Providing Personal Care Services to Elders and People with Disabilities:
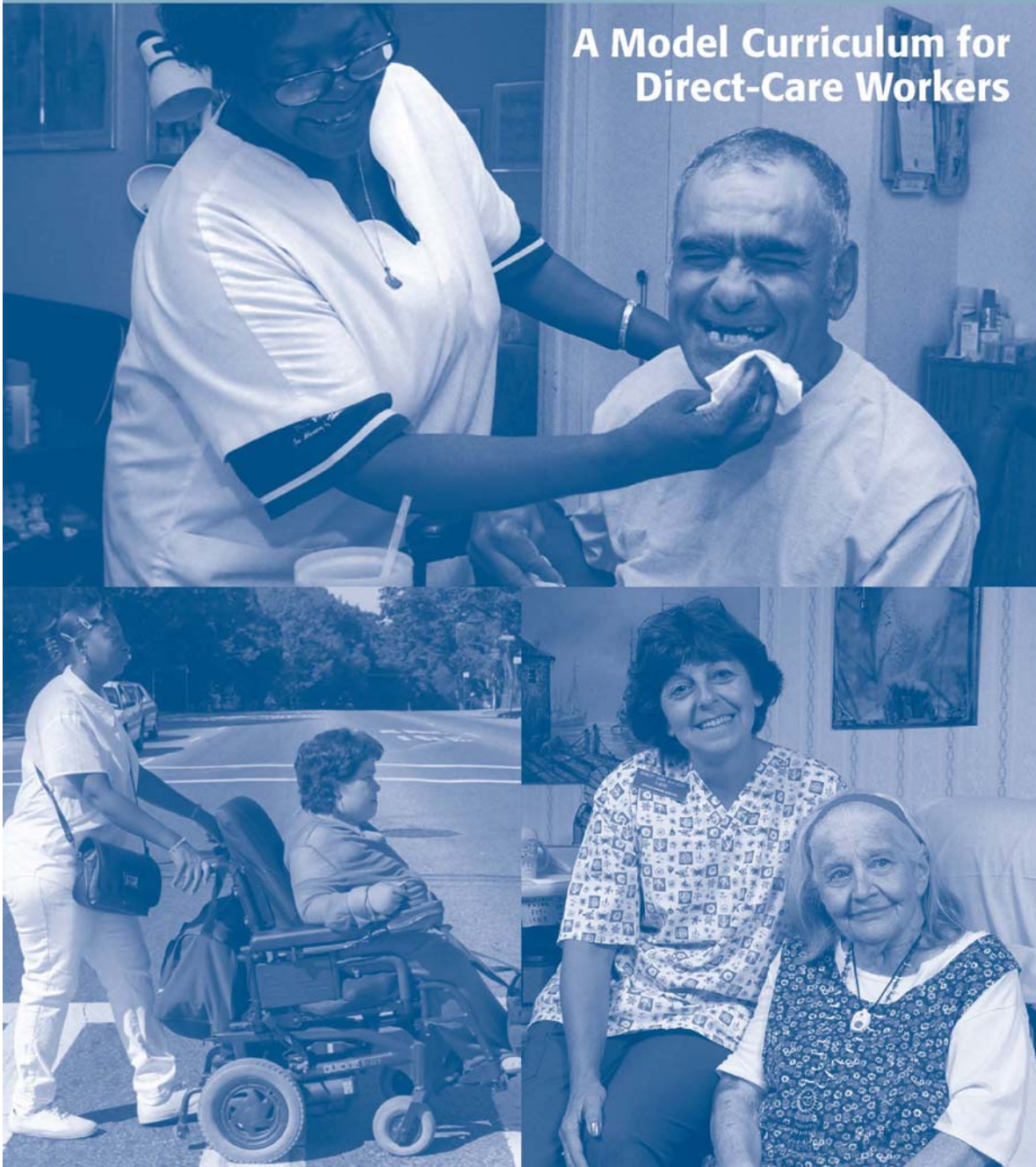
A Model Curriculum for Direct-Care Workers

PHI Quality Care THROUGH Quality Jobs

About PHI

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

This and other PHI curriculum can be found online at: www.PHInational.org/training. Other PHI publications are made available through the PHI National Clearinghouse on the Direct-Care Workforce at **www.PHInational.org/clearinghouse**.

Training and Curriculum Support Services

In support of this model curriculum for direct-care workers, PHI offers a range of training design and curriculum development services tailored to meet the needs of specific organizations or consumer populations. These services include:

- **Designing a training program**: PHI consultants can help to design and implement an effective learner-centered training program for new or incumbent direct-care workers.

- **Tailoring the curriculum**: PHI provides technical assistance to adapt the curriculum to focus on the particular needs of consumer groups or service delivery systems.

- **Developing specialized curricula**: PHI consultants can work with organizations to develop additional modules for home health aide or CNA certification or to develop specialized advanced skill training in areas such as dementia care and death and dying.

- **Training trainers**: PHI offers an orientation to adult learner-centered teaching for trainers. These workshops provide a foundation in the theory and practice of adult learner-centered training, an introduction to the content of the specific curriculum trainers will be teaching, and opportunities to experience and practice a range of interactive teaching methods.

For more information about PHI training and curriculum support services, contact Jill Tabbutt-Henry, Curriculum Manager, at jtabbutt@PHInational.org. Or visit our website at www.PHInational.org/training.

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PHI Quality Care THROUGH Quality Jobs   **PROVIDING PERSONAL CARE SERVICES TO ELDERS AND PEOPLE WITH DISABILITIES**

Acknowledgements and Permissions

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

The exercise, "When I Am 80," is adapted from an exercise of the same name in *Strengths Based Care Management for Older Adults* by Becky Fast and Rosemary Chapin (Health Professions Press, 2000, http://www.healthpropress.com).

Handout 13.5, "Body Language Speaks," is adapted from the presentation "A New Approach to Dementia Care Training" by Teepa L. Snow, Melanie Bunn, and Maureen Charlton of the Alzheimer's Association's Eastern North Carolina Chapter in Raleigh, at the World Alzheimer Congress 2000, as reported in "Long Term Care Provider.com." http://www.longtermcareprovider.com/content/news/

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

Table of Contents

Introduction to the Curriculum

Overview

Responding to a need for a better trained and better integrated long-term care workforce, PHI has developed this adult learner-centered, competency-based curriculum for personal care workers. This 77-hour Personal Care Services curriculum was designed to meet three major goals:

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

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

Why Is This Curriculum Needed?

Recently, much attention has been paid to the aging of our society. Americans over age 85 are currently our fastest-growing demographic group; and, over the next two decades, the "Baby Boom" generation will be turning 65. These changing demographics will have profound

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ramifications within our long-term care system, where there will be a significant surge in the demand for services and supports. In addition, long-term care services are increasingly being delivered in home and community-based settings as opposed to traditional nursing homes. The shift to home and community-based services further increases the demand for workers, since it takes more people to meet the care needs of consumers who are spread out throughout a community, than those who are clustered in a facility.

This shift to home and community-based services also requires that home care workers provide services to people with more complex health conditions. Serving consumers with more complex needs requires greater skill, judgment, and personal accountability on the part of home care workers, who work in relative isolation, with less support and less direct supervision than comparable nursing home workers. Yet, despite the challenge of these positions, training requirements for personal care workers (i.e., home care workers who are not providing health-related services) remain very limited across states and variable across programs within states.

To meet the increasing demand for direct-care workers and to help ensure quality services, state policymakers are considering workforce development strategies to ensure that training systems are developing a workforce that is more flexible, versatile, and capable of meeting higher levels of demand. Some of these strategies include:

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

PHI created this curriculum to help meet these needs.

Why Competency-Based?

The content of this curriculum is based on PHI's analysis of the competencies that direct-care workers need in order to provide personal care services to elders and to consumers with disabilities, in whatever setting they reside. By competency we mean:

> *The capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions" or tasks in a defined work setting.*[2]

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[2] US Department of Labor

The value of using the term competency is that it brings the focus on what someone needs to objectively *know and do* in order to perform a job proficiently. It takes the emphasis away from classroom hours and passing tests and puts the focus on on-the-job performance. To develop the competencies upon which this curriculum is based, PHI drew on the work of multiple states and competencies developed for the U.S. Department of Labor's Home Health Aide and Certified Nursing Assistant Apprenticeships. The competencies are also consistent with content specified in the Federal Nursing Home Reform Act of 1987 (OBRA).

Why Adult Learner-Centered?

This curriculum incorporates an adult learner-centered training approach, relying heavily on interactive learning activities that engage learners in multiple ways. This approach allows trainers to meet the learning needs of trainees with a wide range of learning styles, experiences, and abilities.

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

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

Why Person-Directed Care? How Is It Addressed?

A person-directed culture has been described as one in which consumers "make decisions every day about their individual routines. When not capable of articulating needs, the staff honor observed preferences and lifelong habits.[3]" Although person-directed care is often associated only with self-directing consumers with disabilities, this curriculum focuses on person-directed care as an overall approach that supports and promotes independence, dignity, and individuality

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[3] From The Pioneer Network, "Person-Directed Culture."
http://www.pioneernetwork.net/research/continuumofdirection2.php

for all consumers. At our request, specialists within the disability community reviewed and approved our curriculum's approach, the competencies related to person-directed care, and the modules that focus on consumer direction.

One way in which person-directed care is addressed in this curriculum is by using "consumer profiles" to present the necessary knowledge, attitudes, and skills for different aspects of personal care in different settings. Trainees learn about activities of daily living and particular conditions or needs of consumers by "meeting" a consumer through role plays or case scenarios. They apply what they are learning to that person's unique needs, and they practice skills through relating to that consumer as a thinking, feeling, and communicating individual.

Truly supporting a person-directed service model requires not simply sensitivity to language, nor even appreciation of unique needs and preferences, but also the relational skills of caregiving—listening, communicating, self-awareness and self-management, relationship-building, and problem-solving. These skills are intentionally embedded throughout this training and are reinforced through role plays and skills practice that put trainees in the role of the consumer, as well as the worker.

How to Use This Curriculum

The Content and Structure of the Curriculum

This curriculum is divided into twenty 3.5-hour modules and one 7-hour module, for a total training time of 77 hours. The first 7 hours are an orientation to the work of personal care workers and to key concepts of direct care. This also includes an introduction to the various settings of direct-care work —home care, assisted living, personal care homes, adult day services, nursing homes, and consumer-direction.

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

Modules 9 through 19 show how these foundational areas of knowledge, attitudes, and skills are applied when working with individual consumers using a person-directed approach to providing care. Participants learn how to assist with activities of daily living (ADLs) for various types of consumers—both elders and independent adults with physical disabilities—through case scenarios and role plays that focus on consumer profiles in the range of long-term care settings.

Modules 20 and 21 wrap up the training by considering, again, issues affecting consumers and workers across the range of work settings—including mental illness or developmental disability, abuse and neglect, the rights of consumers and workers (from the first module), and the need for workers to balance the demands of work with the rest of their lives, managing time and stress, in order to maintain their health and energy for this important work.

Structure of the Facilitator's Guide

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

Each module begins with summary pages describing:

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

Detailed guidelines for each activity follow the module summary. Each activity guide includes:

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

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

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

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

Participants' Handouts

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

Teaching Methods: Focus on Participation

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

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

Case scenarios: Caregiving skills and the person-centered approach are better learned in a reality-based context rather than as abstract concepts. Case scenarios are realistic examples used to illustrate a point or to challenge participants to devise effective solutions. This curriculum uses fictional profiles of consumers to introduce long-term care settings from a person-centered perspective, including the types of assistance consumers need and the skills required to assist them. Often, exercises present situations that participants might encounter in the workplace in order to develop problem-solving and communication skills, in addition to caregiving skills.

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

practice role plays, participants draw on prior knowledge and experience while also developing communication and caregiving skills.

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

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

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

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

General Teaching Tips

Planning and Preparation

- To keep participants engaged, interactive presentations should be limited to 15 minutes or less. Facial expressions, varied voice tones, and movement by instructors will keep activities dynamic.

- In the afternoon, groups often become lethargic. A brief, energizing activity in which people move their bodies a bit can shake off sleepiness and keep participants focused on learning. For example, participants can stand and shake out their arms and legs or stand in a circle and bounce or toss a ball across the circle to one another. The idea is just to get the blood moving again, so energizers can be brief (2 minutes or less).

- Before teaching each module, instructors should review the activities and consider the arrangement of chairs that will work best for each. For example, activities involving role plays require a "stage" area that is easily viewed by the group. Check-ins and closings have a more intimate quality with chairs arranged in a circle. Participants can help rearrange chairs between activities.

- This curriculum is written with detailed instructions useful for new instructors. Experienced instructors will be able to draw from their own "toolbox" to vary some activities.

Opening and Closing Activities

For most modules, trainers are asked to prepare a 10-minute opening activity and a 10-minute closing activity. The opening activity for Module 1 is described in detail, since it sets the stage for the entire training. After Module 1, the opening activities will vary, depending on the topic and the timing. The purpose is always to help participants make the mental and physical transition from their previous activities to the training setting. The opening activity at the start of a new day of training should include some kind of warm-up exercise to help focus participants' attention on being back in the learning environment. If two modules are taught in the same day, the opening activity for the second module—presumably after lunch—should include a quick energizer to refocus participants mentally and physically after eating.

Providing closure to each module is an essential part of learning. It provides an opportunity for participants to reflect on what they have learned and how they can use it in their work or in their lives. It also allows the instructor to wrap up discussions, answer additional questions, and prepare participants for the next module. The closing activity for Module 1 is described in detail, as a guide for the rest of the modules. After that, the closing activities will vary, depending on the timing and the topic. If two modules are to be conducted in the same day, the closing activity

for the first module could be shorter and the closing activity for the second module longer, to reflect on the learning experience for the whole day.

About once a week, or every four modules, add the following question about the learning environment to the closing activity— *How can we make this a better learning experience for you?*

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

Flip Charts
All flip chart pages should be prepared ahead of time for each module; these are listed in the "Advance Preparation" section. The suggested text is shown in the activity steps whenever a flip chart page is used. Printed words on flip chart pages should be large and clear. The suggested flip chart pages are based on a maximum of 15 lines per page, and 30 characters per line. More information than that is too hard to read and comprehend on a flip chart. Using colored markers for different concepts can also help to delineate and highlight specific points.

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

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

Participants' Resource Guide

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

Facilitation Techniques

- Throughout the training, it is important that instructors consciously model communication skills that are the foundation for caregiving relationships in interactions with the participants. These include active listening, paraphrasing, and asking open-ended questions.
- If two instructors are co-teaching, it is often effective for one to facilitate discussion while the other writes key points on a flip chart page or overhead.
- Instructors should attempt to draw out the quieter people in the group so that everyone speaks during a discussion. More talkative participants should be encouraged to monitor their "airtime" and not be allowed to dominate discussions.
- There are several opportunities in the training for participants to share stories from personal experience. Because this is a rare pleasure for many, such conversations can take on a life of their own. The instructor should keep stories focused on the main point of the activity and watch the time so that all participants get a chance to share.
- Participants' sharing may elicit questions or issues that cannot be tackled during the activity's allotted time. In such situations, the instructor may want to track these issues in a visual way by creating a "parking lot"—an ongoing list on a flip chart page. As time and interest allow over the course of the training, these issues can be addressed.
- Role plays are critical to the effectiveness of this curriculum but may be new to many participants. Some may feel reluctant to participate. Instructors should explain that the role plays involve *practice*, not performance, and that participants will not be judged negatively for their efforts. Participants will learn the most from the role plays if they take their roles seriously and do their best.
- Role plays may also be new to instructors. Instructors who feel nervous about them will pass on their nervousness to participants. Therefore, it is essential that instructors practice the role plays prior to the seminar until they are comfortable with them and can support participants in taking risks to participate.
- Participants sometimes pose questions for which instructors don't have answers. If this happens, instructors should acknowledge that the question is new to them and that they

may be able to locate an answer before the next session. A willingness to research the question will demonstrate instructors' investment in participants and in the training.

Evaluation of Learners' Competence

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

Evaluation of Knowledge

Knowledge has traditionally been evaluated through written tests, which are in use in many existing direct-care worker training programs. (These tests are not provided as part of this curriculum, but can be obtained through various agencies in most states.)

Written tests can assess some levels of knowledge retention, but may be an inaccurate reflection of what a trainee may truly know, depending on the trainee's test-taking skills. Another measure of knowledge is observing its application—i.e., through questioning *why* procedures are done, or are done in a particular way, during practice laboratories and return demonstrations. Thus, we recommend that knowledge tests (verbal or written) be supplemented by observation and discussion during return demonstrations.

Evaluation of Attitudes

Attitudes are often overlooked in training for and evaluating competencies because they are considered less concrete and more internal than other areas of learning. However, attitudes can be expressed through behaviors, and there are clearly desired behaviors in direct-care work. Attitudes can be assessed by instructors informally throughout the training by observing trainees' behavior in group work, role play, practice labs, and discussions. Attitudes can also be more formally assessed during return demonstrations, when trainees are expected to show not only how they would perform key skills, but also how they would interact with consumers while performing those skills.

Evaluation of Skills

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

Training and Curriculum Support Services

In support of this model curriculum for personal care workers, PHI offers a range of training design and curriculum development services tailored to meet the needs of specific organizations or consumer populations (see **About PHI** in the front of this curriculum).

For more information about this curriculum or related PHI services, contact Jill Tabbutt-Henry, Curriculum Manager, at jtabbutt@PHInational.org. Or visit our website at www.PHInational.org/training.

Course Outline

Section A. Introduction and Orientation to Direct-Care Work

Module & Time[4]	Activities	Time for Activities	Training Methods
Module 1. Key Concepts 3 hours and 45 minutes	1.1 Welcome, Introductions, Orientation to the Training	1 hour	Interactive presentation, pairs work, large-group exercise, and large-group discussion
	1.2 Qualities of a Direct-Care Worker	1 hour & 15 minutes	Video (optional) and large-group discussion
	1.3 Key Concepts of Direct Care	1 hour	Pairs work, pairs reporting, and interactive presentation
Module 2. Work Settings, Teamwork, and Professionalism 3 hours and 40 minutes	2.1 Introduction to Work Settings	1 hour & 20 minutes	Interactive presentations, small-group work, and large-group discussion
	2.2 Teamwork and Team Building	50 minutes	Large-group exercise and large-group discussion, interactive presentation, small-group work, and large-group discussion
	2.3 Professionalism	1 hour	Interactive presentation, role play and large-group discussion, small-group work, group reports and discussion, and large-group discussion

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[4] Time for each module includes opening and closing activities, and at least one break. Total time for this curriculum is 77 hours.

Section B. Foundational Knowledge, Attitudes, and Skills

Module & Time	Activities	Time for Activities	Training Methods
Module 3. Infection Control 3 hours and 30 minutes	3.1 Overview of Infection	30 minutes	Interactive presentation
	3.2 Infection Control Strategies, Standard Precautions, and Consumer Education	1 hour	Interactive presentation, pairs work, pairs reporting and discussion, and large-group exercise
	3.3 Demonstration and Practice Lab—Hand Washing, Using Gloves, and Mixing Universal Solutions	1 hour	Interactive presentation and demonstration, practice triads, and large-group discussion
	3.4 Demonstration—Disposing of Wastes	30 minutes	Interactive presentation and demonstration
Module 4. Body Mechanics 3 hours and 30 minutes	4.1 Group Warm-up—Mirroring	5 minutes	Large-group exercise
	4.2 Demonstrating Good Body Mechanics—Lifting an Object	45 minutes	Interactive presentation, demonstration, and large-group discussion
	4.3 Demonstrating Good Body Mechanics—Positioning a Person	50 minutes	Demonstration, large-group discussion, and small-group work
	4.4 Practice Lab	1 hour & 20 minutes	Practice triads
Module 5. Body Systems and Common Diseases 3 hours and 30 minutes	5.1 Body Systems	1 hour & 30 minutes	Interactive presentation, small-group work, and group presentations
	5.2 Common Diseases	1 hour & 30 minutes	Interactive presentation, small-group work, and group presentations

Module & Time	Activities	Time for Activities	Training Methods
Module 6. Working with Elders 3 hours and 30 minutes	6.1 Building Empathy	40 minutes	Individual exercises, large-group exercise, and large-group discussion
	6.2 Physical Changes As We Age	40 minutes	Large-group exercise
	6.3 Experiencing Sensory Changes	30–45 minutes	Pairs work and large-group discussion
	6.4 Helping Consumers to Manage Physical Changes of Aging	40 minutes	Small-group work and group presentations
	6.5 Summary	15 minutes	Interactive presentation and large-group exercise
Module 7. Respecting Differences 3 hours and 30 minutes	7.1 People Bingo	30 minutes	Interactive presentation, large-group exercise, and large-group discussion
	7.2 Exploring Assumptions	1 hour	Large-group exercise and discussion, small-group work, and large-group discussion
	7.3 Telling Your Story	45 minutes	Interactive presentation, pairs work, and large-group discussion
	7.4 Affirmations	45 minutes	Interactive presentation and individual, pairs, and large-group exercises
Module 8. Communication: Listening and Talking Skills 3 hours and 30 minutes	8.1 Listening Well	40 minutes	Interactive presentation, demonstration role plays, large-group discussion, and pairs work
	8.2 Paraphrasing: Saying It in Your Own Words	40 minutes	Demonstration role plays, large-group discussion, and pairs work
	8.3 Asking Open-Ended Questions	40 minutes	Demonstration role plays, large-group discussion, brainstorming, and pairs work
	8.4 Communication Skills Practice	1 hour	Demonstration role plays, large-group discussion, pairs work, and role plays

Section C. Person-Centered Care

Module & Time	Activities	Time for Activities	Training Methods
Module 9. Supporting Consumers at Home 3 hours and 30 minutes	9.1 Introduction to a Consumer Living at Home	40 minutes	Interactive presentation, pairs work, and large-group discussion
	9.2 Care of the Home	30 minutes	Interactive presentation and pairs exercise
	9.3 General Safety and Emergency Procedures in the Consumer's Home	1 hour	Large-group exercise, brainstorming, interactive presentation, role play, and large-group discussion
	9.4 Assisting with Self-Administered Medications; Care of Eyeglasses, Hearing Aids, and Prostheses	50 minutes	Interactive presentation, pairs exercise, and demonstration
Module 10. ADL: Ambulating; Making a Bed 3 hours and 30 minutes	10.1 Assisting a Consumer to Stand, Transfer, and Use Assistive Devices for Ambulation	45 minutes	Interactive presentation and demonstration
	10.2 Making a Bed	1 hour	Interactive presentation, demonstration, and large-group discussion
	10.3 Practice Lab—Assisting to Stand, Transfer, and Ambulate; Plus, Making a Bed	1 hour & 15 minutes	Practice triads
Module 11. Supporting Consumers' Dignity While Providing Personal Care 3 hours and 30 minutes	11.1 Introduction to an Elder Consumer in a Nursing Home	45 minutes	Interactive presentation, small-group work, and large-group discussion
	11.2 Overview—Personal Care and Supporting Consumers' Dignity	35 minutes	Brainstorming and large-group discussion
	11.3 Bathing with Dignity	45 minutes	Interactive presentation, individual exercise, and large-group discussion
	11.4 Demonstration—Bed Bath with Pericare	55 minutes	Go-round, demonstration, and large-group discussion

Module & Time	Activities	Time for Activities	Training Methods
Module 12. ADL: Bathing and Personal Care 7 hours	12.1 Demonstration and Practice—Care of the Skin, Hands, Fingernails, Feet, and Toenails	1 hour & 35 minutes	Interactive presentation, demonstration, large-group discussion, practice pairs, and practice triads
	12.2 Demonstration and Practice—Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, and Shaving	1 hour & 25 minutes	Interactive presentation, demonstration, large-group discussion, and practice triads
	12.3 Practice Lab and Return Demonstrations (for Modules 3, 4, 10, 11, and 12)	3 hours	Practice triads and return demonstrations
Module 13. Working with a Consumer with Alzheimer's Disease 3 hours and 30 minutes	13.1 Introduction to a Consumer with Alzheimer's Disease	35 minutes	Interactive presentation, brainstorm, and large-group discussion
	13.2 Understanding Alzheimer's Disease	50 minutes	Interactive presentation, scripted role play, and large-group discussion
	13.3 Working with Challenging Behaviors	1 hour & 35 minutes	Interactive presentation, demonstration role plays, large-group discussion, brainstorming, small-group work, and practice role plays
Module 14. ADL: Toileting (Part 1) 3 hours and 30 minutes	14.1 Assisting the Consumer with Healthy Toilet Practices	1 hour	Interactive presentation, demonstration, and practice triads
	14.2 Assisting Consumers Who Are Reluctant to Do Activities of Daily Living	1 hour	Interactive presentation, small-group work, role plays, and large-group discussion
	14.3 Building Relationships with the Consumer's Family	1 hour	Large-group discussion (video optional) and small-group work

Module & Time	Activities	Time for Activities	Training Methods
Module 15. Working with an Independent Adult with Physical Disabilities 4 hours	15.1 Introduction to Working with Consumers with Physical Disabilities	55 minutes	Interactive presentation, brainstorming, individual exercise, and large-group discussion
	15.2 Working with Self-Directing Consumers	1 hour & 20 minutes	Large-group discussion, interactive presentation, individual exercise, demonstration role play, and pairs work
	15.3 Responding to Sexual Behavior of the Consumer	1 hour & 5 minutes	Large-group discussion, large-group exercise, interactive presentation, pairs work, and reporting
Module 16. ADLs: Dressing and Toileting (Part 2) 3 hours	16.1 Dressing with Dignity	1 hour	Interactive presentation, demonstration, and practice triads
	16.2 Toileting (Part 2)—Bedpan, Urinal, Portable Commode, and Catheter Care	45 minutes	Interactive presentation and demonstration
	16.3 Practice Lab—Toileting (Part 2)	45 minutes	Practice triads
Module 17. Working with a Consumer Who Is Depressed 3 hours and 15 minutes	17.1 Introduction to a Consumer Who is Depressed	35 minutes	Interactive presentation, brainstorming, pairs work, and large-group discussion
	17.2 Changes in How People Feel and Relate to Others as They Age	45 minutes	Pairs and large-group exercise, pairs work, role play, and large-group discussion
	17.3 Understanding Depression	45 minutes	Interactive presentation, small-group work, and large-group discussion
	17.4 Exploring Options to Solve Problems	40 minutes	Interactive presentation, brainstorming, and large-group discussion

Module & Time	Activities	Time for Activities	Training Methods
Module 18. ADL: Eating 3 hours and 45 minutes	18.1 Eating for Health and Enjoyment	1 hour & 55 minutes	Presentation, small-group work, large-group discussion, interactive presentations, and group presentations
	18.2 When Consumers Need Assistance with Eating	35 minutes	Interactive presentation, demonstration, and practice pairs
	18.3 Practice Lab—The Exploring Options Approach to Problem Solving	45 minutes	Presentation, small-group work, and large-group discussion
Module 19. Return Demonstrations: Dressing, Eating, Toileting 3 hours and 30 minutes	19.1 Practice Lab and Return Demonstrations— Dressing, Eating, and Toileting	3 hours	Practice triads and return demonstrations

Section D. Other Issues That Apply Across Work Settings

Module & Time	Activities	Time for Activities	Training Methodologies
Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect 3 hours and 30 minutes	20.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability	1 hour & 30 minutes	Interactive presentation, pairs exercise, small-group work, large-group discussion, and go-round
	20.2 Recognizing and Reporting Abuse and Neglect	1 hour & 30 minutes	Interactive presentation, large-group exercise, pairs work, large-group discussion, and small-group work
Module 21. Consumer and Worker Rights; Managing Time and Stress 3 hours and 30 minutes	21.1 Consumer and Worker Rights	1 hour	Interactive presentation, large-group discussion, and brainstorming
	21.2 Managing Time	1 hour	Interactive presentation, small-group work, small-group reports, and large-group discussion,
	21.3 Managing Stress	1 hour	Individual work, scripted role play, large-group discussion, interactive presentation, pairs work, and go-round