

**Providing Personal Care Services to Elders and
People with Disabilities:
A Model Curriculum for Personal Care Aides**

**Facilitator Guide and Handouts
2011**

California Partnership
Standards-Based Personal Care Training and Certification Project

Base curriculum developed by PHI. Adapted and expanded by the California Partnership for Standards-Based Personal Care Training and Certification project to meet the needs of California's diverse Personal Care Aide workforce. Funded by the Affordable Care Act Personal and Home Care Aide State Training (PHCAST) Program.

About the California Partnership for Standards-Based Personal Care Training and Certification Project (California Partnership)

This project is California's response to the impending long-term care tsunami and addresses the critical need to prepare individuals in California to meet the projected demands for trained personal care aides and home care aides. The California Partnership's approach to address this need is the development and implementation of a standardized competency-based curriculum that will lead to certification for personal and home care aides across the California Community College system and the implementation of the standardized curriculum in community colleges and other long-term care workforce training institutes. This project is funded by the Affordable Care Act Personal and Home Care Aide State Training (PHCAST) Program.

The California Partnership for Standards-Based Personal Care Training and Certification project is a collaborative of the following partners:

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About PHI

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers and employers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

PHI publications are made available through the PHI National Clearinghouse on the Direct Care Workforce (www.PHInational.org/clearinghouse).

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For More Information

This curriculum is an open source document; trainers are free to use and adapt this curriculum, in whole or in part, as long as there is full attribution to PHI. To find out more about PHI's Model Curriculum for Personal Care Aides—or to explore PHI consulting services to assist in adapting the curriculum to meet local needs—please contact Jill Tabbutt-Henry, Curriculum Manager, at jtabbutt@PHInational.org.

Acknowledgements and Permissions

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Also within PHI a large number of people were involved in designing and seeing this project through to its completion. The lead author was Jill Tabbutt-Henry, the Curriculum Manager for PHI. Other PHI staff who have contributed include: Joe Angelelli, Steve Edelstein, Karen Kahn, and Peggy Powell. Former staff member Carin Tinney helped to create many of the exercises and much of the content. Former staff member Vera Salter contributed to the identification of the core competencies upon which this curriculum is based.

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Activity 20.2, Recognizing & Reporting of Abuse & Neglect, was authored originally by CARIE, and is adapted with permission from *Competence with Compassion™—A Universal Core Curriculum for Personal Care Aides in Long-Term Care*, Center for Advocacy for the Rights and Interests of the Elderly (CARIE), 2007.

Activity 2.2, Teamwork and Team Building, includes the “4C’s” approach to team development, adapted from the Institute for Caregiver Education (www.caregivereducation.org).

The poem by Jenny Joseph, “Warning: When I Am an Old Woman I Shall Wear Purple,” is published with permission pending from Johnson & Alcock Ltd., Clerkenwell House, 45-47 Clerkenwell Green, London, EC1R 0HT, info@johnsonandalcock.co.uk.

The exercise, “When I Am 80,” is adapted from an exercise of the same name in *Strengths based care management for older adults* by Becky Fast and Rosemary Chapin (Health Professions Press, 2000, <http://www.healthpropress.com>) and is included with permission pending from the publisher.

Handout 13.5, “Body Language Speaks,” is adapted from the presentation “A New Approach to Dementia Care Training” by Teepa L. Snow, Melanie Bunn, and Maureen Charlton of the

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Alzheimer's Association's Eastern North Carolina Chapter in Raleigh, at the World Alzheimer Congress 2000, as reported in "Long Term Care Provider.com."

<http://www.longtermcareprovider.com/content/news/>

Many of the skills checklists were adapted from *Nurse Aide Curriculum Guidelines*, developed by Penn State's Professional Personnel Development Center, for the Bureau of Career & Technical Education of the Pennsylvania Department of Education (Project No. 093-02-2220 & 093-03-3004).

The development of Module 24 – Career Development was developed by Cathay O. Reta working in collaboration with Marilyn McNall, Mt. San Antonio College.

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Overview and Introduction for Trainers

Responding to a need for a better trained and better integrated long-term care workforce, PHI developed a competency-based, adult learner-centered curriculum for personal care workers. The California PHCAST team enhanced the core curriculum with the addition of two modules – Career Development and Customer Service Excellence. The result is a 100-hour Personal Care Services curriculum designed to meet three major goals:

- To help participants develop the core competencies needed to provide personal care in a range of long-term care settings;
- To introduce potential workers to all the different settings; and
- To lay the foundation for further training as nurse assistants or home health aides.

This Personal Care Services curriculum can be used in two ways. As a stand-alone curriculum, it can be used to train workers who provide personal care services in people’s homes or in assisted living or other residential facilities. And it can be used to as a first level of training to prepare workers for jobs in nursing facilities and home health care agencies.

Why Is This Curriculum Needed?

Recently, much attention has been paid to the aging of our society. Americans over age 85 are currently our fastest-growing demographic group; and, over the next two decades, the “Baby Boom” generation will be turning 65. While these changing demographics will have ramifications throughout our society, nowhere will that impact be more profound than within our long-term care system, where there will be a significant surge in the demand for services and supports. In fact, the Bureau of Labor Statistics of the U.S. Department of Labor projects that *Personal and Home Care Aides* and *Home Health Aides* will be the second and third fastest-growing occupations this decade, increasing by roughly 50 percent between 2006 and 2016.

These occupational projections also reflect changes in our long-term care system: long-term care services are increasingly being delivered in home and community-based settings as opposed to traditional nursing homes. This shift is a result of both consumer preferences and government policy.

The shift to home and community-based services affects our long-term care system in two ways. First, it further increases the demand for workers, since it takes more people to meet the care needs of consumers who are spread out throughout a community, than those who are clustered in a facility. Second, it asks home care workers to provide services to people with more complex health conditions. Serving consumers with more complex needs requires greater skill, judgment,

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and personal accountability on the part of home care workers, who work in relative isolation; with less support and less direct supervision than comparable nursing home workers. Yet, despite the challenge of these positions, training requirements for personal care workers (i.e., home care workers who are not providing health-related services) remain very limited across states and variable across programs within states. Moreover, many home health aides, who by federal law must complete a minimum of 75 hours of training, receive their training in certified nursing assistant programs that prepare them to provide services in nursing facilities rather than people's homes.

To meet the increasing demand for Personal Care Aides and to help ensure quality services, a number of states are beginning to consider workforce development strategies that can bear the weight of the changes in our long-term care system. Some of the changes that policymakers are considering to ensure that training systems are developing a workforce that is more flexible, versatile, and capable of meeting higher levels of demand include:

- Requiring that *all* workers in all settings have the skills and knowledge to provide direct-care services safely, effectively, and in line with consumer preferences (i.e., “person-centered”)
- Ensuring that workers are familiar with the range of settings in which services may be provided
- Providing training that is linked to standardized credentials that would be portable and recognized across long-term care settings

California PHCAST chose PHI's curriculum as part of a training program designed to meet these needs. It is based on a set of core competencies necessary to successfully provide personal assistance services in the home or assisted living facility and addresses the gap in training requirements for this critical class of worker. The personal care worker curriculum can link to additional training covering the competencies necessary to perform the health-related services required for certification as a CNA or home health aide. Structured in this way, California PHCAST's model curriculum increases the portability of training and helps to provide a recognized progression of training and a career ladder for direct-care workers. Ultimately, it is a key component for building an adequate and stable workforce, necessary to meet our need for quality long-term care services now and in the future.

Why Competency-Based Training?

The content of this curriculum is based on PHI's analysis of the competencies that Personal Care Aides need in order to provide personal care services to elders and to consumers with

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disabilities, in whatever setting they reside (Appendix A). Trainees who successfully complete this training will be qualified to become personal care workers. Additional training, covering the competencies in Appendix B, would be required to assist nursing home residents and Medicare-certified home health clients.

By competency we mean:

The capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform “critical work functions” or tasks in a defined work setting.¹

The value of using the term competency is that it brings the focus on what someone needs to objectively *know and do* in order to perform a job proficiently. It takes the emphasis away from classroom hours and passing tests and puts the focus on on-the-job performance. Definition of competencies can be used for a number of purposes including assessment of job readiness, curriculum development, designing performance evaluation systems, and credentialing incumbent and experienced workers for what they have already learned on the job.

To develop the competencies upon which this curriculum is based, PHI drew on the work of multiple states and PHI’s own work in developing competencies for the U.S. Department of Labor’s Apprenticeships for Home Health Aides and Certified Nursing Assistants. Originally, a set of competencies was developed that was specific to each of the various long-term care work settings – nursing homes, home care, personal care homes, assisted living, adult day services-- and consumer-direction. These competencies were reviewed by various stakeholder groups and individuals, as part of a project with the Department of Labor and Industry in the Commonwealth of Pennsylvania. The competencies that were identified as being required across settings to provide nonmedical assistance became the basis of this model curriculum (Appendix A). The additional competencies necessary to provide assistance to consumers with more complex medical conditions are listed in Appendix B. Together, these competencies are also consistent with content specified in the Federal Nursing Home Reform Act of 1987 (OBRA).

Why “Adult Learner-Centered” Training?

Adult learner-centered training, as the name implies, focuses on the learning process of the trainee. Although this may seem obvious, traditional training usually focuses on the “teaching process” of the trainer. In shifting the focus to the learning process, the trainer’s function is to provide a framework for that process -- ensuring that the appropriate learning experiences and resources are available, asking questions to guide participants’ inquiry and reflection, and giving feedback on their level of success. Learner-centered training focuses on the concrete and immediate needs of the participants and builds on their current knowledge and skills. With this

¹ US Department of Labor

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approach, the extensive and varied experiences of participants enrich the learning environment and bolster participants' confidence in learning new material.

We recommend using a learner-centered approach for training Personal Care Aides in long-term care because it allows trainers to meet the learning needs of trainees with a wide range of learning styles, experiences, and abilities. Many people who are drawn to direct-care work in long-term care are low-income women between the ages of 25 and 55. Many of these women have not graduated from high school; some are immigrants with limited English-language skills. On average, trainees have functional reading and math skills that range between the fourth- and eighth-grade levels. In addition to the educational challenges, many trainees have had little formal work experience and face daunting life challenges of raising children and caring for extended family members on limited incomes. Because many of these women are intimidated by the idea of being in “school” – and perhaps even of holding a regular job -- our first concern for an effective training is to create a supportive and safe learning environment in which trainees can develop the necessary competencies in an atmosphere that also builds and reinforces self-confidence and self-esteem.

In keeping with our focus on meeting the needs of the learners, the handouts for this curriculum were specifically designed for readers with lower literacy levels, or for trainees for whom English is a second language.

The Structure of the Curriculum

This curriculum is divided into twenty five modules, which can easily be taught in half-day sessions (see Appendix C). The total training time is approximately 100 hours.

The first 7 hours are an orientation to the work of personal care workers and to key concepts of direct care. This also includes an introduction to the various settings of direct-care work – home care, assisted living, personal care homes, adult day services, nursing homes--and to consumer-direction.

The next 6 modules address knowledge, attitudes, and skills that are essential in all settings. These include infection control, body mechanics, body systems and common diseases, working with elders, respecting differences, and communication skills.

Modules 9 through 19 show how these foundational areas of knowledge, attitudes, and skills are applied when working with individual consumers using a person-centered approach to providing care -- that is, providing care in a way that responds not only to a specific consumer's needs but also to that consumer's preferences as to how and when that care should be delivered. This is done through the use of consumer profiles -- fictionalized descriptions of typical consumers in

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the various long-term care settings. Participants learn how to assist with activities of daily living (ADLs) through case scenarios and role plays that focus on the profiled consumer. The specific needs of various types of consumers, both elders and independent adults with physical disabilities, in the range of settings are learned through the perspective of the profiled consumer. Role plays, small-group work, and training labs provide opportunities for participants to reinforce knowledge, develop attitudes, and practice skills.

Modules 20 and 25 wrap up the training by considering, again, issues affecting consumers and workers across the range of work settings. Participants are introduced to the needs of consumers who have a mental illness or a developmental disability. They learn how to identify signs of abuse and neglect and how to report them. They revisit the concept of the rights of consumers and workers (from the first module), now from the perspective of having studied the profiles of five different consumers. And they consider how to balance the demands of work with the rest of their lives, managing time and stress, in order to maintain their health and energy for this important work.

Structure of the Facilitator's Guides

Some trainers may find the adult learner-centered approach to teaching challenging. For that reason, we have developed a detailed facilitator guide, enumerating expected learning outcomes and the steps for each learning activity. However, what is most important about adult learner-centered teaching is adapting lessons to the needs of the learners. Therefore, we expect this curriculum to serve as a guide, recognizing that it may require adaptation to fit the needs of various audiences.

Module summary: Each module begins with summary pages describing:

- Goals of the module
- Teaching methods and time required for each activity within the module
- Supplies and handouts needed
- Advance preparations to help the learning activities run smoothly.

Detailed guides for the activities follow the module summary. Each activity guide includes:

Learning outcomes: Participants should have adopted or be able to demonstrate these concrete, measurable behaviors by the end of the activity. The focus of each activity, they provide a basis for instructors to measure the effectiveness of the curriculum.

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

Activity steps: These guides help instructors move logically through each activity. A time estimate is provided for each activity and its parts. However, instructors should be mindful of the size, needs and interests of the learning group, and should adapt both the steps and the time to meet those needs.

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

Handouts: Each facilitator guide is accompanied by a Handout file that includes all handouts to be used during the particular session. Instructions for use of the handouts are included in the activity steps. More information about the use of handouts is provided in this Introduction under the section, “Teaching Tips.”

Teaching Methods: Focus on Participation

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

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

Case scenarios: Caregiving skills and the person-centered approach are better learned in a reality-based context rather than as abstract concepts. Case scenarios are realistic examples used to illustrate a point or to challenge participants to devise effective solutions. This curriculum uses fictional profiles of consumers to introduce long-term care settings from a person-centered perspective, including the types of assistance

consumers need and the skills required to assist them. Often, exercises present situations that participants might encounter in the workplace, in order to develop problem solving and communication skills, in addition to caregiving skills.

Role plays: Role plays make case scenarios come alive as participants act out situations they are likely to encounter on the job. In this curriculum, two types of role plays are used: demonstration role plays and practice role plays. Demonstration role plays provide material for analysis and discussion. These role plays may be previously scripted. During practice role plays, participants draw on prior knowledge and experience while also developing communication and caregiving skills.

Role-playing encourages participants to take risks in a safe environment, where they can learn from mistakes. Although not all participants will be comfortable performing in front of others, risk taking is an essential part of learning. One way to lower the risk level, especially early on in the training, is to conduct role plays in small groups rather than in front of the whole group. Instructors can also demonstrate a role play, sharing their own thoughts and feelings about role-playing in order to make participants feel more comfortable.

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

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

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

Teaching Tips

Planning and Preparation

- To keep participants engaged, interactive presentations should be limited to 15 minutes or less. Facial expressions, varied voice tones, and movement by instructors will keep activities dynamic.
- In the afternoon, groups often become lethargic. A brief, energizing activity in which people move their bodies a bit can shake off sleepiness and keep participants focused on learning. For example, participants can stand and shake out their arms and legs or stand in a circle and bounce or toss a ball across the circle to one another. The idea is just to get the blood moving again, so energizers can be brief (2 minutes or less).
- Before teaching each module, instructors should review the activities and consider the arrangement of chairs that will work best for each. For example, activities involving role plays require a “stage” area that is easily viewed by the group. Check-ins and closings have a more intimate quality with chairs arranged in a circle. Participants can help rearrange chairs between activities.
- This curriculum is written with detailed instructions useful for new instructors. Experienced instructors will be able to draw from their own “toolbox” to vary some activities.

Teaching Materials, Supplies, and Equipment

This curriculum requires a flip chart pad and easel, colored markers, masking tape, pens or pencils, paper for participants, nametags, and three-ring binders for participants. Additional supplies needed for skill demonstrations and practice labs are listed with the overview of each module.

Prepare flip charts in advance: Write large -- printed words on flip chart pages should be large and clear. The suggested flip chart pages are based on a maximum of 15 lines per page, and 30 characters per line. More information than that is too hard to read and comprehend on a flip chart. Using colored markers for different concepts can also help to delineate and highlight specific points.

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

Provide handouts: The handouts for this curriculum were specifically designed for readers with lower literacy levels, or for trainees for whom English is a second language. Some handouts are meant to review concepts, while others are worksheets to be completed during activities. The general strategy is to distribute the handouts during an activity or after the activity, to reinforce the learning. Passing out materials as they are used ensures that the information taught in each activity is fresh and provides participants with a sense of accomplishment as each activity or module is completed. It also helps to ensure that the learners remain focused on the information being conveyed in the moment, rather than reading pre-distributed handouts while the instructor is talking.

Build a resource guide: The handouts will become important reference sheets for participants when they apply their new skills in the workplace. Thus, one desired outcome is to create a resource guide that participants can refer to after the training is completed. Every participant should be given a three-ring binder in which to keep handouts distributed for each activity. For this purpose, handouts should be copied on 3-hole paper.

Teaching Techniques

- Throughout the training, it is important that instructors consciously model communication skills that are the foundation for caregiving relationships in interactions with the participants. These include active listening, paraphrasing, and asking open-ended questions.
- If two instructors are co-teaching, it is often effective for one to facilitate discussion while the other writes key points on a flip chart page or overhead.
- Instructors should attempt to draw out the quieter people in the group so that everyone speaks during a discussion. More talkative participants should be encouraged to monitor their “airtime” and not be allowed to dominate discussions.
- There are several opportunities in the training for participants to share stories from personal experience. Because this is a rare pleasure for many, such conversations can take on a life of their own. The instructor should keep stories focused on the main point of the activity and watch the time so that all participants get a chance to share.
- Participants’ sharing may elicit questions or issues that cannot be tackled during the activity’s allotted time. In such situations, the instructor may want to track these issues in a visual way by creating a “parking lot”—an ongoing list on a flip chart page. As time and interest allow over the course of the training, these issues can be addressed.
- Role plays are critical to the effectiveness of this curriculum but may be new to many participants. Some may feel reluctant to participate. Instructors should explain that the role plays involve *practice*, not performance, and that participants will not be judged

negatively for their efforts. Participants will learn the most from the role plays if they take their roles seriously and do their best.

- Role plays may also be new to instructors. Instructors who feel nervous about them will pass on their nervousness to participants. Therefore, it is essential that instructors practice the role plays prior to the seminar until they are comfortable with them and can support participants in taking risks to participate.
- Participants sometimes pose questions for which instructors don't have answers. If this happens, instructors should acknowledge that the question is new to them and that they may be able to locate an answer before the next session. A willingness to research the question will demonstrate instructors' investment in participants and in the training.

Evaluation of Learners' Competence

One principle of adult learning is that learning is most effective when it involves all three learning domains – knowledge, attitudes, and skills. The selection and combination of teaching methods used in this training specifically address those three domains for each competency. Likewise, the assessment of adult learning is most effective when the evaluation strategies address all three domains. Different evaluation strategies are more effective for the different learning domains, so a combination of strategies is required to most effectively assess trainees' competence.

Evaluation of Knowledge

Knowledge has traditionally been evaluated through written tests, which are in use in many existing direct-care worker training programs. This program includes periodic assessments to allow instructors to monitor the progress and retention of the adult learners in the program.

Because written tests can assess some levels of knowledge retention, but in some instances this training program also measures knowledge by observing trainees applying that knowledge in practical settings – i.e., through questioning *why* procedures are done, or are done in a particular way, during practice laboratories and return demonstrations. Thus, we recommend that knowledge tests (verbal or written) be supplemented by observation and discussion during return demonstrations.

Evaluation of Attitudes

Attitudes are often overlooked in training for and evaluating competencies because they are considered less concrete and more internal than other areas of learning. However,

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attitudes can be expressed through behaviors, and there are clearly desired behaviors in direct-care work. Attitudes can be assessed by instructors informally throughout the training by observing trainees' behavior in group work, role play, practice labs, and discussions. Attitudes can also be more formally assessed during return demonstrations, when trainees are expected to show not only how they would perform key skills, but also how they would interact with consumers while performing those skills.

Evaluation of Skills

Skills development may be the most obvious learning domain for direct-care worker training. Detailed skills checklists are provided in the handouts for this curriculum, to serve as guides for teaching and learning, as well as checklists for evaluation. These checklists focus on the concrete tasks involved in supporting or assisting a consumer in a long-term living setting. However, communication, relationship-building, and problem-solving are also key areas of skills required for direct-care work. These skills can be assessed throughout the training through participants' performance in role plays and other interactive exercises, as well as through the return demonstrations, in some cases.

For More Information

This curriculum is an open source document; trainers are free to use and adapt this curriculum, in whole or in part, as long as there is full attribution to PHI. To find out more about PHI's Model Curriculum for Personal Care Aides—or to explore PHI consulting services to assist in adapting the curriculum to meet local needs—please contact Jill Tabbutt-Henry, Curriculum Manager, at jtabbutt@PHInational.org.