



Adult Learner-Centered Training: An Introduction for Educators in Home and Residential Care

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Overview



Educators who train direct-care workers seek to provide quality training that will support frontline staff in delivering quality care to consumers. However, with only a few short weeks to prepare workers for their jobs—and an abundance of content—many trainers turn to what they imagine is the only way to cover all the material: lectures, text books, tests, and required personal care skills practice.

The result: Many direct-care workers report that their training is not adequate. They feel unprepared to provide supportive,

compassionate care to people facing difficult physical and emotional challenges. Moreover, direct-care workers educated in training programs that stress only the “right” way to provide assistance to their clients often lack the skills to be more flexible and responsive to consumers who may want things done in a different way.

As a consequence of their lack of preparation, many workers will leave direct-care work within their first few months of employment.

A Different Approach

This guide introduces a different approach to teaching—adult learner-centered training—that has been shown to be effective with adult learners in a wide variety of settings: from American

workplaces, community colleges, and adult-education centers to rural villages in Latin America, Africa, and Asia.

PHI and its network of affiliated agencies¹ have been using and developing this approach to successfully train direct-care workers and other long-term care staff for over two decades.

The Content of This Guide

Much has been written about adult-learner centered training (see Appendix A: Additional Reading on Adult Learner-Centered Training). Our goal, in this guide, is to make this information easily accessible to long-term care educators.

We have divided this guide into three sections:

- I. Adult Learner-Centered Training: What It Is and Why It Works
- II. How to Do Adult Learner-Centered Training
- III. How to Make Your Entry-Level Training More Learner-Centered

The appendices (A through F) also provide generous additional resources for you to explore and integrate into your ongoing adult learning-centered training programs to make them more responsive and effective.

Adult Learner-Centered Training: What It Is and Why It Works



What It Is

Learner-centered training, as the name implies, focuses on the learning process of the trainee. By contrast, traditional teaching, including most workforce training, is usually teacher-centered—i.e., focused on the “teaching process” of the trainer. In teacher-centered training, the trainer is the “expert,” imparting knowledge to the students. The trainer generally showcases his or her knowledge through lectures and slide presentations, sometimes adding videos or guest lecturers to

supplement the curriculum. The role of the trainee is to listen, ask questions, and absorb information. The trainee is a passive vessel waiting to be filled with new information.

When the teaching approach puts the learner and the learning process at the center, the trainer’s function shifts. *Rather than primarily functioning as the information expert, the trainer acts as a facilitator, providing a framework for the learning process.* The trainer’s role is to ensure that the appropriate learning experiences and resources are available, to ask questions that guide participants’ inquiry and reflection, and to give feedback on their level of success. The trainer designs multiple learning activities and uses various techniques to support and facilitate the learning process, building on what learners already know.

At its core, adult learner-centered training assumes learning is active, not passive. That is why trainers using a learner-centered approach rely heavily on role plays, case scenarios, small group

At its core, adult learner-centered training assumes learning is active, not passive.

work, and other forms of interactive learning (see Appendix B, Skills for Facilitating Learning Dialogue, and Appendix C, Interactive Training Methods).

Adult learner-centered training is also characterized by its focus on the competencies that trainees need to perform well on the job. It takes into consideration their concrete, immediate needs and builds on the knowledge, attitudes, and skills that trainees have gained through their life experiences. The varied experiences of participants enrich the learning environment and bolster participants' confidence in learning new material.

Adult learner-centered training is also

Why It Works

The learners

Adult learner-centered training is particularly effective with “nontraditional learners”—those who do not learn well through lectures and reading. Many such learners can be found in direct-care worker trainings.

Typically, direct-care trainees are low-income women between the ages of 25 and 55. Like all people, they have a variety of learning styles, experiences, and abilities, but many of these women have not graduated from high school. On average, trainees have functional reading and math skills that range between the fourth- and eighth-grade levels. Some are immigrants who, though they may have had more formal education in their native countries, have limited English-language skills. Because many trainees were unsuccessful in school, traditional learning environ-

Adult learner-centered training is particularly effective with “non-traditional learners”—those who do not learn well through lectures and reading.

ments where the teacher is perceived as the “authority” tend to block their ability to learn. An adult learner-centered classroom offers a more supportive and safe learning environment in which trainees can develop the competencies necessary for delivering quality care.

Designed to meet adult learner needs

Adult learner-centered training is based on what we know from educational researchers about how adults learn best. The educator Malcolm Knowles, who is considered by many as the “father” of adult learning,² identified key characteristics related to how adults learn:

- Adult learners move from dependency to self-directedness

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- Adult learners draw upon their own experience for learning
- Adult learners are motivated to learn when they assume new roles
- Adult learners want to solve problems and apply new knowledge immediately³

Jane Vella, a founder of Global Learning Partners, an adult education enterprise, coined the term “dialogue education,” after applying Knowles’s principles in teaching adults in over 40 countries. Vella notes that “adult learning is best achieved in dialogue... adults have enough life experience to be in dialogue with any teacher about any subject and will learn new knowledge, attitudes, and skills best in relation to that life experience”⁴ (See Appendix B).

PHI has applied Knowles’s and Vella’s assumptions about adult learners in its training of thousands of direct-care workers over the past 20 years. Out of our own experiences and observations, we have identified six adult learning principles that are the foundation of successful training programs. These are briefly described below. Tips for applying these principles in the classroom are found in Appendix D.

Adults learn best when:

- 1) They feel respected.
- 2) The learning environment feels safe and supportive.
- 3) The content is relevant to their needs.
- 4) Learning activities are varied to account for different learning styles and challenges.
- 5) Lessons encompass the three learning domains—knowledge, attitudes, and skills.
- 6) Opportunities are provided for practicing skills and applying knowledge in realistic situations.

1. Adults learn best when they feel respected: Learning is enhanced when individuals feel respected for their ability to learn and for the knowledge, skills, and insights they bring to the learning process based on their life experience—for example, many direct-care workers bring experience as family caregivers.

2. Adults learn best when the learning environment feels safe and supportive: Whether due to low literacy, learning disabilities, cultural or language issues, direct-care trainees often lack confidence in their ability to participate in thoughtful dialogue and to learn new knowledge and skills. As a result, emotions may get in the way of learning. When trainers consciously create a learning environment in which participants feel safe sharing ideas, trying out new attitudes, and practicing new skills, learning barriers are greatly reduced.

3. Adults learn best when the content is relevant to their needs: Direct-care workers, like all adult

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learners, have busy, complex lives. The more these learners see how lessons are relevant to their immediate needs—to provide quality care to consumers—the more likely they will be motivated to learn.

4. Adults learn best when learning activities are varied to account for different learning styles and learning challenges: Different training methods appeal to different learning styles—for example, interactive presentations appeal to those who learn through hearing (auditory); flip charts, slides, and demonstrations appeal to those who learn by seeing (visual); and case studies and role plays appeal to learners who learn by doing (kinesthetic). The repetition and recycling of information in different formats and contexts boosts learning as a whole.

5. Adults learn best when lessons encompass all three learning domains—knowledge, attitudes, and skills: All learning involves three learning domains—knowledge (facts about the body, hygiene, nutrition), attitudes (respectful, compassionate, cooperative), and skills (communication, personal care). Most importantly, learning, or becoming “competent” in any area, rarely

involves only one learning domain, and it often combines elements of all three.

The adult learner-centered approach relies on learning, practicing, and reflecting on the learning experience.

6. Adults learn best when given opportunities to practice new skills and apply knowledge to realistic situations. The adult learner-centered approach relies on

learning, practicing, and reflecting on the learning experience. Learning activities that ask participants to apply knowledge and practice skills using case scenarios and role plays are designed to encourage participants to integrate new knowledge, attitudes, and skills.

These principles are the bedrock upon which adult learner-centered training programs are built. These programs are successful because the best learning happens when trainers establish safe learning environments that show respect for learners, accommodate diverse learning styles, cover all learning domains, and make learning relevant, engaging, and fun.

Supports development of work-readiness skills

Many direct-care trainees do not have formal workplace experience. Because adult learner-centered training consciously integrates the development of *knowledge, attitudes, and skills*, learners are more successful in the workplace. By learning and practicing successful behaviors for the training environment—such as teamwork, timeliness, and respectful communication—learners develop successful behaviors for the workplace. These skills may be taught in separate lessons, but are, most importantly, fully integrated throughout the training. Working on these skills throughout the training better prepares workers to meet the challenges of caring for (and engaging in problem solving with) individuals with diverse backgrounds and needs.

How to Conduct Adult-Learner Centered Trainings



Adult learner-centered training requires trainers schooled in traditional educational approaches to change the way they teach. Though trainers may be familiar with some of the teaching methods, such as role plays and small group work, these methods need to be put together in ways that respect the knowledge that trainees bring to the classroom, engage learners with different learning styles, address different learning domains, and build knowledge and skills through practice and application. In this section, we introduce the “adult learning cycle,” which provides a framework for the adult learner-

centered approach. We also provide some practical suggestions for supporting the needs of diverse learners and overcoming learning barriers.

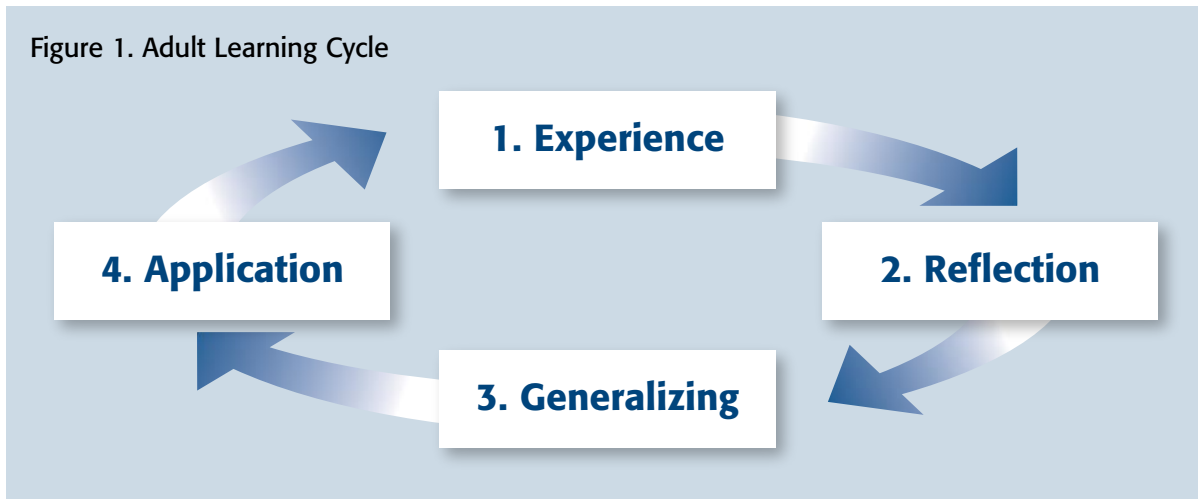
A. Follow the Adult Learning Cycle

What is the adult learning cycle?

The “adult learning cycle”⁵ incorporates what is known about how adults learn into a structured learning process. During training, activities follow the learning cycle in order to build knowledge, attitudes, and skills over time.

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Figure 1. Adult Learning Cycle



As shown in Figure 1, the adult learning cycle has four steps:

- Step 1.** *Anchor the new topic in the experience of the learners.* This is done by creating an experience in the classroom or by having participants describe what they have already experienced in their own lives, related to the new topic.
- Step 2.** *Reflect on that experience,* focusing attention on key aspects of the experience that relate to the new topic.
- Step 3.** *Generalize about what happened,* considering what knowledge, attitudes, or skills participants can learn from their experience and integrating new information into their knowledge base.
- Step 4.** *Apply the new learning to other situations,* to see if it holds true. This final step provides a new “experience,” and the cycle begins again.

How is the adult learning cycle different from traditional approaches to training?

Begin with experience: Traditional approaches to training either rely exclusively on the lecture for transmitting new information, or use lectures followed by interactive exercises to apply the new information. Conducting learning exercises after a lecture is far better than lecture alone, but there is still the likelihood that new information is presented *before* learners have figured out *why* they should be listening.

With the adult learning cycle, the learning process begins with an actual experience.

With the adult learning cycle, the learning process begins with either an actual experience in the classroom or with talking about

experiences in the real world that relate to the topic. This engages the learner in the topic immediately by showing how the new information or skills affect the learner in the present moment or in the past. This approach has two major benefits:

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- Learners are more likely to pay attention and be involved in a presentation when they feel personally connected to the topic (applying the adult learning principles of *relevance* and *respect*).
- New information that is presented after the experience and reflection phases can be better tuned to the specific needs and experiences of the learners (applying the principle of *relevance*).

Focus on the learner: The adult learning cycle shifts the focus from the trainer to the learner and what he or she already knows (*respect*) or needs to know (*relevance*); the trainer guides the learner through his or her own learning process (*support* and *respect*). Having found answers on their own (*applying knowledge* and *practicing new skills*), learners are much more likely to remember the new information or skills than if they were simply told or shown what to do.

Use training methods specific to each phase: The adult learning cycle encourages the use of multiple training methods, thus simultaneously addressing two principles: teaching to *the three learning domains* and the full *range of learning styles* (see Table 1, page 10, “Adult Learning Cycle: Training Methods and the Trainer’s Role”). For example:

- A large-group exercise for the experience phase could allow people to interact, thereby exploring their *knowledge* and *attitudes* and possibly tapping the *kinesthetic learning style* with a role play or other interactive activity.
- Discussing what happened (reflection) would engage *auditory learning*.
- Providing new information (*knowledge*) to explain what happened (generalizing) would continue to engage *auditory learning*; using flip charts and handouts would tap *visual learning*.
- Finally, applying what has been discussed in work-based role plays and return demonstrations would allow participants to develop *attitudes* and *skills*, and to reinforce what they have learned *kinesthetically*, by being physically active and involved. (See Appendix C, “Interactive Training Methods” for more detail on how to apply these methods in the classroom.)

The adult learning cycle encourages the use of multiple training methods.

In summary, when trainers apply the adult learner-centered principles within the framework of the adult learning cycle, trainees become active participants in the learning process. Learning not only becomes more fun and engaging, but learners are able to more successfully integrate new knowledge and skills and apply that knowledge in the workplace.

How does the adult learning cycle “work”?

In the adult learning cycle, the trainer facilitates learning by designing the learning experience to address the learner’s interests and needs, ensuring that the necessary resources are available to the learner, and guiding the learning process by asking questions that require learners to find

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Phase	Methods	Trainer's Role	Questions to ask trainees
1. Drawing on Experience	<ul style="list-style-type: none"> ■ Games & large-group exercises ■ Simulation activities ■ Guided imagery ■ Large-group discussion ■ Small-group work ■ Case scenarios ■ Role plays 	Refer to learners' previous experience; or provide structure for new experience within the classroom—i.e., give objectives, instructions, and time frame	<p><i>Classroom experience:</i> Instead of asking questions, trainers give specific instructions to create an in-class experience.</p> <p><i>Drawing on past experience:</i> What do you know/what have you experienced in your life that is related to this topic?</p>
2. Reflecting on the Experience	<ul style="list-style-type: none"> ■ Pairs or small-group discussion and reporting out ■ Participant presentations ■ Large-group discussion ■ Journal writing/self-assessments 	Help the learner to focus on key points and to share ideas and reactions with others	<p>What happened?</p> <p>How did you feel when...?</p> <p>What did you notice about...?</p> <p>How do others feel about...?</p> <p>Why do you agree or disagree?</p>
3. Generalizing about the Experience	<ul style="list-style-type: none"> ■ Large-group discussion ■ Interactive presentation ■ Demonstration ■ Reading 	Guide the learner to new insights; provide new information	<p>What did you learn from this?</p> <p>What are some major themes we've discussed here?</p> <p>How does this new information, or experience, fit into what you already know?</p>
4. Applying what is learned to new situations	<ul style="list-style-type: none"> ■ Skills practice (training labs, case scenarios, or role plays) ■ On-the-job training (e.g., apprenticeship) ■ Direct observation of caregivers ■ Discussions 	Coach the learner by providing feedback, advice, and encouragement	<p>How can you apply this in your own situation?</p> <p>How would you do this differently?</p> <p>What do you think will be most difficult when you use this?</p> <p>How can you overcome barriers?</p>

the answers on their own. The following example shows how to prepare a lesson on working with elders using the adult learner cycle. (The entire training module is included in Appendix E).

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Working with Elders: The goal of this 3.5-hour module is to prepare participants to help elders cope with changes associated with aging.

Experience: An individual true/false survey addresses participants' existing knowledge and attitudes about aging. (Participants keep their survey, which will be revisited at the end of the module.) Then participants answer questions anonymously about what they imagine their lives will be like when they are 80.

Reflection: These anonymous responses are collected and then read aloud. Participants are asked to consider what these responses tell them about their own attitudes towards aging and how their expectations could affect the way they work with elders. This "reflection" phase is wrapped up by sharing a poem about some of the liberating aspects of aging.

Generalizing: An interactive presentation covers the normal changes of aging—addressing some of the myths included in the true/false survey and some of the attitudes expressed in the "When I am 80" exercise.

Application/"New" Experience: Pairs of participants rotate through stations that simulate some of the sensory changes of aging that they identified—e.g., sight, hearing, touch. While one participant experiences what those changes feel like, the other participant tries to help him or her do a simple task; then they switch roles. This application of what they have learned is also a new experience to reflect upon.

Reflection: After all participants have rotated through all the stations, in large-group discussion, participants share what they learned through this exercise, both from the perspective of the elder and the direct-care worker.

Generalizing/Application: Again, two phases are combined. Working in small groups, participants are given a list of common conditions of aging that relate to one body system. First, they identify the body system (generalization), and then suggest ways the direct-care worker can assist an elderly person to cope with these changes (application). They can use textbooks, handouts, and all the resources available to them. The groups then share their work with the other participants in the large group, with the trainer correcting or adding as necessary.

Generalizing/Reflection: The module is completed with a review of the correct answers to the true/false survey on aging (generalizing). Then each participant is asked to share the most important thing they learned from this module (reflection).

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Notably, this set of activities reinforces all of the adult learning principles discussed above. The module activities engage learners with visual, auditory, and kinesthetic learning styles. They build knowledge, attitudes, and skills in a safe and supportive environment. Respect for what learners know is communicated through the initial learning quiz and discussions that follow; connections are also made to the needs of elders with whom participants will be working in the future, reinforcing relevance.

Table 1, “Adult Learning Cycle: Training Methods and the Trainer’s Role” (page 10), summarizes the adult learning cycle, the training methods applicable for each phase, the trainer’s role in each phase, and the kinds of questions that stimulate dialogue and learning as the learners move through the learning cycle.

B. Support Diverse Learners to Succeed

From day to day, learning isn’t always at the top of life’s list of priorities. Particularly for entry-level trainees, it may be nearly impossible to leave responsibilities and stresses at the door when entering a classroom. In addition, some trainees may have language or literacy barriers or learning disabilities.

It is inevitable that such barriers to learning will surface in the classroom. A crisis at home may cause a trainee to be late for class. Fear of failure may cause an “attitude” problem. A night job may lead to a trainee being unable to stay awake during class. Being vested in all participants’ full participation in learning requires more than a good training design—it requires constant attention and objective curiosity about what is going on for individuals. Addressing the barriers head-on—through assessments, one-to-one conversations, written tools, and referrals to

Addressing the barriers head-on... can support participants in succeeding in the classroom.

outside resources (e.g., literacy programs and or other service organizations)—can support participants in succeeding in the classroom.

Most importantly, trainers adopting the adult learner-centered approach need to ensure that they are always reinforcing adult learning-centered principles of safety and respect, relevance, practical application, and addressing diverse learners. Some of the techniques trainers use to support diverse learners and overcome learning barriers are detailed below. Additional tips can be found

It is helpful to collaborate on ground rules that will create a safe and supportive environment for everyone.

in Appendix D, Applying Adult Learning Principles: Classroom Tips.

Create a learning community. A training should always start with an activity that helps participants and trainers learn the

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names of everyone in the class. In addition, it is helpful to collaborate on ground rules that will create a safe and supportive environment for everyone.

Use learning games and icebreakers. Icebreakers help participants leave behind whatever is happening in their life outside the classroom and focus on learning. Icebreakers and other learning games also provide participants with opportunities to get to know fellow trainees, to build support within the group, and to feel successful.

Encourage participation. *Use small groups early and often.* In the large group, use techniques such as throwing a “koosh” ball or a crunched up piece of paper to the next person you would like to speak to maximize conversation flow and learner input.

Recycle information. People don’t learn much from hearing (or even doing) something just once. Offer information in as many ways as you can, and continue to return to early lessons by integrating that knowledge into later lesson plans. For example, in entry-level training, topics such as infection control, client safety, and communication skills can be reintroduced each time a new personal care skill is taught.

Reinforce learning through application. Case scenarios and role plays can be used in a variety of ways to encourage problem solving and to practice skills. Increase the level of complexity of scenarios as the training progresses.

Provide textbook tips. If trainees do not have high-level English language literacy skills, they will need extra support when using a textbook. Spend some time teaching trainees: (a) how to scan chapters ahead of time to get a sense of what the material is about (i.e., read the title, subtitles, summary, and study questions *before* reading the chapter), (b) how to become active readers, and (c) how to use the text for review.

When you give a reading assignment, review the material in class to ensure that everyone understood what they read. Create simple handouts that help trainees review important material without always having to refer to the text.

Homework. Working people have complicated lives that make it difficult to sit down and study for long periods of time in the evening, so keep homework

Working people have complicated lives... so keep homework assignments short.

assignments short. Use them to stimulate thinking, so that participants come in the following day ready to begin analyzing the day’s subject material. Keep reading to a minimum.

Prepare participants for exams. Entry-level trainees, in particular, may find tests frightening and confusing, especially if they have difficulty reading. If state regulations to provide direct

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care services require an examination, begin preparing by using weekly tests and daily quizzes as a learning experience. Teach trainees to use study guides and give them test-taking tips: for example, to evaluate an “all of the above” choice; to search for words like *always*, *never*, *first*, and *last*; and to read every option on a multiple-choice test before choosing the correct answer. In addition, if possible, familiarize them with the format of the state-required exam.

After in-class tests, go over the answers with your class and review the subject matter. Give participants a chance to ask questions about the questions—they may know the answer but be unable to decipher the question.

The adult learner-centered approach to teaching is intended to make learning personally and professionally fulfilling for participants. When it is working, instructors can feel the difference. As Jane Vella notes, “safety can be felt in a learning situation.” The signs include “laughter, a certain ease and camaraderie, a flow of questions from the learners, [and] the teacher’s invitation for comments on the process.”⁶

In a learning environment that is fun and engaging rather than threatening, participants overcome learning barriers and their self-esteem improves.

In a learning environment that is fun and engaging rather than threatening, participants overcome learning barriers and their self-esteem improves. Increased classroom participation enhances the learners’ communication, teamwork, and problem-solving skills. These attitudes and

skills are fundamental to work readiness, and as a result, trainees are more likely to succeed when they enter the workforce.



How to Make Your Entry-Level Training More Learner-Centered



Any training can be adapted to be more learner-centered. In this section, we provide some guidelines about how to rework your existing entry-level training so it reflects the adult learning cycle and the principles of adult learning discussed in the previous section. The following six steps are outlined below:

- A. Review the competencies to be covered
- B. Review the sequence of topics
- C. Prepare lesson plans
- D. Review time allocation

E. Identify training materials needed and advance preparation

F. Determine how learning will be assessed

A. Review the Competencies to be Covered

Begin restructuring your training with a review of the content to be covered. This is a good time to consider whether your current training adequately addresses all the competencies direct-care workers need to deliver quality care. By competency we mean:

Any training can be adapted to be more learner-centered.

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.⁷

III. How to Make Your Entry-Level Training More Learner-Centered

The value of using the term “competency” is that it brings into focus 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 instead highlights on-the-job performance.

PHI has developed a list of core competencies for personal service workers and for certified nurse assistants and home health aides (see Appendix F). It may be helpful to compare the content of your existing curriculum to this list of competencies. For example, do participants in your existing training programs learn and practice necessary communication and interpersonal problem-solving skills?

Once you have identified the competencies that trainees need to develop, consider the knowledge, attitudes, or skills necessary for the learner to be considered “competent” in each area (see the bed-bathing example in the box below). This outline will be critical when you begin designing learning activities for each competency.

Achieving Competency: Bed-Bathing

A competency as basic as providing a bed-bath would seem to be primarily a *skill*, which the trainer would demonstrate and the trainees would copy. However, motivation (*attitude*) for doing the job well involves *knowledge* about the importance of cleanliness and hygiene to the consumer’s health and comfort, and about the need for infection control. Providing a bed bath also involves the trainee’s feelings (*attitude*) about touching a naked person, cleaning his or her “private parts,” and exposing oneself to body fluids that could carry diseases. It also involves an awareness of the consumer’s sense of vulnerability and embarrassment, and sensitivity about being no longer able to perform this essential personal care activity. Thus, this one basic competency requires all three learning domains.

Finally, plan a learning needs assessment for trainees. A learning needs assessment can help to determine existing knowledge and strengths upon which to build, as well as areas that may need extra focus (see Section F, “Determine How Learning Will Be Assessed”).

B. Review the Sequence of Topics

Prior to diving into planning how to teach each identified competency, consider the overall structure of the training. How should the material flow overall? How will topics and competencies build on one another? Address first those competencies that will give the learner a foundation on which to build—for example, infection control, body mechanics, body systems, and communication skills.

As more complex topics and skills are introduced, it is important to show how the new concepts

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relate to what participants have already learned. This helps to reinforce earlier topics and to integrate new knowledge and skills.

For example, the introduction of common diseases can be related to what participants

already learned about body systems and infection control. Safe transfer and lifting techniques can build on basic body mechanics. Learning how to interact with a consumer with Alzheimer's can draw on communication skills.

Address first those competencies that will give the learner a foundation on which to build.

Communication and relational skills are critical to providing quality care. In entry-level training, these skills need to be introduced early and reinforced throughout. Learner-centered training, by its very nature, provides the opportunity to integrate these skills throughout any training. First, trainers always model good communication skills by using techniques such as active listening, paraphrasing and asking open-ended questions to engage learners and assess learning. Second, learning activities such as role plays, interactive learning games, and small-group work are designed to build interpersonal and problem-solving skills.

C. Prepare Lesson Plans

Learning is a process and, in learner-centered training, the trainer's role is to facilitate each participant's learning process. As noted before, assessing the trainees' needs prior to training can help you to clarify and focus the content of the training. Once the needs, content, general flow of topics, and available time for the training have been established, preparing written lesson plans is essential to help organize your teaching strategies and prepare teaching materials.

Lesson plans, regardless of format, should include several key elements (See Figure 2, page 21):

The trainer's role is to facilitate each participant's learning process.

The goal

This is a fundamental sense of *why* you are doing this session, and *how* it directly relates to the work that participants are preparing to do and the competencies required. For example, the goal of the module "Working with Elders" (see Appendix E) is: *To prepare participants to help elders cope with changes associated with aging.*

This module, which is taken from the PHI entry-level curriculum for personal service workers,⁸ addresses two competencies. Graduates of the training must be able to:

- Describe the normal aging process and its effects
- Identify the specific needs of and demonstrate the ability to care for a sensory-deprived consumer

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The lesson on working with elders is not the only one in the curriculum to address these competencies. Other lessons provide opportunities to reinforce learning and further develop the knowledge, attitudes, and skills necessary for competence.

Learning outcomes

These are the concrete, specific, and measurable indicators that learning has taken place. They are based on the question, “*What knowledge, attitudes, and skills will the learner need in order to achieve the goal of this session—i.e., to be able to demonstrate competency?*” Learning outcomes

Learning outcomes form the cornerstone of the learning process.

form the cornerstone of the learning process, since they drive both the choice of learning activities as well as the choice of tools to assess learning.

We use the term “learning outcomes” (as opposed to “teaching objectives”) because it clearly puts the focus on what the learner can *do* as a result of what he or she has learned. It keeps the language more concrete, more relevant to the work itself, more measurable—and more directly related to the specific competencies necessary for success on the job. Learning outcomes, therefore, begin with verbs that state an action that can be observed or measured after the session is completed. Below are the learning outcomes for the sample module “Working with Elders” (see Appendix E).

Participants will achieve the following learning outcomes:

Knowledge

- Describe at least six common physical changes experienced by older adults.
- State at least one new fact about aging learned in this module.
- Describe physical changes to body systems that are caused by aging.
- List ways the direct-care worker can assist the consumer to manage those changes.

Attitudes

- Identify their own attitudes toward aging.
- Identify what assumptions they had about aging that were incorrect.
- Describe their own experience of sensory deprivation—sight, hearing, touch.

Skills

- Demonstrate helping a consumer to cope with sensory deprivation.

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By keeping these outcomes in mind, you will be able to choose activities that specifically address them and guide discussions throughout the activity toward achieving them. Equally important, a clear sense of outcomes will enable you to notice when an activity is straying off-target, and to make necessary changes to better achieve the outcomes.

Writing concrete and observable outcomes also makes it easier to assess learning, simply by asking trainees to *do* what the outcome verb says they will be able to do (see below Section F, “Determine How Learning Will Be Assessed”).

Learning activities

Having identified each learning outcome as drawing primarily from the knowledge, attitude, or skills domain, you can now design learning activities. It is important to choose learning activities that are well-suited to achieving outcomes associated with particular learning domains:

Knowledge: interactive presentation (*not* lecture), large-group discussion, brainstorming, and case scenarios

Attitudes: small-group work, large-group discussions, case scenarios, games, large-group exercises, and role-playing

Skills: demonstration, practice (through small group work, case scenarios, role plays, games, large-group exercises) and “return demonstration”

Having selected the training methods best suited to address the learning outcomes, develop exercises or tasks using those methods and following the adult learning cycle.

After all the activities have been identified, consider the following questions, to see if the combination of training methods is appropriate:

Will these activities lead directly to the learning outcomes?

Do the training methods address all the learning domains involved in the learning outcomes?

Does the sequence of activities follow the adult learning cycle?

Does this combination of training methods engage each of the learning styles—auditory, visual, and kinesthetic?

Having satisfied these criteria, write down all the steps involved for each activity. This list of steps—whether brief or detailed—is a vital planning tool, to help with the last two tasks in lesson planning—estimating time and determining what advance

No matter how well one prepares to conduct training, there are always surprises.

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preparation is necessary. (See Appendix C, “Interactive Training Methods,” for tips on how to organize and conduct activities using each training method.)

It is important to remember that no matter how well one prepares to conduct training, there are always surprises. Being able to adapt the lesson plan “in the moment” to respond to unexpected or changing needs of the learners is one of the most valuable skills of experienced trainers. By developing lesson plans that are clearly focused on the *goal* and *learning outcomes* for each session, you will be better able to adjust activities to accommodate those changing needs, while reaching the same goal.

Estimates of time required for each activity

A lesson plan should always include how much time is allocated for each activity.

Estimating the time required for each activity is crucial for determining if the sequence of training activities and methods can be realistically conducted in the amount of time allocated. If not, the time will need to be adjusted or the list of activities revisited to see how the activities can be modified to take less time. Revising the activities list after estimating the time required is a routine step in learner-centered curriculum design and may be repeated several times before the curriculum is finalized.

Estimating time needed for an activity is one of the great challenges of learner-centered training.

Estimating time needed for an activity is one of the great challenges of learner-centered training. This is because the number of learners and their needs, as well as the number of trainers and the space available,

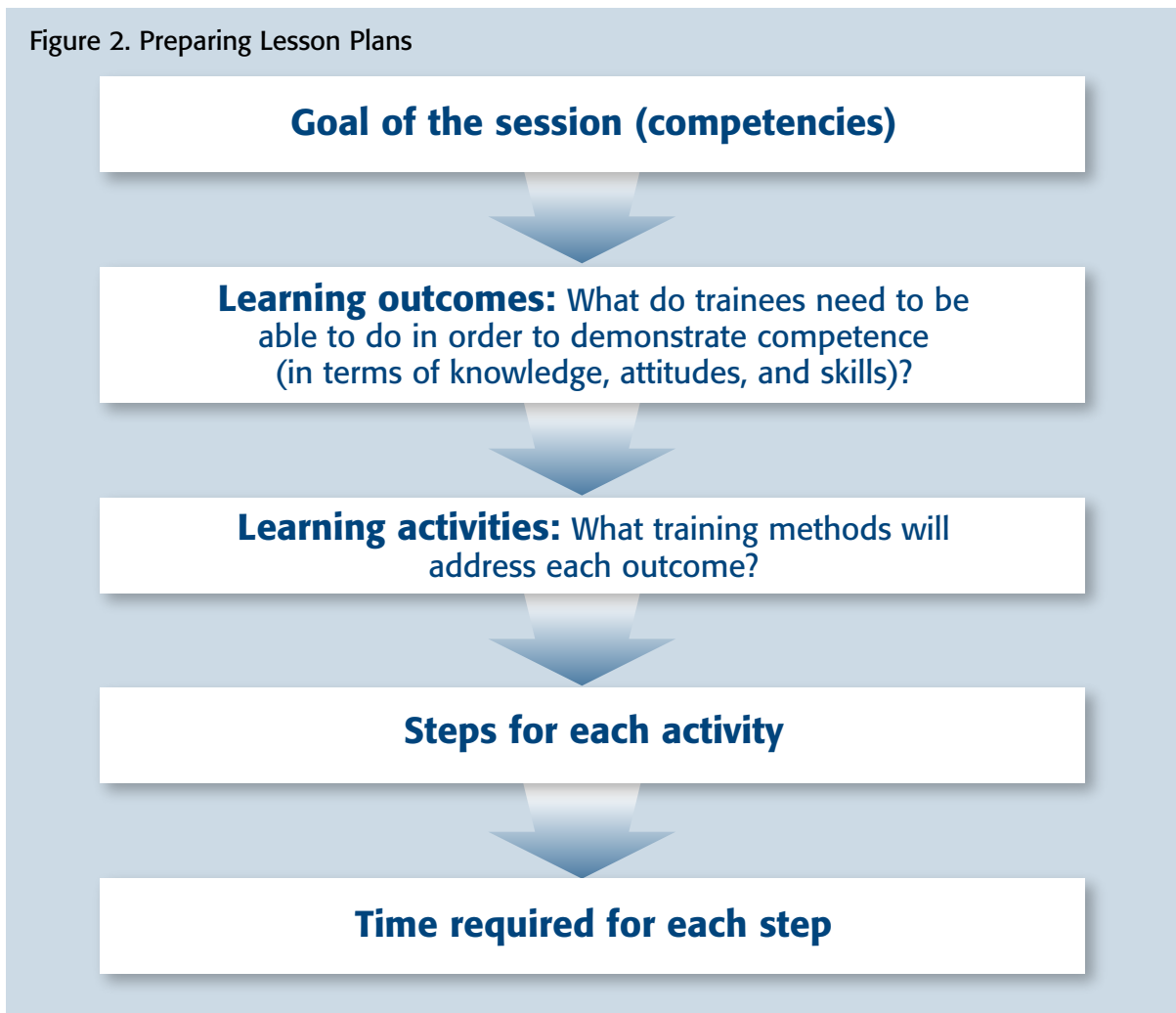
influence how long an activity will require. For example, in small-group work, hearing the reports from the groups might take 15 minutes for three groups (at five minutes each), or 30 minutes for six groups.

To get the most accurate time estimates, the following information is needed:

- The number of trainees
- Trainees level of education and language proficiency
- The number of trainers available
- The amount of space in the training facility (particularly for group work and practice in the training laboratory).

Working from the detailed steps for each activity is important, since trainers often forget to plan time for forming groups, giving instructions, rearranging chairs, or making the transition from one activity to the next.

Figure 2. Preparing Lesson Plans



D. Review Time Allocation

Once you have estimated the amount of time needed for each learning activity, you can see how much time is needed for the whole training. Additional considerations include the following:

- Teaching too many topics in a single day detracts from people’s ability to learn.
- Time should be allocated at the beginning and end of each day for activities to enhance learning. Icebreakers and warm-ups can help participants to leave behind the stresses of home and focus their energy and attention on the learning process. Learning games and go-rounds help to summarize what participants have learned and to improve retention—as well as provide valuable feedback to trainers about the effectiveness of their teaching!
- Time required for clinical practice and return demonstrations will depend on the number of trainees, the number of qualified trainers available, individual pace of learning, and space.

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- Testing takes time. If trainees will need to take written exams, make sure enough time is set aside. Also, giving participants a chance to practice taking similar tests throughout the course will develop their test-taking skills and reduce test-taking anxiety.

Using an adult learner-centered approach to teaching typically takes more time than standard approaches.

Using an adult learner-centered approach to teaching typically takes more time than standard approaches. The benefit, however, is that, by engaging participants in the learning process and making it relevant, learners can more fully integrate

new knowledge, attitudes, and skills into their worldview and then apply them in new situations. The approach also develops the ability of trainees to engage in respectful and thoughtful dialogue with others, including consumers, co-workers, and supervisors.

If you find you have not allocated enough time for the training, review the competencies, learning outcomes, and training methods to see if all of the material must be covered in this training. If content cannot be trimmed, consider how to provide for the additional hours needed. A more effective training may reduce turnover and save costs related to recruiting new workers.⁹

E. Identify Training Materials Needed and Advance Preparation

Finally, after you have settled on the sequence and timing of learning activities, refer to the detailed steps for each activity and note the following:

- What handouts need to be prepared, including worksheets and reference materials? In creating handouts for learner-centered trainings, it is critical to consider the literacy level of participants.
- What flip charts are necessary for activities? How many easels, charts, markers will be needed?
- What additional materials are needed for the various activities?
- What are the space requirements for activities (is there room for small groups, skills practice, demonstrations, etc.)?
- How many trainers are needed to conduct the training activities?

F. Determine How Learning will be Assessed

When to assess learning

In learner-centered training, learning is assessed before, during, and after the completion of the training program. Use a pre-training “learning needs assessment” to determine what trainees

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already know and to tailor the training to the participants' needs. This can be done either formally or informally, using the same tools that you will use to assess learning during and after the training—i.e. written and/or oral tests, plus observation of interpersonal skills. You may also want to assess reading and math literacy skills or, for those who have had some caregiving experience, specific personal care skills.

Throughout the training, it is important to assess learning for two reasons: to get feedback from participants on the effectiveness of the training approaches and learning activities, and to evaluate whether participants are achieving the learning outcomes. By getting feedback on the effectiveness of training approaches and specific activities *during* the training, you can make adjustments in order to better meet trainees' learning needs.

Strategies during the training for assessing whether participants are achieving the learning outcomes include:

- Wrap-up games or discussions at the end of each session or day
- Checking in with individual participants and inviting individual feedback
- Written evaluations

Encouraging trainees to give constructive feedback in wrap-up discussions can provide valuable information on what activities worked (and didn't work) for them while also providing an opportunity for participants to develop their feedback and communication skills.

At the end of the training, a final assessment determines whether trainees have achieved all the necessary competencies to graduate. This assessment often combines a written or oral exam with skill demonstrations. (A standardized state exam may be required to deliver certain levels of service).

How to assess learning

Just as different training methods are better suited to each of the three learning domains, different assessment strategies are more effective for each domain. Consequently, you will need to use a combination of evaluation strategies to assess trainees' learning and competence:

Knowledge: written and/or oral tests, training laboratories, or clinical observation

Attitudes: observation of behaviors that reflect desired attitudes in training labs and during interactions with fellow trainees

Skills: observation in training labs or clinical settings, or through individual and small-group work in the classroom

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See Appendix E, “Sample Module: Working with Elders,” for an example of the application of different assessment strategies.

Evaluation of Knowledge

Knowledge has traditionally been evaluated through written tests. Tests, however, often do

A more accurate measure of knowledge often is observing the ability of trainees to apply what they've learned.

not truly reflect what trainees know. Participants in direct-care training who were unsuccessful in traditional educational environments often have not learned test-taking skills. A more accurate measure of knowledge often is achieved by observ-

ing the ability of trainees to apply what they've learned. Supplement written tests with some of the following strategies for assessing knowledge:

- Using oral quizzes or presentations to see if participants can explain what they have learned
- Observing learning exercises, role plays, and return demonstrations
- Asking questions about why it is important to do a procedure—or do the procedure in a particular way

Evaluation of Attitudes

Attitudes are often overlooked in evaluating competencies because they are considered less concrete and more subjective than other areas of learning. However, attitudes are expressed through behaviors, and there are expected behaviors for direct-care workers. Assess trainees' development of appropriate attitudes by observing how participants:

- Behave in group work, role play, practice labs, and discussions
- Use communication, problem-solving, and relationship-building skills during return demonstrations

Evaluation of Skills

Skills development may be the most obvious learning domain for direct-care worker training. Detailed skills checklists serve as guides for teaching and learning, as well as for evaluation. These checklists focus on the concrete tasks involved in supporting or assisting a consumer in long-term care settings. However, communication, relationship-building, and problem-solving are also key areas of skills required for direct-care work. Assess these skills by observing how participants:

- Demonstrate skills in interactive exercises, role plays and return demonstrations

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Final Competency Assessment

For a final assessment of competencies that shows the ability of trainees to integrate their knowledge, attitudes, and skills, training programs sometimes develop complex simulations that ask trainees to demonstrate assisting a consumer with several different activities (for example, rising, bathing, dressing, and eating breakfast), along with communication skills and appropriate interaction with the consumer. This assessment strategy often provides the most accurate reading of trainees' readiness to deliver caregiving services.



Conclusion



PHI has over two decades of experience supporting and developing direct-care worker training programs. We have seen how introducing an adult learner-centered approach increases the success of trainees as learners and as direct-care workers. As one trainee who experienced the PHI approach said:

The trainer taught on a level in which everyone understood and wanted to learn more, because she made us feel as if we could. She was patient and you could feel the caring in her voice.

This worker identified several of the principles discussed in this guide as critical to the success of her training program: a safe and supportive learning environment, a trainer who respects the experience and abilities of the trainees and challenges them to succeed, and content that is accessible and relevant.

Additionally, the adult learning principles emphasize using diverse teaching methods in order to: appeal to different learning styles, address different learning domains, and provide opportunities to apply learning through practice.

When these learning principles are embedded in the adult learning cycle, a framework is created that helps trainees to:

- Reflect on and learn from their experience;
- Learn, integrate and retain new knowledge, attitudes, and skills; and
- Develop competencies and successfully apply them in the workplace.

This approach is particularly successful for direct-care workers because it requires the integration of communication and problem-solving skills throughout the training program. These skills are fundamental to caregiving, and are most effectively developed in a classroom that engages trainees in dialogue, role plays, and other

This approach is particularly successful for direct-care workers because it requires the integration of communication and problem-solving skills throughout the training program.

interactive exercises that require communication, team building, and collaborative problem solving. These kinds of activities are the core of the adult learner-centered approach.

In this guide we have reviewed:

- *What adult learner-centered training is:* training that places the learner’s process at the center
- *Why it works:* because it is based on how adults learn
- *How to do it:* apply the learning principles using the adult learner cycle
- *How to make your entry-level training more learner-centered:* review competencies, identify learning outcomes (knowledge, attitudes and skills), and develop a series of integrated learning activities to teach to those outcomes

The appendices provide additional materials to help you improve the quality of your direct-care training by adopting the adult learner-centered approach.

For additional resources, contact PHI at info@PHInational.org or visit the PHI National Clearinghouse on the Direct-Care Workforce, www.phinational.org/clearinghouse.

Endnotes

1. PHI is affiliated with a network of long-term care staffing agencies that train their own workers using adult learner-centered approaches. These agencies include Cooperative Home Care Associates, a Bronx-based home care agency; Home Care Associates of Philadelphia; and Quality Care Partners in Manchester, New Hampshire.
2. Knowles, M. *The Adult Learner: A Neglected Species* (3rd Edition). Houston: Gulf Publishing, 1984.
3. "malcolm knowles, informal adult education, self-direction and andragogy."
<http://www.infed.org/thinkers/et-knowl.htm>
4. Vella, J. *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults*. (revised edition). San Francisco: Jossey-Bass, 2002, p. 3.
5. The Centre for Development and Population Activities (CEDPA). *Training Trainers for Development*. CEDPA, Washington, DC, 1995, p. 28.
6. Vella, J. 2002, p. 229.
7. US Department of Labor.
8. *Providing Personal Care Services to Elders and People with Disabilities: A Model Curriculum for Direct-Care Workers*. For more information, contact info@phinational.org.
9. The average cost of recruiting a new direct-care worker is estimated at \$2,500. See Dorie Seavey, *The Cost of Frontline Turnover in Long-Term Care*. Better Jobs Better Care, 2004.