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 flexibile 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 agencies[1] 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.

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 environments 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.

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

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

■ 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 immediately[3]

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

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.

II

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.

Figure 1. Adult Learning Cycle

1. Experience

4. Application

2. Reflection

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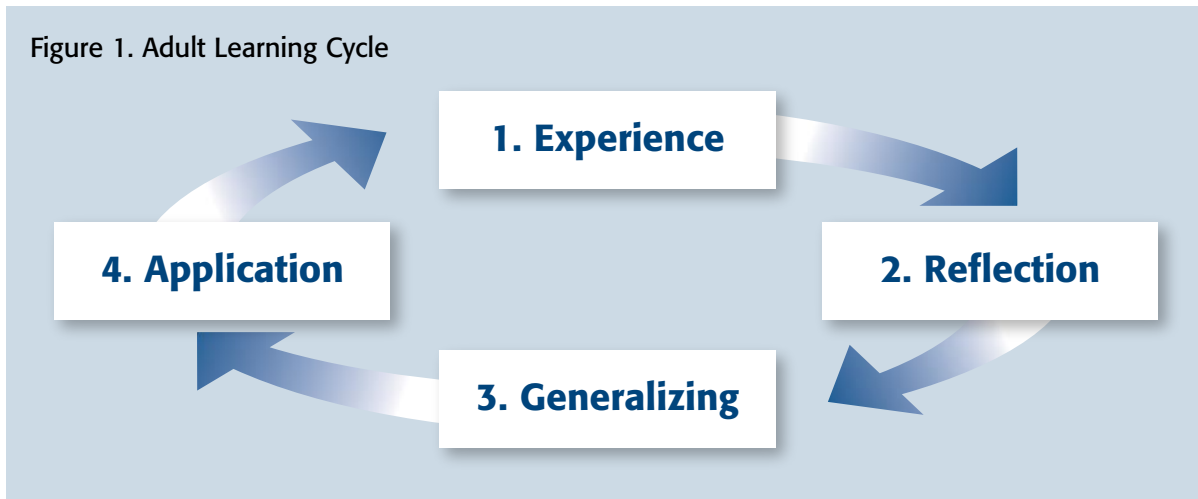
As shown in Figure 1, the adult learning cycle has four steps:

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:

■ 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

II. How to Conduct Adult-Learner Centered Trainings

Table 1	Adult Learning Cycle: Training Methods and the Trainer's Role		
Phase	**Methods**	**Trainer's Role**	**Questions to ask trainees**
1. Drawing on Experience	■ 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 class-room—i.e., give objectives, instruc-tions, and time frame	*Classroom experience:* Instead of asking questions, trainers give specific instructions to create an in-class experience. *Drawing on past experience:* What do you know/what have you experienced in your life that is related to this topic?
2. Reflecting on the Experience	■ 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	What happened? How did you feel when…? What did you notice about…? How do others feel about…? Why do you agree or disagree?
3. Generalizing about the Experience	■ Large-group discussion ■ Interactive presentation ■ Demonstration ■ Reading	Guide the learner to new insights; provide new information	What did you learn from this? What are some major themes we've discussed here? How does this new in-formation, or experience, fit into what you already know?
4. Applying what is learned to new situations	■ 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 feed-back, advice, and encouragement	How can you apply this in your own situation? How would you do this differently? What do you think will be most difficult when you use this? How can you overcome barriers?

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).

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).

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

> *Addressing the barriers head-on… 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 in Appendix D, Applying Adult Learning Principles: Classroom Tips.

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

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

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

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.

III

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]

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

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

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

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.

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

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 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.

> *Learning outcomes form the cornerstone of the learning process.*

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.

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.

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

Goal of the session (competencies)

⬇

Learning outcomes: What do trainees need to be able to do in order to demonstrate competence (in terms of knowledge, attitudes, and skills)?

⬇

Learning activities: What training methods will address each outcome?

⬇

Steps for each activity

⬇

Time required for each step
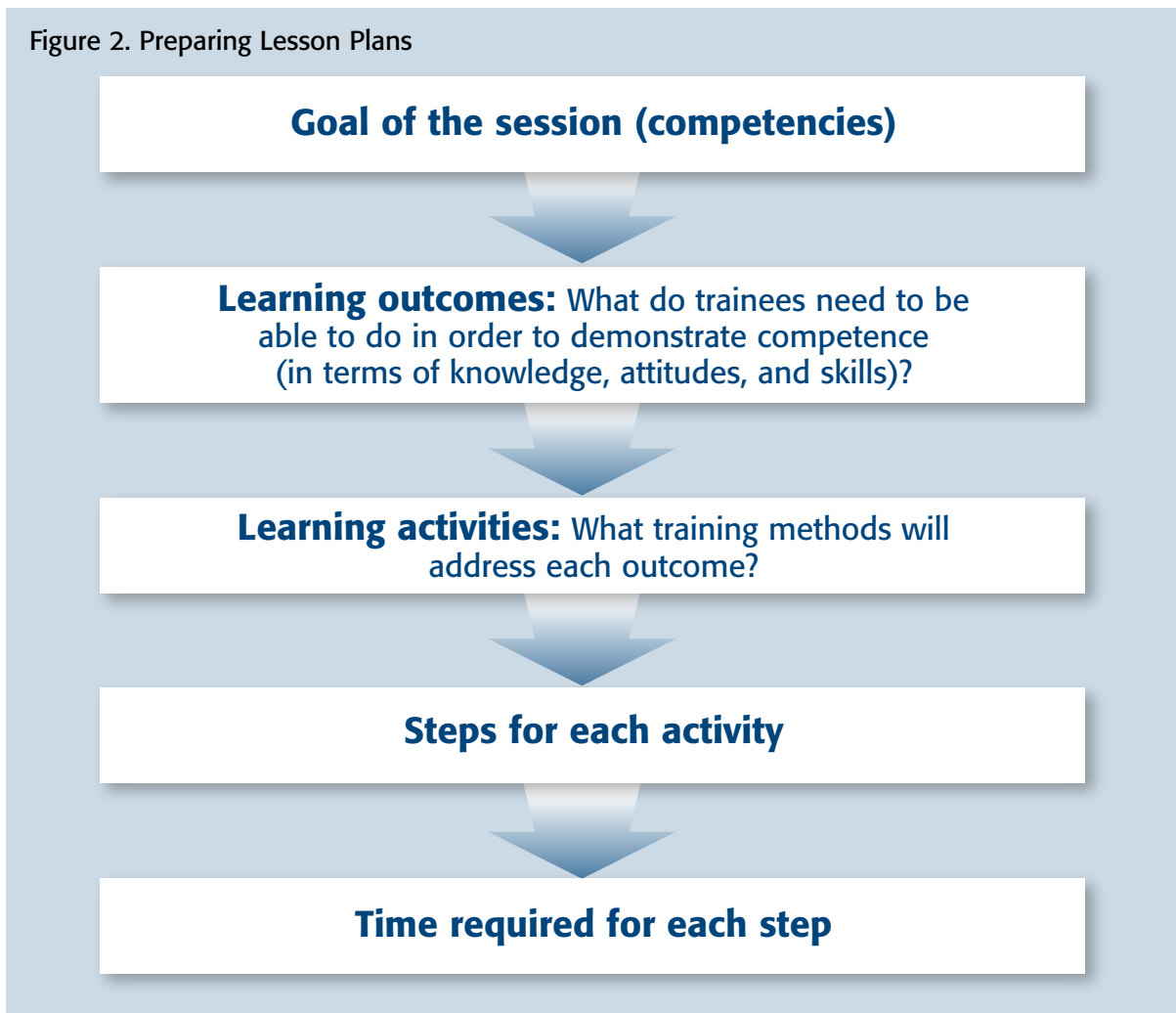
D. Review Time Allocation

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.

■ 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

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

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

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

■ 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

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

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

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.

Appendix

A

Appendix A: Additional Reading on Adult Learner-Centered Training

Abbatt, F.R. 1992. *Teaching for Better Learning: A Guide for Teachers of Primary Health Care Staff.* Geneva: World Health Organization.

American Society for Training and Development. *Infoline.* **http://www.astd.org/content/publications/infoline/**

Brookfield, Stephen D. 1991. *Developing Critical Thinkers: Challenging Adults to Explore Alternative Ways of Thinking and Acting.* San Francisco: Jossey-Bass.

Eitington, Julius E. 1984. *The Winning Trainer* (second edition). Houston: Gulf Publishing Company.

Kirkpatrick, Donald L., and James D. Kirkpatrick. 2005. *Evaluating Training Programs: The Four Levels.* Berrett-Koehler Publishers.

Mager, Robert F. 1992. *What Every Manager Should Know About Training.* Atlanta: The Center for Effective Performance, Inc.

Stolovitch, Harold D. and Erica J. Keeps. 2005. *Telling Ain't Training.* American Society for Training and Development, Eleventh Printing. **http://www.astd.org**

Vella, Jane. 1997. *How Do They Know They Know: Evaluating Adult Learning.* San Francisco: Jossey-Bass.

Vella, Jane. 2002. *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults.* San Francisco: Jossey-Bass.

Vella, Jane. 2001. *Taking Learning to Task: Creative Strategies for Teaching Adults.* San Francisco: Jossey-Bass.

Appendix B: Tips for Facilitating Learning Dialogue

Non-verbal

1. **Maintain eye contact** with everyone as you speak; don't appear to favor certain individuals.

2. **Move** around the room without distracting the group (avoid pacing); make sure everyone can see you.

3. Provide **visual images** to accompany spoken information—flip charts, handouts, videos, props, etc.

4. **Nod or smile** to show people that you are listening when they speak.

Verbal

1. **Speak slowly and clearly**.

2. Be sure **participants talk** more than you do.

3. **Ask open-ended questions** to encourage responses: e.g., "What do you think about…?" "What do you know about…?" (Avoid asking, "Is this clear?" or "Do you understand?") If a participant responds with "yes" or "no," ask "Why do you say that?"

4. **Ask other participants if they agree or disagree** with another participant's statement.

5. **Don't begin by answering questions yourself.** Invite participants to answer each other's questions first and, then, add more information that you think is helpful.

6. **Paraphrase** what a participant has said, both to check your understanding and to make sure other participants have heard.

7. **Summarize the discussion.** Check that everyone understands and suggest conclusions they can draw from discussion. Invite a response.

8. **Share your own relevant personal experiences** to reinforce or affirm what participants have said or to encourage them to share—*but not just to tell your own stories!*

Appendix C: Interactive Training Methods

Interactive training methods are what bring the adult learning principles to life in the classroom. The following pages provide descriptions explaining the purpose of common classroom activities and provide tips for making them work effectively.

Small-Group and Pairs Work

Role Play

Brainstorming

Games and Large-Group Exercises

Using Flip Charts

Large-Group Discussions

Interactive Presentations

Case Scenarios

Demonstrations and Return Demonstrations

Small-Group and Pairs Work

Two to six participants work together to solve a problem or complete a task.

Main Purposes:

- Increase participants' involvement in their own learning process

- Develop communication, problem solving, and clinical skills

- Build a sense of community and self-confidence through cooperation, teamwork, and peer learning

- Create a safe space for learners, especially when exploring attitudes

Tips:

- Make sure the activity you design has a clear purpose.

- Provide clear directions (both verbally and written) for the work participants are to do, including the length of time in which they are responsible for doing the task.

- Assign recorders and reporters randomly to the group (except in cases where literacy and/or language is an issue).

- Check in or sit with groups to ensure they are following directions and to provide clarification if necessary.

- Regularly change the group formations or seating patterns so that participants have a chance to work with different individuals.

Role Play

Using a case scenario, the trainer and/or participants act out a particular situation.

The role play can be scripted or improvised. Demonstration role plays usually involve the instructor, while practice role plays are done by the participants.

Main Purposes:

■ Demonstrate or practice skills

■ Facilitate development of interpersonal, problem-solving and independent-thinking skills

■ Arouse feelings that drive the lessons home (can elicit emotional reactions and help develop empathy)

■ Reinforce learning for "hands-on" learners

Tips:

■ Practice demonstration role plays ahead of time so you feel completely comfortable in front of a class.

■ Always prepare participants ahead of time, if asking them to participate with you in a demonstration role play.

■ Explain the importance of using role plays to practice new skills in the classroom setting, where participants can learn as much from making mistakes as from doing it right the first time.

■ Introduce the role play (whether demonstration or practice) by explaining the situation to those who will be watching, so the role play will make sense.

■ Conduct practice role plays in small groups, rather than in front of the whole group, to increase comfort level of participants.

■ Groups of three are ideal for practice role plays, since each participant will have a role — e.g. direct-care worker, consumer, and observer. After each role play, participants can switch roles to gain different experiences.

■ Following the role play, facilitate a discussion, both for reflection and for generalizing from the experience. Begin the discussion by thanking the role players and asking them how they feel about the role play. Exploring feelings helps to develop empathy.

■ Provide feedback, focusing on specific behaviors or skills and put equal emphasis on what was done well and what could be improved.

Brainstorming

Participants generate quick responses to a question in order to get all ideas on the table. All ideas are accepted.

Main Purposes:

■ Introduce new topics, "recycle" course information, and spark new ideas

■ Draw on trainees' knowledge and experience

■ Build self-confidence

■ Encourage spontaneity and energize discussion

Tips:

■ NEVER use brainstorming when you are looking for a "right" answer.

■ Be very specific and clear about what you want from brainstorming. If participants' responses are not what you were looking for, do not correct them. Take responsibility for the confusion and reframe the question.

■ If necessary, actively involve participants who seem reluctant to speak. Ask, "How about hearing from the back of the room? From a different table?" or limit each participant to one idea.

■ Responses may be recorded on a flip chart (if you want to work with the ideas later). However, if you don't actually need the responses later, it's more fast-paced and energizing NOT to record responses.

Games and Large-Group Exercises

These are structured activities with "rules" that define the role of participants and that determine the outcome. This would include icebreakers, competitive games, structured experiences, and puzzles.

Main Purposes:

■ Build trust and community

■ Motivate and energize participants

■ Develop skills in communication, teamwork, problem solving, and decision making

■ Provide opportunity to review and apply information presented during training, thereby reinforcing the adult learning cycle

Tips:

■ Before choosing a game, ask yourself these questions:

   ■ What is your purpose for using a game?

   ■ What is the game's central focus? How does that address your learning outcomes?

   ■ Is this game the best method for achieving your learning outcomes?

   ■ Do you have the resources and facilities for the game?

   ■ Will the game work for your size group?

■ Do the exercise or game yourself ahead of time, so that you are clear on what is supposed to happen.

■ Give clear instructions. (Try out the instructions with colleagues ahead of time, to see if they are clear.)

■ Check to see if participants understand the instructions before they start the exercise. Support people during the exercise when they are not sure what to do.

■ Be clear about the educational purpose of the game or large-group exercise. Sometimes this is done after the exercise, so that participants can interact spontaneously during the exercise, without thinking about what they are supposed to be learning.

■ Avoid exercises that involve personal sharing for very large groups. The time required for each person to share will make the activity too long and diminish its effect.

Using Flip Charts

The trainer records ideas or information on large sheets of paper, either during large-group discussions or during small-group work.

Main Purposes:

■ Create visual reinforcement for content participants have heard

■ Transform individual contributions into the group's total product

■ Create a single physical focus for all participants and help sustain attention

■ Assist in reducing repetition in discussion

Tips:

■ Use flip charts for discussions ONLY when you want to use the information later or keep it posted where it can be seen throughout the workshop. (Otherwise, it slows down the discussion.)

■ If recording information is necessary during a presentation or discussion, have another trainer (if possible) or participant do the writing for you so you can keep eye contact with the group and keep up the pace of discussion.

■ Before planning to use flip charts, check on paper supply, markers, easels, tape, and wall space for posting.

■ When preparing flip charts in advance, write the text first on a separate sheet of paper, in order to avoid making mistakes on the newsprint.

■ In order to keep your writing level, gently fold the paper horizontally—one fold for each line of print—unfold, and then follow the creases as you write.

■ To find out how large your writing should be, write a sample sheet with various sizes of letters. Post the paper on the easel and then go to the most distant seat for participants. Note which size letters are big enough to be seen from there. (General guidelines—no more than 30 characters/letters across the page, and no more than 15 lines.)

■ When using flip charts during interactive presentations, write only the headings or most important points on the paper. If you want participants to get detailed information, prepare handouts for them. Let them know they will get the handouts later, and that you want them to listen, think, and respond during the presentation.

■ Do not make participants copy flip chart sheets. If the information is important enough for them to write down, prepare a handout instead.

Large-Group Discussions

With the trainer facilitating, all participants discuss a topic together.

Main Purposes:

■ Facilitate participants' learning and reflection upon content

■ Encourage respectful discussion across different opinions

■ Build community among participants by sharing ideas, feelings, experiences

■ Enhance participants' confidence in expressing themselves

Tips:

■ Be clear about the learning outcomes, and focus the discussion to make sure those objectives are met.

■ Involve participants who are shyer so that the discussion isn't dominated by a few participants.

■ Use a go-round to start, to make sure each person gets a chance to speak.

Interactive Presentations

The trainer draws on the knowledge and experience of participants while presenting new information.

Main Purposes:

■ Convey new information, introduce a topic, or provide an overview or synthesis

■ Provide a familiar format for trainees who are comfortable with lecture-style learning to acquire new information and knowledge

■ Build concentration, observation, and listening skills

Tips:

■ Limit interactive presentations to 15 minutes.

■ Begin by asking participants what they know about the topic already. This will help to identify lack of knowledge or areas of misinformation, or will help the trainer to tailor the presentation to a group that is already well informed.

■ Ask open-ended questions: e.g., "What does this mean to you?" "What examples have you seen of this in your own life/work?"

■ Be clear that, while you want input from participants, this is not a discussion time.

■ Use visual aids to reinforce points and focus attention.

■ Be aware of the group's energy. A presentation only works to convey information if the participants stay engaged and alert. Use methods such as go-rounds, quick polls (raise hands), or requesting anonymous answers on index cards to keep people engaged.

■ Pay attention to environment and timing—a hot room with poor ventilation, or conducting a presentation just after lunch or late in the day, can be deadly, no matter how great your attempt to be interactive!

■ Plan a more hands-on activity to follow an interactive presentation—to reinforce what has been learned from the presentation and to provide an alternative way for some participants to learn the material.

Case Scenarios

These descriptions of situations that direct-care workers might experience pose questions or problems for participants to resolve. Individuals or small groups might work on case scenarios using worksheets or in role play activities.

Main Purposes:

■ Provide an opportunity for participants to apply what they have learned to problem situations

■ Develop problem-solving and teamwork skills

Tips:

■ Focus the case scenarios—and especially the questions or tasks presented—specifically on the issues or problems under discussion.

■ Develop your own case scenarios, if the ones provided by a curriculum do not seem appropriate.

■ Make the cases as realistic as possible, but avoid using actual situations in which participants have been observed.

■ Use small-group discussions of case scenarios whenever possible to encourage involvement by all participants and to promote collaborative problem solving.

Demonstrations and Return Demonstrations

For each skill competency, trainers show participants the steps involved in performing the task, while explaining why it is done this way. To show their competence in performing the skill, following a practice period, trainees then demonstrate for the instructor ("return demonstration").

Main Purposes:

■ Introduce trainees to hands-on principles, techniques, and steps to perform personal care tasks

■ Build participants' observation and verbal communication skills

■ Assess trainees' competency (return)

Tips:

■ Practice the skill prior to the actual demonstration. No matter how experienced you are, doing a demonstration in front of a classroom can be challenging.

■ Integrate key principles (for example, infection control) that trainees should remember and explain these while doing the demonstration.

■ Prepare several practice "stations" in advance, with all the materials needed to carry out the task, so that several small groups can be practicing at the same time.

■ Identify in advance additional trainers or experienced staff people who can be with each practice group to monitor practice and observe the return demonstrations.

■ Remind participants in their groups that they each have a role to play—even when another participant is practicing the technique, they should be observing closely to learn from others doing it well, and to learn from others' mistakes. Each participant should be in the role of "consumer" at least once during the practice time to develop and reinforce empathy for the consumer.

Appendix D: Applying Adult Learning Principles—Classroom Tips

Experienced trainers use a variety of techniques to implement adult learner-centered principles in their classrooms. The following pages present a compilation of tips, organized according to the six principles, that trainers new to adult learner-centered approaches may find useful when designing training programs.

1) Adults learn best when they feel respected.

■ Get to know participants as quickly as possible—their names, their learning styles, their hopes and fears, their knowledge and experience.

■ Challenge learners with high standards for achievement, but allow them to learn at their own pace and using their own styles.

■ Respond to all questions. When questions are not immediately relevant, put them in a "parking lot"—i.e., write them on a flip chart page or a whiteboard to return to later. This technique communicates to participants that you have heard the question, respect the question, and intend to answer it. Be sure to return to the "parking lot" regularly to address questions as you progress through the training.

2) Adults learn best when the learning environment feels safe and supportive.

■ With the participants, develop learning agreements, or ground rules, on the first day of the training. These ground rules should reflect what participants need for a positive learning experience. Hold participants accountable to these guidelines.

■ Provide structure and standards so participants know the goals of learning activities and understand expectations for participation. Always balance support with accountability.

■ Use small groups early and often. Learners usually feel safer taking risks in small groups.

■ Ensure that everyone in the class has a chance to speak without interruption. One strategy is to use a soft ball called a "Koosh"—the person who has the Koosh is the only one entitled to speak. When she or he is done, she passes the Koosh to the next person who would like a chance to speak.

■ Regularly provide positive feedback that encourages participation and learning.

3) Adults learn best when the content is relevant to their needs.

■ Ask participants about their reasons for being in the program and their expectations, and adjust the curriculum to fit their needs.

■ Make information applicable to real situations in the workplace by using case scenarios and role plays.

■ Ensure that the learning tasks—and the information provided—are at the level of complexity that participants will need in order to do their jobs.

■ Ask questions about participants' existing level of knowledge, awareness, or experience when introducing new skills or concepts. Build on what learners know, and always move from simple to more complex ideas.

■ Connect new learning to participants' life experiences (for example, when teaching vital signs, begin with the experience of taking a child's temperature).

4) Adults learn best when learning activities are varied to account for different learning styles and challenges.

■ Use an assortment of learning activities to help ensure that those with different learning styles have opportunities to absorb and integrate new knowledge and skills in the ways that work best for them:

For visual learners, use demonstrations, videos, flip charts, and handouts.

For auditory learners, use interactive presentations, discussions, and demonstrations where the instructor carefully explains what she is demonstrating.

For kinesthetic learners, use games and exercises, role plays, and skills practice.

■ Recycle information, reinforcing earlier learning throughout the program through varied learning activities.

5) Adults learn best when lessons encompass the three learning domains— knowledge, attitudes, and skills.

■ Use different learning activities to address the three learning domains:

Knowledge: interactive presentations, large-group discussions, brainstorming, and case scenarios

Attitudes: pair and small-group work, role plays, case scenarios, learning games, and large-group exercises

Skills: demonstration and return demonstration, small-group work, role plays

■ Reinforce work readiness and appropriate attitudes for caregivers by requiring professional behavior at all times.

6) Adults learn best when opportunities are provided for practicing skills and applying knowledge in realistic situations.

■ Use case scenarios to engage participants in problem solving. For example, following a presentation on the five food groups, provide case scenarios describing different consumers and what each eats during a typical day. Ask participants to identify which food groups are missing or are out of balance (either too much or too little) in each consumer's diet.

■ Practice not only personal care skills but communication and relationship-building skills. For example, set up a role play in which participants practice dressing a consumer who is uncooperative. Ask participants to use their communication skills to determine what the problem is and find a solution with the consumer.

■ Increase the complexity of case scenarios, role plays, and problem-solving situations over time.

■ Use groups of three to practice personal care skills, with one participant playing the consumer, one the direct-care worker, and one the observer. The observer's role is to act as a "coach," thereby reinforcing his or her own learning.

Module 6
Working with Elders[1]

Goal

The goal of this module is to prepare participants to help elders cope with the changes associated with aging.

Time

3.5 hours (includes 30 minutes for break and warm-up or closing)

Activities	Methods	Time
6.1 Building Empathy	Individual exercise, large-group exercise, and poem	40 minutes
6.2 Physical Changes As We Age	Large-group exercise	40 minutes
6.3 Experiencing Sensory Changes	Pairs work and discussion	30-45 minutes *depending on size of group*
6.4 Helping Consumers to Manage Physical Changes of Aging	Small-group work and interactive presentation	40 minutes
6.5 Summary	Interactive presentation and large-group exercise	15 minutes

Supplies

■ Pencils or pens

■ Flip chart, markers, tape

■ All the "Body Systems" flip chart pages from Module 5

■ Construction paper, blank paper, tape

■ 5 x 8 index cards

■ "Prizes" for Activity 6.2—enough small items, e.g., fruit or snack packs, to distribute one to each participant

— Continued next page

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[1] This 3.5-hour module is excerpted from the PHI curriculum, *Providing Personal Care Services to Elders and People with Disabilities.*

Module 6: Working with Elders, continued

■ Items for demonstration stations: rubber gloves (at least 2 pairs); cotton balls; change purse with coins (at least one dime); small packets of mints in a basket; bandanas or headbands; goggles (at least two pair); Vaseline; newspaper; shoebox with various small objects; needles (at least two) and thread

■ Instructor's Guide: Experiential Station Instructions

■ Instructor's Guide: Answers: Myths and Truths about Aging

Handouts

■ Handout 6.1 "Myths and Truths about Aging"

■ Handout 6.2 "Warning: When I Am an Old Woman, I Shall Wear Purple"

■ Handout 6.3 "Changes in the Body as We Age"

■ Handout 6.4 "How You Can Assist Elders to Manage the Changes"

■ Handout 6.4a "Circulatory System"

■ Handout 6.4b "Digestive System"

■ Handout 6.4c "Nervous System"

■ Handout 6.4d "Respiratory System"

■ Handout 6.4e "Skeletomuscular System"

■ Handout 6.4f "The Skin"

■ Handout 6.4g "Urinary and Reproductive Systems"

■ Handout 6.5 "Summary: Caring for Older Consumers"

Advance Preparation

Review all training and presentation materials for this session.

Copy all handouts for participants.

Activity 6.1: Building Empathy

Prepare flip chart pages for the Learning Agenda (step 1) and with questions for "When I am 80" (step 4).

Activity 6.3: Experiencing Sensory Changes

Set up demonstration stations, as follows. Prepare 5 x 8 cards with instructions found in *Instructor's Guide, Activity 6.3.*

■ Station 1: One pair of rubber gloves with cotton balls in the fingertips; a change purse with at least one dime; a basket or bowl with packages of mints (one package for each participant)

■ Station 2 (may be combined with 1, for smaller groups): Rubber gloves with cotton balls in the fingertips, needle, thread

■ Station 3: Bandana or headband

■ Station 4: Cotton balls

■ Station 5: Goggles smeared with Vaseline; a shoebox containing numerous small objects

■ Station 6 (may be combined with 5, for smaller groups): Goggles smeared with Vaseline; newspaper

To make best use of the time, set up as many demonstration stations as the number of pairs in your training group.

Activity 6.4: Helping Consumers to Manage Physical Changes of Aging

Working from Handout 6.4, "How You Can Assist Elders to Manage the Changes," copy the "Common Changes," "Common Situations," and "How You Can Assist…" on separate 5 x 8 index cards, or on half-sheets of 8½ x 11-inch paper. Do not label the systems!

If possible, laminate the cards for durability and re-use.

Prepare a flip chart page with the instructions for group work (step 2).

Post the flip chart pages for all the Body Systems (from Module 5) around the room. Post the Urinary System and the Reproductive System pages together.

Module 6: Working with Elders, continued

Assessment and Evaluation

Competencies covered in this module are:

■ Describe the normal aging process and its effects [9.3]

■ Identify the specific needs of and demonstrate the ability for care for a sensory-deprived consumer [9.6]

To support these competencies, participants will demonstrate the following learning outcomes.

Learning Outcomes	Learning Assessment Methods
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.	Oral/written questions developed by trainer True/False quiz (Activity 6.1) Discussion (during Activities 6.2, 6.4, and 6.5)
Attitude: ■ 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.	True/False quiz (Activity 6.1) Discussion during "When I Am 80" (Activity 6.1) Discussion during Activity 6.3
Skills: ■ Demonstrate helping a consumer to cope with sensory deprivation.	Observation during Activity 6.3

—Teaching Notes—

6.1 Building Empathy   40 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Identify their own attitudes toward aging.

Key Content

■ Many common thoughts about aging are not based on fact. This module examines myths and truths.

■ Everyone has ideas and feelings about what it will be like to get older, and these can influence the attitudes participants may have when working with elders. It is important for participants to be aware of their own thoughts and feelings about aging as they identify the needs of elders and ways of assisting them.

Activity Steps

Individual exercise: Pre-test (10 minutes)

1. Introduce the module by explaining that the goal is to prepare participants to help elder consumers deal with changes related to aging. Note that everyone has ideas and feelings about what it will be like to get older, and these can influence their work with consumers. In this module, participants will be considering their own thoughts about aging as they identify the needs of elders and how to assist them. Post and review the prepared flip chart page with the "Learning Agenda" for this module.

> **Learning Agenda:**
> **Module 6**
> • Myths and truths
>   about aging
> • Building empathy for
>   elder consumers
> • Physical changes
>   of aging
> • Changes in body
>   systems
> • Assisting elders to
>   manage changes
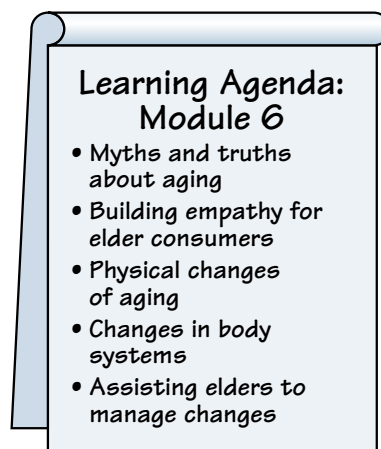
2. Distribute Handout 6.1 "Myths and Truths about Aging." Ask participants to label each question "True" or "False," and then turn the paper face down on the table in front of them. Explain at the end of the module, they will have a chance to correct their own papers to see how their ideas about aging may have changed during the class. The papers will not be collected, so this is just for insight into their own thinking.

Individual exercise: "When I am 80"[2] (5 minutes)

3. Explain that it helps people, when working with elders, to identify their own thoughts and feelings about aging. Distribute one 5 x 8 index card to each participant. Ask them not to write their names on the cards.

4. Post the prepared flip chart sheet for "When I am 80." Ask participants to imagine what life will be like when they are 80 years old, and briefly write their answers to these questions on their cards, numbering each one. Note that the cards will be collected, mixed up, and handed out again. Their answers will be shared in the large group, but without anyone knowing whose answers they are—until the end, when they will try to guess. Remind them not to write their names on their cards.

> **When I Am 80:**
>
> 1. Where will I be living?
>
> 2. What will I look like?
>
> 3. What will I be doing?
>
> 4. In what ways will I be the same as I am now?
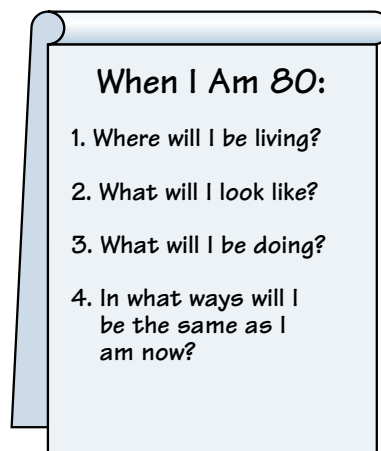
Large-group exercise (20 minutes)

5. Collect the cards, mix them up, and redistribute them at random. Note that, if someone gets their own card back, they should keep it and not say anything about it. It will actually make the game more interesting!

6. Starting with the first question—"Where will I be living?"—ask participants to share the answers on their cards. Remind participants to be respectful of each answer, knowing that these answers reflect each person's individual thoughts.

7. Do the same for the rest of the questions. After they have shared their responses to the last question, participants can guess whose card they are holding.

> ▶ **Teaching Tips**
> The objective of this activity is to provide a safe way to share participants' thoughts and feelings about their own aging and to start to build empathy for the elder consumers they may be working with. Guessing whose card each person is holding is not the objective of this activity, but it is a fun aspect of the activity and nearly impossible to stop.

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[2] "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.

> Make sure that participants show respect for each other's answers to the questions. If a response is surprising, ask them to consider what that response tells them about a person and how they would respond if one of their consumers had the same thought.

8. Ask participants:

What do these responses tell you about yourselves as a group, and how you think about aging?

Do you think these responses are typical of most people?

Note that people have different expectations of aging. Some people have very positive ideas about what life will be like when they get older, and do not think about needing the assistance of a direct-care worker. Other people expect the worst and can't imagine enjoying life once their body starts showing signs of aging. Explain, in their jobs as direct-care workers, one of their roles will be to try to make their consumers' lives as close as possible to what they would have wished when they were younger.

Poem (5 minutes)

9. Distribute and read aloud Handout 6.2, "Warning: When I Am an Old Woman, I Shall Wear Purple "[3]—or select participants who are comfortable with reading aloud to read one stanza each. Ask participants if they know anyone who fits this description. Remind participants that the vast majority of elders are healthy, live on their own, and enjoy freedom from many of the responsibilities that the rest of us struggle with every day.

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[3] By Jenny Joseph. **http://labyrinth_3.tripod.com/page59.html**

—Teaching Notes—

6.2 Physical Changes As We Age   **40 minutes**

Learning Outcome

By the end of this activity, participants will be able to:

Describe at least six common physical changes experienced by older adults.

Key Content

■ The population in the U.S. aged 65 and older, in 2007, is estimated at 38 million, or 12.6 percent of the total population. About 16 million are men and 22 million are women.[4]

■ Most elders desire independence. As of 2006, only 4.3 percent of older adults were living in institutions.[5]

■ Aging is a normal, gradual process. Each person ages in his or her own way. Aging is physical and mental rather than a matter of years, and is influenced by inherited factors, life experiences, stress, and disease.

Activity Steps

Large-group exercise (40 minutes)

1. Note the population statistics from "Key Content," and the fact that this segment of the population will get much larger over the next ten years as the "baby boomers" reach retirement age.

2. Note that, overall, elders today are healthy and active. In 2006, only 4.3 percent were living in institutions. However, people do experience many changes as a part of normal aging, some of which affect quality of life and may require assistance. Many of these changes are familiar to participants, so they will play a game to quickly identify the most common changes.

3. Divide participants into three groups. Explain that you are going to ask three questions about aging. For each question, they are to write down as many answers as they can think of within their group. The group with the most correct answers wins a prize! Make sure that each group has paper and pens or pencils, and that someone has been designated as the "recorder" before you ask the first question.

4. Ask:

What are some of the changes that occur with our senses?

Give the groups five minutes to list all the answers they can think of.

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[4] **http://en.wikipedia.org/wiki/Demography_of_the_United_States#Current_U.S._Population**
[5] 2006 American Community Survey. **http://factfinder.census.gov/servlet/STTable?_bm=y&-qr_name=ACS_2006_EST_G00_ S2601B&-ds_name=ACS_2006_EST_G00_&-state=st&-_lang=en**

5. Call "Time's Up" and then ask each group to give two answers from their list. Write correct responses on flip chart paper. Keep going around until all the groups' answers have been given. Ask each group to count the number of correct answers they listed. The group with the highest number is the "winner" for that round. Give each group member a "prize" (see Advance Preparation).

▶ **Teaching Tip**
Refer to Handout 6.3 "Changes in the Body as We Age," for the possible answers, but do not distribute the handout until after the activity is finished.

6. Repeat the process for the second question:

What are some of the changes in our physical appearance?

If the same group gets the highest number of correct items, award the prize to the group with the next highest number.

7. Repeat the process for the last question:

What are some of the changes in our body's function?

This time, regardless of which group had the highest number of answers, announce that the "prize" for that question will go to the group that did not yet get a prize—because they all made a good effort!

8. Distribute Handout 6.3, "Changes in the Body as We Age," which summarizes answers to all three questions. Note that the next activity will allow them to experience some of the changes in their senses first-hand.

—Teaching Notes—

6.3 Experiencing Sensory Changes

30–45 minutes
(depending on size of group)

Learning Outcomes

By the end of this activity, participants will be able to:

Describe their own experience of sensory deprivation—sight, hearing, touch; and

Demonstrate helping a consumer to cope with sensory deprivation.

Key Content

■ Changes in our senses—sight, hearing, touch, taste—may not seem like major health issues, but can have a huge impact on quality of life. Experiencing how these changes can affect common everyday tasks helps participants understand the challenges that elders may experience.

■ In addition, practicing how to assist someone who is experiencing these changes can provide important insights and develop skills.

Activity Steps

Pairs work: Demonstration Stations (20–35 minutes)

1. Put participants in pairs. Point out the demonstration stations set up around the training space (see Advance Preparation). Explain that participants, in their pairs, will go to each station and follow the instructions on the index card found there. In each pair, they will take turns acting as the consumer and as the direct-care worker. They will move through the different stations until every participant has experienced every demonstration station as a consumer and as a direct-care worker.

2. Assign one pair to each station to get them started. Monitor the time and suggest when they should switch roles within their pair, and when they should move on to the next station.

Discussion (10 minutes)

3. After the pairs have completed the stations, have them take their seats and ask the following questions:

How did it feel to do these stations?

Which activity was hardest for you as the consumer? The easiest?

How did it feel to be the direct-care worker? What was hardest for you? Easiest?

6.4 Helping Consumers to Manage Physical Changes of Aging
30–45 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Describe physical changes to body systems that are caused by aging; and

List ways the direct-care worker can assist the consumer to manage those changes.
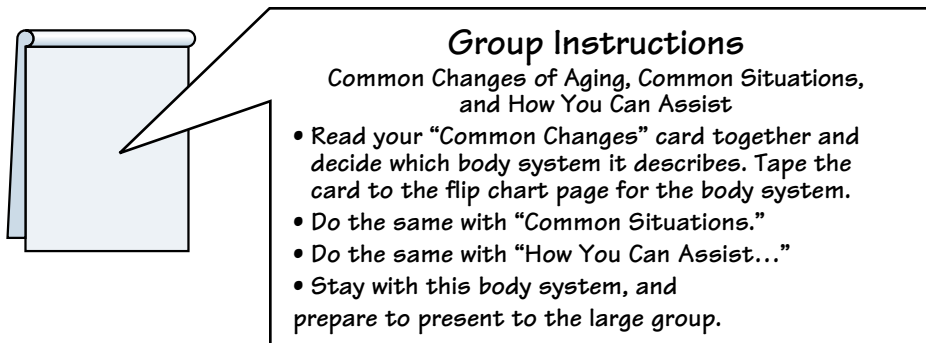
Key Content

■ Each body system changes in particular ways as we age. Learning how the changes are linked to the body systems can help participants to learn general strategies for assisting consumers to manage these changes.

■ Although physical changes of aging are unavoidable, they are not necessarily signs of illness. It is important to know the difference in order to assist elders to manage normal changes, and to seek medical attention when it may be a sign of disease.

Activity Steps

Small-group work (20 minutes)

1. Explain that, to learn and remember strategies for assisting consumers with the common conditions of aging, participants can draw on their knowledge of the body systems. Point out the flip chart pages from Module 5, which are posted around the room. Note that the Urinary System and the Reproductive System will be combined for this activity.

2. Split participants into seven groups. Post and review the prepared flip chart page with instructions for group work, noting that they will have 15 minutes for this assignment. Remind participants that they can refer to their text or handouts about body systems to help with this task. As before, you will also be available at the "help desk."

Group Instructions
Common Changes of Aging, Common Situations, and How You Can Assist

• Read your "Common Changes" card together and decide which body system it describes. Tape the card to the flip chart page for the body system.
• Do the same with "Common Situations."
• Do the same with "How You Can Assist…"
• Stay with this body system, and prepare to present to the large group.

3. Mix up the cards for each category. Distribute one "Common Changes" card, one "Common Situations" card, and one "How You Can Assist" card to each group. Once every group has all three cards, tell them to begin.

▶ **Teaching Tip**

When preparing their presentation, groups may find that the "Common Changes" or "Common Situations" card is on the wrong body system. Instruct them to consult the "help desk." Guide the group to figure out where the wrong card belongs, and then search for the card that goes with their body system.

Interactive presentations (25 minutes)

4. One group at a time, ask each group to stand next to their body system flip chart page and report the common changes, common situations, and how the direct-care worker can assist the consumer to manage these changes and situations. Ask if others have any questions, comments, or additional suggestions.

5. After all the presentations are completed, thank all the teams and distribute Handout 6.4, "How You Can Assist Elders to Manage the Changes," including Handouts 6.4a to 6.4g.

—Teaching Notes—

6.5 Summary   15 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Identify what assumptions they had about aging that were incorrect.

State at least one new fact about aging learned in this module.

Key Content

■ Correcting the pre-test may show participants things they have learned about aging through this module, and opinions that they previously held about working with elders that may have started to change.

■ The basic principles of working with elders are to:

■ Assist them to stay healthy

■ Assist them to stay active

■ Be patient

■ Be alert to changes that should be recorded and reported

■ Keep a safe environment

■ Keep oneself healthy

Activity Steps

Interactive Presentation (5-10 minutes)

1. Ask participants to find the pre-test they completed at the beginning of the module. Briefly discuss each item and state whether it is true or false. Encourage questions, since many of these answers are based on opinions.

▶ **Teaching Tip**
   See *Instructor's Guide:* "Answers: Myths and Truths about Aging" for answers.

2. Ask if anyone's opinions have changed since the beginning of the module. Note that it is important to be aware of our own opinions and the ways they may affect our relationships with people. It is also important to be open to changing our opinions based on new information or experiences that we may have.

Large-group exercise: Go-Round (5-10 minutes)

3. Ask participants to briefly share the most important thing they learned from this module.

4. Distribute and review Handout 6.5, "Summary – Caring for Older Consumers," as a summary to this module.

Instructor's Guide, Activity 6.3
Experiential Station Instructions

Prepare the following instruction cards for each experiential station.

Station 1:

Put on both of the rubber gloves with cotton balls in the fingertips.

Try to:

1) take a dime out of the change purse (return the dime!!)

2) open a package of breath mints.

Station 2:

Put on both of the rubber gloves with cotton balls in the fingertips.

Try to thread a needle.

Station 3:

Cover your eyes with a bandana or headband.

Take a walk with your partner around the room.

Your partner should hold onto your elbow for guidance.

Station 4:

Person 1. Put cotton balls in your ears.

Ask your partner for directions to her house or how to make her favorite recipe.

Person 2. Give your partner directions.

Speak softly and mumble. Do not let her see your mouth (put your hand over your mouth or turn your head).

Station 5:

Person 1. Put on the goggles.

Person 2. Tell your partner to look for a small object in the shoebox. You should tell her which object.

Station 6:

Person 1. Put on the goggles.

Try to read the newspaper to your partner.

Person 2. Listen to your partner as she reads. Ask her to hurry—don't read so slowly!

Instructor's Guide, Activity 6.5
Answers: Myths and Truths about Aging

1. Older adults can't learn new things or deal with changes.

   False:

   Older adults can learn new skills, though it may take longer than when they were younger. With help and support from others, they can adjust to new situations or changes.

2. It is normal for elders to be confused about what's going on.

   False:

   Being confused may be a sign of illness and should be reported.

3. Sex and intimacy are not important for elders.

   False

   The need for a warm and caring relationship, with physical affection that may include sex, stays with us all our lives, and may even get stronger for some of us as we age. Elders are capable of having sex and experiencing sexual pleasure, though the frequency of sex may decrease.

4. Even healthy elders should avoid getting exercise in order to save energy.

   False

   Light or moderate exercise is important to maintaining health throughout our lives. Resting during activities may be helpful to keep up energy, or going at a slower pace, but activity itself is good.

5. Older adults don't care anymore about looking good.

   False

   Concern about how we look does not change as we get older.

6. Most elders are sick and in nursing homes.

   False

   In 2006, only 4.3 percent of elders were living in nursing homes or other institutions.

7. People usually get shorter as they get older.

   True

   Many people do get shorter as they age, because the spine very gradually gets shorter.

8. Older people have trouble hearing, seeing, and keeping their balance.

   True and False

   Problems with hearing and vision are common for elders. However, losing one's balance is a sign of illness and should be recorded and reported.

9. Losing control over the bowel or bladder is a normal part of aging.

False

Problems with bowel or bladder control may happen but are not considered normal and should be recorded and reported.

10. Most older people act very much alike.

False

Like people of all ages, elders are unique individuals, who experience the changes of aging in very different ways and who act very differently.

–Teaching Notes–

Handouts
Module 6: Working with Elders

Activity 6.1: Building Empathy

Handout 6.1: Myths and Truths about Aging

Handout 6.2: Warning: When I Am an Old Woman, I Shall Wear Purple

Activity 6.2: Physical Changes as We Age

Handout 6.3: Changes in the Body as We Age

Activity 6.4: Helping Consumers to Manage Physical Changes of Aging

Handout 6.4: How You Can Assist Elders to Manage the Changes

Handout 6.4a: Circulatory System

Handout 6.4b: Digestive System

Handout 6.4c: Nervous System

Handout 6.4d: Respiratory System

Handout 6.4e: Skeletomuscular System

Handout 6.4f: The Skin

Handout 6.4g: Urinary and Reproductive Systems

Activity 6.5: Summary

Handout 6.5: Summary: Caring for Older Consumers

Myths and Truths about Aging

Decide whether each statement is true or false. Then write T for true or F for false.

1. _____ Older adults can't learn new things or deal with changes.

2. _____ It is normal for elders to be often confused about what's going on.

3. _____ Sex and intimacy are not important for elders.

4. _____ Even healthy elders should avoid getting exercise in order to save energy.

5. _____ Older adults don't care anymore about looking good.

6. _____ Most elders are sick and in nursing homes.

7. _____ People usually get shorter as they get older.

8. _____ Older people have trouble hearing, seeing, and keeping their balance.

9. _____ Losing control over the bowel or bladder is a normal part of aging.

10. _____ Most older people act very much alike.

**Handout 6.2—Warning: When I Am an Old Woman,
                           I Shall Wear Purple**
Module 6: Activity 6.1–Building Empathy MASTER FOR PHOTOCOPYING

6.2

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Warning: When I Am an Old Woman, I Shall Wear Purple

When I am an old woman, I shall wear purple
With a red hat which doesn't go, and doesn't suit me.
And I shall spend my pension on brandy and summer gloves
And satin sandals, and say we've no money for butter.

I shall sit down on the pavement when I'm tired
And gobble up samples in shops and press alarm bells
And run my stick along the public railings
And make up for the sobriety of my youth.

I shall go out in my slippers in the rain
And pick the flowers in other peoples' gardens
And learn to spit.

You can wear terrible shirts and grow more fat
And eat three pounds of sausages at a go
Or only bread and pickles for a week
And hoard pens and pencils and beer-mats and things in boxes.

But now we must have clothes that keep us dry
And pay our rent and not swear in the street
And set a good example for the children.
We must have friends to dinner and read the papers.

But maybe I ought to practice a little now?

So people who know me are not too shocked and surprised
When suddenly I am old, and start to wear purple.

                    ~ **Jenny Joseph**, From *Warning: When I am an Old Woman I Shall
                              Wear Purple* (Souvenir Press, 2001)

Changes in the Body as We Age

As we get older, our bodies change. Here's how.

1. How do our senses change?

We cannot smell as well.

We cannot taste as well—lots of foods taste the same.

We cannot feel as much with our skin.

We cannot see as well.
- It takes our eyes longer to adjust to changes in lighting.
- It's harder to see at night.

We cannot hear as well.
- We may have trouble hearing high sounds.

2. How does the way we look change?

Our nails get thicker and tougher.

Our body gets shorter.

Our eyes sink in more.

Our skin:
- Bruises easily
- Gets age spots and wrinkles
- Looks clear, pale, and thin

Our hair:
- Falls out
- Turns gray

Our weight changes.
- Men often gain weight until age 50, and then lose it.
- Women often gain weight until age 70, and then lose it.

3. How does the way our body works change?

The heart does not work as well. We get tired faster.

It takes us longer to:
- Heal, or get better after being sick
- React
- Think

We have more trouble:
- Digesting food
- Keeping our balance
- Sleeping

Our bones get weaker. They break more easily.

Our muscles get weaker.

6.4

How You Can Assist Elders to Manage the Changes

In order to help elder consumers to manage the normal changes of aging, it is good to know what's happening in each body system.

This section describes the "Common Changes" for each body system and some "Common Situations" that happen due to those changes. "How You Can Assist Elders to Manage Changes of Aging" talks about your role in assisting elders to continue living their normal lives.

Handout 6.4a—Circulatory System
Module 6: Activity 6.4—Helping Consumers to Manage
Physical Changes of Aging   MASTER FOR PHOTOCOPYING

6.4a

Circulatory System

Common Changes

As people age, the flow of blood changes.

- The heart gets weaker and doesn't work as well.

- Tubes that carry blood get harder and more narrow.
  This slows the flow of blood.

Common Situations

Because of these changes, older people often:

- Feel cold, especially in their hands and feet

- Have a fast heartbeat when they get upset

- Are short of breath after doing things

— continued, next page

Handout 6.4a–Circulatory System
Module 6: Activity 6.4–Helping Consumers to Manage
Physical Changes of Aging   MASTER FOR PHOTOCOPYING

6.4a

PAGE 2 OF 2

How You Can Assist Elders to Manage Changes of Aging

To help with blood flow, ask the consumer to:

■ Avoid crossing their legs and wearing tight clothes

■ Avoid things that upset them

■ Move around

■ Put their legs up

■ Soak their feet in warm water, or take a warm bath

If the consumer is cold, ask them to:

■ Dress in layers

■ Eat and drink warm things

■ Turn up the heat, or use an extra blanket. But do not offer hot water bottles or heating pads.

To help with shortness of breath:

■ Take their time doing activities

■ Rest every so often

Handout 6.4b—Digestive System
Module 6: Activity 6.4–Helping Consumers to Manage
Physical Changes of Aging MASTER FOR PHOTOCOPYING

6.4b

Digestive System

Common Changes

As people age, their eating and digestion change.

■ They have fewer taste buds.

■ They feel less thirsty.

■ They may lose teeth or have dentures that don't fit well. This makes it hard to eat some foods.

■ They have less saliva.

■ Food stays in the stomach longer.

■ The muscles of the large bowel do not work as well.

■ They feel less of an urge to empty their bowel.

Common Situations

Because of these changes, older people often:

■ Have a dry mouth

■ Have gas, bloating, or stomach pain

■ Have hard bowel movements

■ Lose teeth

Handout 6.4b—Digestive System
Module 6: Activity 6.4–Helping Consumers to Manage
Physical Changes of Aging MASTER FOR PHOTOCOPYING

6.4b

PAGE 2 OF 2

How You Can Assist Elders to Manage Changes of Aging

If the consumer does not want to eat:

- Offer them snacks.

- Make food look better and have more flavor.

If the consumer does not want to drink, or has hard bowel movements:

- Offer them small amounts of fluids often.

To help with dry mouth:

- Ask the consumer to drink before taking pills.

To keep teeth healthy:

- Offer mouth care often.

If the consumer has trouble digesting, ask them to:

- Eat 6 to 8 small meals each day, if their care plan says to

- Eat foods that are high in fiber, if their care plan says to

- Avoid foods that are spicy or could cause gas

- Eat slowly and chew well

- Sit up for 30 minutes after eating

- Take plenty of time to empty their bowel

Handout 6.4c—Nervous System
Module 6: Activity 6.4—Helping Consumers to Manage
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Nervous System

Common Changes

As people age, their brain and nerves change.

- Nerve cells die.

- The senses don't work as well.

Common Situations

Because of these changes, older people often have trouble:

- Coping with change

- Falling asleep

- Getting used to changes in light

- Going up and down stairs

- Keeping their balance

- Learning and recalling new things

- Seeing, hearing, smelling, tasting, and feeling things

Handout 6.4c—Nervous System
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How You Can Assist Elders to Manage Changes of Aging

If the consumer forgets things easily:

- Ask them to write things down.

- Give them clues to help them remember.

- Give them puzzles and mental challenges for practice.

If the consumer loses their balance easily:

- Ask them to use handrails, if possible.

- Ask them to change position slowly. Count to 10 after they get up, then assist them to walk.

- Give them plenty of time to get around.

If the consumer has trouble getting to sleep:

- Ask them to move around during the day.

- Offer them a back rub and warm milk before bed, if possible.

- Ask them to avoid coffee, tea, chocolate, and alcohol before bed.

Handout 6.4c—Nervous System
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If a consumer has trouble seeing:

- Ask them to wait for their eyes to get used to changes in light.

- Make sure they have plenty of light and a clear path.

- Do not move things around in their room.

- Ask them to get their eyes checked and wear their glasses.

- Assist them to find their way, if needed.

If a consumer has trouble hearing:

- Speak clearly.

- Get close to them when you talk.

- Ask them to get their ears checked and wear their hearing aid.

Handout 6.4d–Respiratory System
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Respiratory System

Common Changes

As people age, their breathing changes.

■ They don't breathe out carbon dioxide and take in oxygen as well as before.

■ Their breathing tubes can get clogged with mucous.

Common Situations

Because of these changes, elders often:

■ Have trouble breathing when they move around

■ Cough more and may cough up mucous

How You Can Assist Elders to Manage Changes of Aging

To help with shortness of breath:

■ Take their time doing activities

■ Rest every so often

■ Ask a respiratory therapist to teach the consumer how to breathe and cough better.

Handout 6.4e—Skeletomuscular System
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Skeletomuscular System

Common Changes

As people age, their muscles, bones, and joints change.

■ The spine gets shorter. The upper spine may become curved. The head may bend forward.

■ Bones lose calcium and get weaker.

■ Muscles get weaker and less stretchy.

■ Joints get stiff, especially after sleep or rest.

Common Situations

Because of these changes, elders often:

■ Break bones easily

■ Feel joint and muscle pain

■ Get tired easily

■ Have trouble taking off and putting on lids and lifting heavy cups

■ Need more time to do things

Handout 6.4e–Skeletomuscular System
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How You Can Assist Elders to Manage Changes of Aging

Ask the consumer to:

■ Move their joints and muscles, if their care plan says to

■ Eat foods and drinks with calcium, such as milk products, if their care plan says to

■ Rest and take their time doing activities

■ Try using plastic cups with handles. Fill the cups only half full to make them lighter and prevent spills.

Make sure the consumer:

■ Can reach the things they use often

■ Has a clear path

■ Has plenty of light

■ Has strong furniture

Handout 6.4f—The Skin
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The Skin

Common Changes

As people age, their skin changes.

- Fat under the skin moves to different places. Elbows, hipbones, and shoulder blades stick out more.

- Glands do not make as much oil.

- The skin sags and doesn't stretch back.

- Tubes that carry blood can be seen more easily.

- Fingernails get ridged and break easily. Toenails get hard and thick.

Common Situations

Because of these changes, elders often:

- Break fingernails easily

- Get wrinkles and dry skin

- Get cuts and sores easily

- Take longer to heal

Handout 6.4f—The Skin
Module 6: Activity 6.4—Helping Consumers to Manage
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How You Can Assist Elders to Manage Changes of Aging

When the consumer bathes:

- Use only a little soap.

- Touch the consumer's skin gently. Pat dry with a towel.

- Put lotion on their skin after bathing. Avoid lotions that have alcohol, since they tend to dry skin.

- Do not use bath oils, since these could cause a fall.

- Do not bathe them every day, unless their care plan says to.

To care for nails:

- Assist the consumer to file their fingernails. Put on lotion to soften nails.

- Do not cut fingernails (unless you are a certified aide or are working in a consumer-directed setting). Report that they need to be cut.

- Do not cut or file toenails (unless you are a certified aide or are working in a consumer-directed setting). Report that they need to be cut.

Handout 6.4g—Urinary & Reproductive Systems
Module 6: Activity 6.4—Helping Consumers to Manage
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Urinary & Reproductive Systems

Common Changes

As people age, their bladder and male and female parts change.

- The bladder muscles get weaker and more stretched.

- A man's prostate gland usually gets bigger.

- There is less fat in a woman's breasts and in the lips of her vagina.

- The woman's vagina makes less mucous.

- Women stop producing eggs during menopause, but men produce sperm for most of their lives.

- Men may need more time to get an erection.

- There is no change in sexual desire and pleasure.

—continued, next page

Handout 6.4g–Urinary & Reproductive Systems
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Common Situations

Because of these changes, elders often:

■ Have trouble holding their urine

■ Get up several times each night to empty their bladder

■ May have a dry vagina during sex (women)

■ Still want to have sexual relations, but have to deal with social attitudes against elders having sex

■ May have trouble getting privacy to have sex

How You Can Assist Elders to Manage Changes of Aging

If the consumer has bladder or bowel accidents, ask them to avoid:

■ Drinking coffee, tea, colas, and alcohol after dinner

■ Eating salty or spicy foods for dinner, since these can make them thirsty

■ Taking hot tub baths

■ Wearing pants with buttons and zippers

Handout 6.4g—Urinary & Reproductive Systems
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If the consumer has accidents:

■ Assist them to get to the toilet at least every 2 hours.

■ Assist them to use a commode or bedpan.

■ Make sure they have a clear path to the bathroom.

■ Put a commode in their bedroom.

■ Put on a night-light.

Support the consumer's right to continue their sexual relationships.

■ Respect the consumer's needs for intimacy with chosen partners

■ Respect the consumer's needs for privacy

■ Respectfully educate the consumer about possible need for lubrication for the woman and longer time for the man to get erect

Summary: Caring for Older Consumers

There is a lot to know about assisting consumers to manage the normal changes of aging. But there are some basic principles to guide you. Read these tips from other workers.

Syd's tip—Assist elders to stay healthy.

"Eating right and drinking plenty of fluids is good for every body system! Plus, I encourage people to get plenty of rest and take vitamins, if it's in their care plan."

Alicia's tips—Assist elders to stay active.

"I urge people to do as much for themselves as they can. Plus, I ask them to move their bodies as much as their care plan says to."

Gina's tip—Be patient.

"I give people plenty of time to do things. It helps to pace them – a little work, a little rest."

Nan's tip—Be alert.

"I pick up the floor and give people plenty of light, so they won't trip. And I follow the rules to keep germs from spreading."

Ben's tip—Keep yourself healthy, too!

"Elders are more likely to get sick as they get older. The last thing they need is for me to get sick and bring my germs to work with me! So I try to stay healthy, too, and I report out when I'm sick."

To review:

- Assist elders to stay healthy.

- Assist elders to stay active.

- Be patient.

- Be alert.

- Be safe.

- Keep yourself healthy, too.

Appendix F: Definition of Core Skill Competencies for Direct-Care Workers

PHI has identified the following competencies for direct-care workers providing services to elders and consumers with disabilities in whatever setting they reside.

Core (C):   Core competencies required for personal care workers in any setting

ADV (A):   Advanced competencies required for combined certification as a home health aide/nursing assistant prepared to work in any long-term care settings, or for setting-specific orientation and training.

1	Role of the Direct-Care Worker	Core	ADV
1.1	Explain the importance of the relationship between the consumer and the direct-care worker for quality of care	C	
1.2	Define the role of the direct-care worker in relation to other members of the service team in various long-term care settings	C	A
1.3	Explain the role of the direct-care worker in relation to the consumer receiving services in various long-term care settings	C	A
1.4	Demonstrate professionalism and responsibility, including in timeliness and appearance	C	
1.5	Explain the purpose of the service or care plan	C	A
1.6	Explain the role of the direct-care worker in supporting the consumer's engagement in community activities	C	

2	Consumer Rights, Ethics and Confidentiality	Core	ADV
2.1	Listen to and observe the preferences of the consumer	C	
2.2	Respect the consumer's right to privacy, respect and dignity	C	
2.3	Demonstrate ways of promoting the consumer's independence	C	
2.4	Explain the philosophies of consumer-direction and independent living	C	
2.5	Facilitate the consumer's desire to express their personal faith and observe religious practice as requested	C	
2.6	Respect the confidentiality of consumer information and adhere to Health Insurance Portability and Accountability Act of 1996 (HIPAA) and employer confidentiality guidelines	C	
2.7	Explain the direct-care worker's responsibility to identify, prevent, and report abuse, exploitation, and neglect	C	
2.8	Identify types, examples, and indicators of abuse, according to state law, including physical abuse, psychological abuse, exploitation, neglect, and improper use of physical and chemical restraints and methods to prevent them	C	A
2.9	Explain the consumer's rights to make health care decisions, including advanced directives and living wills		A
2.10	Describe the rights of consumers as addressed in the Americans with Disabilities Act (ADA)	C	

3	Communication, Problem-Solving and Relationship Skills	Core	ADV
3.1	Explain the term "communication," including the difference between verbal and non-verbal communication	C	
3.2	Demonstrate effective communication, including listening, paraphrasing, and asking open-ended questions	C	
3.3	Demonstrate ability to resolve conflict	C	
3.4	Demonstrate respect and cultural sensitivity in communicating with others	C	
3.5	Demonstrate the use of effective problem-solving skills	C	
3.6	Serve as an advocate for the consumer as directed by the consumer		A
3.7	Demonstrate respectful and professional interaction with the consumer, significant other(s), and family members	C	
3.8	Demonstrate basic language, reading, and written communication skills	C	

4	Individualized Personal Care Skills According to Consumer Preference and Service Plan	Core	ADV
4.1	Assist with tub bath and shower	C	
4.2	Provide bed baths	C	
4.3	Shampoo hair in bed	C	
4.4	Assist with oral hygiene	C	
4.5	Assist with fingernail and toenail care	C	
4.6	Shave consumer	C	
4.7a	Turn and/or position consumer in bed and wheelchair	C	
4.7b	Transfer consumer from bed to wheelchair	C	
4.7c	Position consumer in lift		A
4.8	Provide consumer with back rubs, foot rubs, leg rubs, arm/hand rubs	C	
4.9	Assist with routine skin care	C	
4.10	Assist with eating and drinking	C	
4.11	Assist with dressing, including using elastic support stockings	C	
4.12	Assist with walking	C	
4.13	Make an occupied and unoccupied bed	C	
4.14	Assist with basic toileting needs, including assistance with disposable briefs, using a bathroom or commode	C	
4.15	Demonstrate proper use of bedpan, urinal, and commode	C	
4.16	Provide perineal care (cleaning of genital and anal areas)	C	
4.17	Clean and ensure appropriate function and care of appliances such as glasses, hearing aids, orthotics, prostheses, and assist with application/removal	C	

5	Individualized Health Care Support According to Consumer Preference and Service Plan	Core	ADV
5.1	Accurately measure and record temperature, pulse, and respiration	C	
5.2	Accurately measure and record blood pressure, height and weight		A
5.3	Collect routine urine, stool and sputum specimens according to proper procedures		A
5.4	Assist consumers with prescribed exercise programs, including passive range of motion	C	A
5.5	Assist consumers who have lung disease with postural drainage		A
5.6	Assist with the use of prescribed medical equipment, supplies and devices		A
5.7	Assist with special skin care to prevent decubitis ulcers; observe, record and report skin conditions		A
5.8	Provide comfort measures to assist in relieving pain		A
5.9	Apply non-sterile dressing		A
5.10	Apply non-sterile compress and soak		A
5.11	Apply cold and/or heat applications		A
5.12	Assist consumers with ileostomy, colostomy, gastrostomy, and tracheotomy care and catheter care		A
5.13	Observe, record and report as appropriate	C	A
5.14	Assist consumers with self-administered medications	C	

6	In-Home and Nutritional Support According to Consumer Preference and Service Plan	Core	ADV
6.1	Assist with meal planning, food preparation and serving, food shopping, storage and handling	C	
6.2	Assist with the preparation of simple modified diets	C	
6.3	Prepare and assist consumers with complex modified diets		A
6.4	Assist consumer with fluid intake; measure and record		A
6.5	Assist and encourage consumer to consume nutritional supplements/snacks.		A
6.6	Assist consumers with care of the home and/or personal belongings	C	
6.7	Support a safe, clean and comfortable living environment	C	

7	Infection Control	Core	ADV
7.1	Demonstrate proper hand washing procedures	C	
7.2	Demonstrate application of the principles of infection control in all activities	C	
7.3	Demonstrate the use of standard precautions as indicated	C	
7.4	Demonstrate correct isolation and safety technique in care of consumers with infectious illness		A
7.5	Prepare soiled linen for laundry	C	

8	Safety and Emergencies	Core	ADV
8.1	Use proper body mechanics at all times and demonstrate safe transfer techniques	C	
8.2	Demonstrate proper lifting technique when using lift equipment		A
8.3	Explain procedures in case of emergencies	C	
8.4	Check prescribed medical equipment before use and notify supervisor of any problems identified		A
8.5	Demonstrate how to perform CPR and the Heimlich Maneuver		A

9	Apply Knowledge to the Needs of Specific Consumers	Core	ADV
9.1	Describe basic anatomy and physiology of body systems	C	A
9.2	Recognize and report abnormal signs and symptoms of common diseases and conditions of body systems	C	A
9.3	Describe the normal aging process and its effects	C	
9.4	Identify the specific needs of a person with Alzheimer's disease and related dementia (core) and demonstrate basic principles of intervention strategies (advanced)	C	A
9.5a	Identify the needs of people with various physical disabilities	C	A
9.5b	Demonstrate the ability to care for people with various physical disabilities		A
9.6	Identify the specific care needs of and demonstrate the ability to care for a person who is dying		A
9.7	Identify the specific needs of and demonstrate the ability to care for a sensory deprived consumer	C	
9.8	Describe how age, illness and disability affect sexuality	C	
9.9a	Identify the special needs of a consumer with mental illness	C	
9.9b	Demonstrate the ability to provide services to a consumer with mental illness		A
9.10a	Identify the special needs of a consumer with intellectual and developmental disabilities	C	
9.10b	Demonstrate the ability to provide services to a consumer with intellectual and developmental disabilities		A

10	Self-Care	Core	ADV
10.1	Recognize signs of burnout in self and others, and identify stress reduction techniques	C	
10.2	Demonstrate use of time-management and organizational skills	C	
10.3	Identify resources to maintain personal health and well-being	C	
10.4	Identify options and strategies to respond to abusive behavior directed toward direct-care workers by consumers	C	