAs should be given the same opportunities to receive credit for their annual mandated hours of “in-service” training by attending conferences. Conferences specifically for CNAs provide excellent educational opportunities for nursing assistants to learn from one another and from a curriculum designed for their learning needs. Topics could

include best practices, stress reduction, team building, leadership development, advanced information on specific diseases, cultural communication, leadership development, and other areas identified by CNAs. States can sponsor regional or statewide conferences, as Michigan and South Carolina already have.

**Prepare the CNA trainers to be effective adult educators.** Instead of assigning existing nursing staff as trainers, nursing facilities should hire dedicated trainers who want to lead the facility-wide training.

- Each member of the teaching team should meet a specified level of competency in areas such as: teaching methods for adult learners, methods of evaluation, fostering teamwork, and energizing trainees.
- Clinical trainers must be prepared with skills that will enable them to teach nursing assistants how to apply and adapt basic information to many different care situations.
- The new trainer needs a mentor, a period of internship as a trainer, and periodic competency evaluations.

To make the learning process more interesting and effective, facilities should not rely on a single person to do all the training, but should draw from other professions in the facility for designing and delivering specific curricular components. Additionally, they should develop experienced CNAs to become associate trainers or peer mentors who can become powerful peer models for new trainees and advance in their careers. Nursing assistants who teach or mentor should be trained, supervised and compensated for these responsibilities.

**Create a safe, unintimidating learning environment.** Training programs should offer a supportive, learner-centered environment that allows trainees to graduate as competent and confident health care paraprofessionals. Trainers must incorporate various styles of communication and types of experiences in order to help trainees become adept at managing not only clinical skills but also the sophisticated communication and negotiation skills essential to delivering good care. Since many women entering these training programs are intimidated by the idea of being in school, a training program's first priority should be creating a supportive and safe learning environment in which trainees can develop clinical competence in an atmosphere that reinforces self-confidence and self-esteem.

### **Recommendations for Course Content, Testing, and Teaching Methods**

**Teach trainees to understand the life experiences of nursing home residents.** Too many training programs teach body systems, diseases of the elderly and other clinical information without the trainee even knowing an older or disabled person or the natural progression of the aging process. The training should begin with knowing who the older or disabled person is and developing a relationship with an older person. Without this experiential context, students may not understand what is taught in the classroom. Understanding the aging process should include the medical, personal, psychological, social and sexual aspects of the individual.

The curriculum should also include residents and family members in the training process. Residents and families have much to teach CNAs about the experience of living in and caring for someone in a nursing home. Their perspective is invaluable to new CNAs. Having residents and family members in the classroom reinforces their value to CNAs.

Experiential learning, such as going to the grocery store in a wheelchair, being fed by someone else, eating nursing home food, or spending a day with cotton in one's ears or Vaseline on one's glasses are effective ways to teach trainees about the lives and experiences of older adults. Along with spending time with older people

and developing a relationship with an older or disabled person, experiential learning is an important way to convey empathy for and understanding of the people who will be in the nursing assistant's care.

**Teach CNAs to treat individuals, not diseases.** Researchers Thomas Kitwood and Joanne Rader believe that early in a caregiver's training it is more important to know about an individual person than the details of their diseases. Different residents will have different manifestation of diseases, and CNAs will have to learn the specifics of caregiving for each. However, if the CNA brings a knowledge of problem solving, communication, conflict resolution and stress management to each resident she cares for, disease-specific information can be learned as needed, and tailored to the needs and preferences of individual residents.

Disease-specific information can be taught in a one-to-one supervisory situation, through peer mentoring, in in-services, or at conferences outside the facility.

**Offer distance learning opportunities.** It is often difficult for prospective CNAs to attend classes while balancing childcare and work responsibilities. Online learning lets students study at times that are convenient for them. For example, a new CNA curriculum in Idaho includes Internet courses designed to let high school students in rural areas receive credits by taking online classes. They must then arrange with a nearby facility for their clinical hours.

To ensure that students enrolled in this type of learning do not miss out on the important cultural and interpersonal learning, nursing home clinical hours should be extended to include time for students to experience the communication, problem solving and other experiential learning that is so essential.

**Incorporate learner-centered training.** Individuals who enter training programs to become a CNA are adults. Many of them have not had good experiences in the traditional school system, and they will require adult methods of education to become engaged, active learners. New trainees who need more supports should be given the additional time, tutoring and support they need to succeed in the program.

Learner-centered education begins with the assumption that all people are capable of learning. Teaching is built on what the trainees already know by engaging them in critical thinking, and making the job come alive through role plays and other activities that relate the learning to the needs of the job. The training is dynamic and interactive, and does not rely solely on videos, lectures and reading. The interaction is not only from teacher to student, but between students and from student to teacher.

Examples of effective methods for teaching adults include:

- case studies
- small group discussions
- role plays, theatre and other simulations
- interactive lectures
- appropriate levels of homework
- presenting information in different forms and in different contexts
- using an appropriate text or easy-to-use study guide
- teaching students how to take tests
- practice clinical/personal care skill in as realistic a manner as possible
- saving time at the end of a training week to review clinical and soft-skills material.

**Provide opportunities for students to develop skills in problem solving, critical thinking and conflict resolution.** By developing critical-thinking and communication skills, trainees learn how to apply their knowledge and technical skills even in unpredictable situations with residents or family members, and how to participate as valued members of their health care teams. (See Paraprofessional Healthcare Institute's *A Guide*

to *Creating an Employer Based Training Program for Home Health Aides* for more detail on how to teach these skills).

**Coach CNAs in time management, stress management and self care.** Phase I of this report described the minimal staffing levels under which many CNAs must work on a daily basis. Managing the various and intimate needs of many residents makes this a stressful and demanding job. In order to stay employed as caring caregivers, CNAs must learn to make decisions about prioritizing work and managing stress to the extent possible. These skills should be taught in class and reinforced in forums such as support groups.

**Include diversity training in the curriculum.** In addition to teaching about the cultural, racial and class differences in nursing homes, it is important to explore power dynamics—in society as a whole and with respect to the CNA’s job in particular. Rather than gloss over some of the unfairness and injustice that is likely to affect the trainees’ work lives, the training program should explore trainees’ feelings about authority and appropriate responses to disrespectful attitudes and behaviors that allow the worker to maintain dignity while still keeping her job.

**Provide opportunities for students to develop work readiness skills.** An effective training program supports the concept of “work culture” by attending carefully to behavioral issues, integrating expectations of professional demeanor into all aspects of the training, and introducing the importance of following facility policies and procedures through case studies and role plays. A good training program must balance the desire to provide a supportive learning environment with the need to enforce high standards of behavior.

**Incorporate extensive field experience into the training.** When asked, most CNAs say that their first weeks and months on the job were markedly different from their classroom experience. Many leave during these first 90 days because they are unprepared for this jolt of reality. The training must incorporate extensive experience in the nursing home. Extending this field experience into a paid internship is also recommended.

**Offer training in dementia care.** Since more than half of nursing home residents have some form of dementia, CNAs must know how to communicate with and manage the behavioral aspects of this illness. Considerable research describes effective ways to feed, bathe and manage various activities for residents with dementia. All CNAs should have the benefit of this knowledge.

**Offer training about death, dying and grief.** Not only do CNAs need to learn about caring for residents who are dying or caring for the body after death, they need to understand the loss and grief that residents may be experiencing as they move to the nursing home or lose dear friends. Staff also need to be allowed time to grieve for a resident for whom they have cared. Facilities may choose to offer memorial services for residents, employees and families.

**Design ongoing training opportunities that respond to the learning needs of CNAs.** Through regular communication with formal or informal groups of residents, family members, supervisors and CNAs, administrators and trainers can identify CNA training needs. Facilities should ensure that this communication among different constituencies in the facility becomes comfortably embedded within the organization’s culture.

In response to the information collected in these discussions, supervisors and trainers should be able to respond to CNA training needs with individualized training and group learning. Wherever possible, CNAs experienced in particular areas should be trained, supported and compensated as associate trainers.

Facilities should also have a skill lab available to allow nursing assistants to refresh their knowledge of skills.

**Provide probationary period support and training.** Providers should offer additional support and training during the standard three-month probationary period. Close supervision during these early months not only improves skills but also increases retention of new employees. Supervisors and coaches can spot problems early

and intervene, helping new employees to overcome challenges related to the stress of taking on a new and often difficult job. During this three-month period, combine clinical supervision with in-service trainings and mentoring sessions. The latter will give new CNAs a chance to talk about their experiences in the field. The probationary period also provides a chance for the employer to do a final assessment of new employees and dismiss those who demonstrate that they cannot follow agency policies or provide the expected standard of care.

**Certification tests should reflect what students learn in class and what they will need to do to apply that learning on the job.** Tests should accurately assess the full range of learning experiences in the classroom and practicum settings. They should evaluate how nurse assistants make decisions about care practice and incorporate thinking skills to test the nurse assistant's ability to apply procedures learned in class to the specific characteristics and needs of an individual resident.

### **Recommendations for Further Study**

**Evaluate existing certification training programs for nursing assistants.** Develop criteria with which to evaluate existing certification training programs for nursing home nursing assistants. Look for links between effectiveness and such criteria as amount and type of instructor training, amount and content of clinical training, number of classroom hours, number and type of adult education methods used, and location of classes (nursing home, community college, private school.)

Purpose: Determine whether certain types of content, training methods, minimum hours of instruction, etc. result in better outcomes, e.g., a higher percentages of students able to pass the certification test, or a higher percentage of graduates still working as nursing assistants a certain number of years after certification.

**Evaluate provider practices aimed at improving recruitment or retention of nursing assistants.** Develop criteria for evaluating programs instituted by nursing facilities in an effort to improve recruitment and retention of direct care workers. Apply those criteria to existing programs in order to judge which methods are most and least effective. Programs evaluated may include, but are not limited to, the following:

- career ladders,
- in-service classes,
- efforts to link classroom training with on-the-job experience,
- efforts to recruit and prepare nontraditional workers for direct care jobs,
- peer mentoring and support groups,
- orientation programs for new NAs or for NAs transferred to a new unit, and
- management training for supervisors.

Purpose: Give providers tools to help them determine whether a current initiative is effective, and to allow them to build on the successes and avoid the failures of others when planning future initiatives.

Note: Some of this work will be done as part of a report due in late 2002 from the Paraprofessional Healthcare Institute and the American Association of Homes and Services for the Aging's Institute for the Future of Aging Services.

**Find out what makes nursing assistants leave the field.** Looking at several states with different demographic profiles, determine why people who are on the state nursing assistant registries but are not currently working as an NA left the profession. Provide not only a quantitative view (percent who leave within a certain time frame) but a qualitative one, asking respondents why they left the field, where they went next, and where they came from before they were trained as nursing assistants

Purpose: Recent studies in two states found that half of the people trained as nursing assistants left the field as little as one year after joining the state's registry. Some experts believe that the NA shortage would be solved if

only more of the people who are recruited and trained every year as NAs would stay on the job. A study indicating what causes NAs to leave the profession could help those who want to convince more NAs to stay on the job by giving them useful information about what makes many NAs leave.

**Identify effective ways of transferring learning from the classroom to the worksite.** Interview nursing assistants as to their early employment experiences, what did and didn't work for them what they would recommend for others. Interview nursing facility staff that hired and oriented the NAs as well, to compare their beliefs about what works with the perceptions of the nursing assistants.

Purpose: Much, if not most, NA turnover takes place within the first six months on the job, and many of those who leave do so because they weren't prepared for the realities of the job. Of those who stay, many survive by scrapping the routines they've been taught for shortcuts picked up from coworkers. Identifying the main discrepancies between the way the job of the nursing assistant is taught and the way it is practiced in nursing homes would help those who want to close that gap focus on the areas most in need of improvement.

**Identify what nursing home nursing assistants do.** Building on the OIG's upcoming study (due out in late 2001 or early 2002) of state-by-state educational requirements for nursing assistants, determine what these workers do on the job. Answer such questions as:

- What do all nursing assistants do on the job?
- What do some but not all NAs do?
- What determines whether an NA does clinical tasks such as drawing blood or passing meds?
- How common is the practice of assigning a NA to do just one task for all the residents in one unit, e.g., to give baths and showers or help at mealtimes? What are the pros and cons of such arrangements?
- What percentage of a NA's day is typically spent on personal care tasks? On clinical tasks such as helping residents with range of motion or taking vital signs? Communicating with residents? Communicating with supervisors, peers or other staff members? Communicating with residents' family members? Doing paperwork?
- What percentage of the care received by nursing home residents is delivered by nursing assistants?

Purpose: Establish an updated benchmark for what nursing assistants do on the job in order to ensure that training and support systems cover the necessary ground, as there have been significant changes in what NAs do since the introduction of training more than 10 years ago.

**Explore what types of education, coaching and other supports are needed to prepare viable CNA candidates who have been out of the workforce for some time and/or who need to improve their basic educational or English skills.** Survey existing programs aimed at recruiting and training such workers to identify methods that appear to be successful in identifying and supporting good candidates for the job of nursing assistant among these populations. Then construct a recruitment and training program based on the criteria identified as successful. Fund demonstration projects in several nursing homes to implement the program. Study its effectiveness and publish the results.

Purpose: People who have been on public assistance for years or who have poor English language skills may have the potential to become good workers for providers who often face shortages of nursing assistant candidates. Conversely, nursing assistant work can offer a way into the workforce for many of these people, easing the strain on public assistance systems. These candidates are unlikely to succeed, however, if they enter a standard certification class with no extra preparation or support systems in place. This study could help establish what

does and doesn't work in selecting the candidates most likely to succeed as nursing assistants and giving them the tools they need to become productive workers.