

# **Peer Mentoring: A Workshop Series for Direct-Care Workers in Home and Residential Care**

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PHI's workplace practice and caregiving innovations have been developed in cooperation with a network of direct-care staffing agencies and training programs, including **Cooperative Home Care Associates** of the South Bronx and **Home Care Associates of Philadelphia**, and with **Independence Care System**, a nonprofit managed long-term care program for people living with physical disabilities in New York City. Through its consulting practice, PHI helps providers across the long-term care spectrum adapt these and other field-tested practices to fit their environments and needs.

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Additionally, PHI sponsors **Health Care for Health Care Workers** ([www.hchcw.org](http://www.hchcw.org)), an initiative working to expand health care coverage for direct-care workers, and the **Northern New England LEADS Institute**, which provides training to nursing homes and home care agencies in Maine, New Hampshire and Vermont working to create person-centered cultures and supportive workplaces. PHI's state-based policy and practice experts also work with providers, consumers, and worker organizations in New York, Pennsylvania, Massachusetts, Michigan, North Carolina, Oregon, and Iowa. For more information on PHI's consulting services, please e-mail: [info@PHInational.org](mailto:info@PHInational.org).

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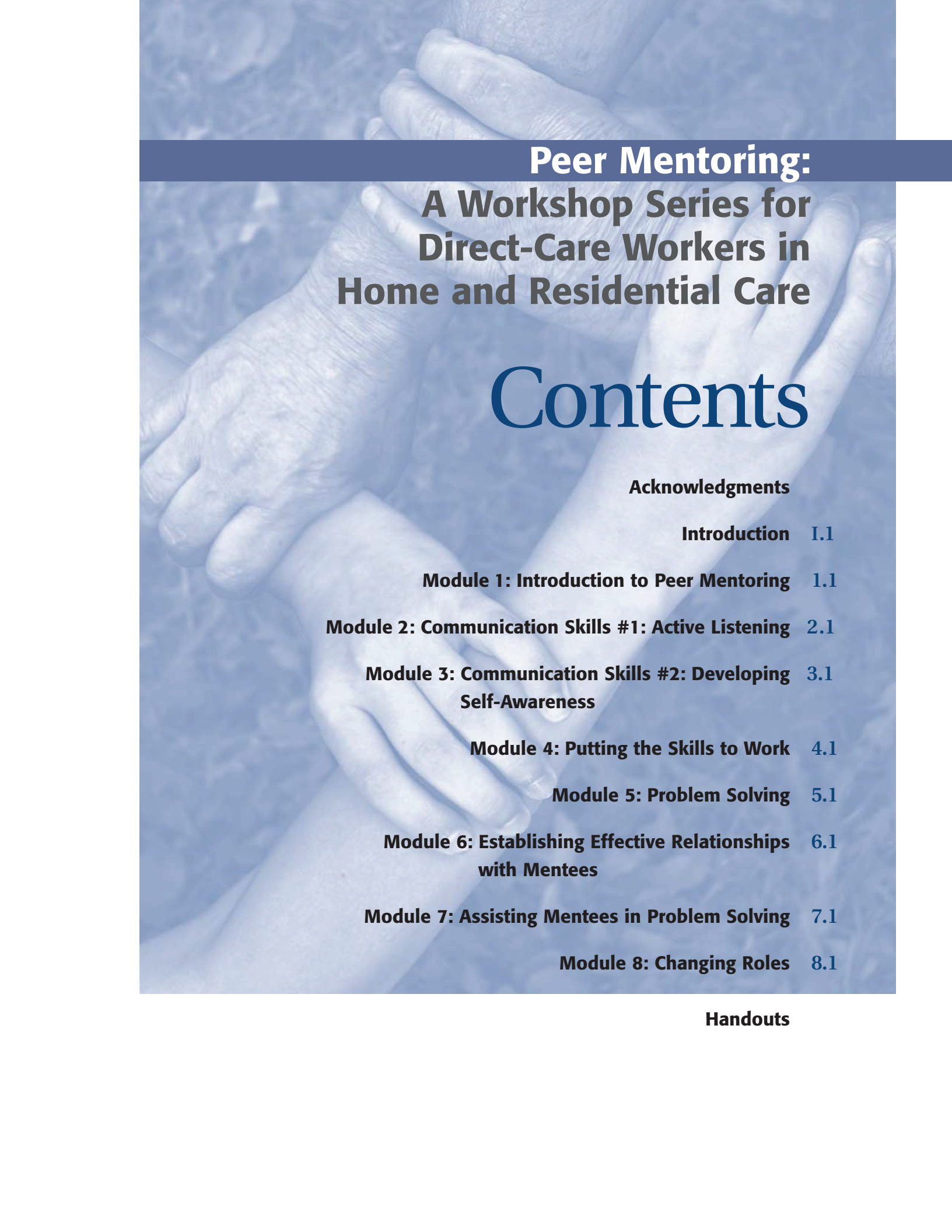
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# Introduction

This curriculum is intended to prepare experienced direct-care workers to become peer mentors. Peer mentors are primarily responsible for creating a welcoming environment for new employees and helping them become comfortable with their new job responsibilities. Mentors may also help incumbent employees resolve challenging situations at home or with clients or residents. In these roles, mentors complement the roles of supervisors and staff developers, and as a result, often help to improve employee retention.

Candidates for peer mentor should be highly skilled direct-care workers, dedicated to the organization. Consequently, this curriculum focuses more on developing self-awareness and interpersonal skills rather than clinical, task-related, or teaching skills. Specifically, the curriculum aims to enhance the leadership, interpersonal communication, and problem-solving skills of the trainees.

Funded through the U.S. Department of Labor's High-Growth Initiative, this curriculum is recommended for organizations seeking to develop peer mentor programs as part of DOL's apprenticeship programs for certified nursing assistants and home health aides in long-term care. In addition, the curriculum can be taught through community college nursing aide programs, advanced training institutes, or employer-based in-service programs. The modular format makes the program easily adaptable to fit the needs of many organizations.

## Why Peer Mentoring?

Turnover among frontline direct-care staff has traditionally been an insidious problem in long-term care, increasing costs for employers and undermining staff morale. Frequent employee turnover is especially difficult for consumers, who prefer consistent caregivers with whom they can build ongoing relationships.

Peer mentoring is one means by which employers can address high turnover rates, and, in some cases, reduce associated costs.<sup>1</sup> Much of the “churning” of staff in long-term care is among new direct-care workers, those people employed less than three months. Providing those workers with additional support can help lower their stress and aid in their developing the confidence and skills needed to be successful.

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<sup>1</sup> The cost of direct-care worker turnover to the employer is estimated to be (at minimum) \$2,500 per worker (see D. Seavey, *The Cost of Turnover in Long-Term Care*, October 2004). This report is available at: [www.paraprofessional.org](http://www.paraprofessional.org)

Peer mentor programs may improve retention in two additional ways as well. First, peer mentors are well-positioned to provide supervisors and managerial staff with feedback on programs, policies, and procedures that impact new employees. If respected for their knowledge and understanding of employee needs, mentors can play a crucial role in efforts to improve recruitment, training, and support of direct-care workers.

Second, a peer-mentoring program can reduce turnover among seasoned staff who might leave direct-care because they feel their jobs offer few opportunities for growth or advancement. When structured well, a peer-mentoring program offers an enhanced job with better pay to employees whose expertise might otherwise be lost to the organization. A quality peer-mentoring program demonstrates that an organization values the skills and experience of senior workers.

### The Role of the Peer Mentor

As noted earlier, the work of mentors complements that of trainers and supervisors. The primary role of the peer mentor is to help new employees become comfortable with their job responsibilities and the culture of the workplace. As experienced employees, mentors understand their organization's values and "how to get things done." They assist their mentees in becoming more confident and skilled employees by:

- Modeling good caregiving skills, including demonstrating a person-centered focus
- Modeling effective communication and problem-solving skills
- Helping the mentee develop problem-solving skills
- Supporting the mentee to build confidence in his or her caregiving skills
- Giving constructive feedback
- Providing current information about job responsibilities and the workplace

New direct-care workers face many challenges as they begin caring for people with complex physical, mental, and emotional needs. By modeling skills, answering questions, and helping to resolve problems, the mentor creates a supportive environment in which the new employee can learn and grow.

The mentor role can be structured in a number of different ways. Peer mentors often participate in the orientation of new employees, work side-by-side with their mentees during their first few days on the job, and offer ongoing support for another one to three months. In some long-term care facilities, mentoring may overlap with existing preceptor positions, where senior aides provide clinical training assistance. Mentors, however, play a more expansive role, supporting the new employee in acquiring the full range of skills needed to succeed. Mentoring may also be structured as a full-time position in which the mentor provides support not only to new employees, but to any direct-care worker who needs guidance about new challenges.

The peer mentor provides a critical link between the new employee and her supervisor. The peer mentor's frequent contact with the new employee improves the supervisor's knowledge and understanding of the employee's strengths and weaknesses and can help ensure that the new employee receives appropriate coaching. Mentoring and supervisory roles, however, must be

clearly delineated. Tasks such as formal evaluations, documenting performance problems, and hiring and firing should always be reserved for supervisors.

## Designing a Peer Mentor Program

*Creating a peer-mentoring program isn't just about implementing training for a few good aides—it is a major organizational change that takes considerable thought and preparation.* It is important to consider the impact that the peer mentoring program will have throughout the organization and to prepare everyone for the change. To create buy-in, we suggest adapting Activity 1.3 (Module 1), “The Role of a Peer Mentor,” as an activity for staff throughout the organization. This exercise engages individual staff members in a discussion of the challenges they faced during their first weeks on the job. As staff members recall what it was like to be a new employee, they often realize the important role a peer mentor can play in retention and satisfaction.

PHI has two publications designed to assist organizations in planning and implementing peer mentor programs: “Introducing Peer Mentoring in Long-Term Care Settings” and “Implementing a Peer Mentoring Program: A Guide for Home Care Agencies” (forthcoming, Summer 2006). These publications, which address management buy-in, organizational orientation, mentor selection, oversight, support, and compensation, are available at [www.paraprofessional.org](http://www.paraprofessional.org). (Hard copies are available by contacting the National Clearinghouse on the Direct Care Workforce, [info@directcareclearinghouse.org](mailto:info@directcareclearinghouse.org).)

## Curriculum Goal and Target Audience

The goal of this curriculum is to prepare participants to be peer mentors, in order to help new direct-care workers become successful in their jobs. The target audience for this workshop is experienced direct-care workers who have already demonstrated excellent job skills—i.e., clinical skills, an ability to apply relevant health-related knowledge, a capacity for solving problems when they arise, and interpersonal skills. In addition, peer mentors must have the desire—and the patience—to help others master such skills. The training builds on these basic skills, strengthening the ability of mentors to act as role models and coaches for new employees.

Because mentoring is about building relationships, this training program focuses specifically on developing relational skills. These include:

- **Leadership skills:** the ability to motivate others by demonstrating a positive attitude, empathy, and a desire to help others succeed. Mentors need to see themselves as role models and to use their abilities to contribute to a high-performance culture in which employees are proud of their work.
- **Interpersonal communication skills:** the ability to listen, ask questions, reflect back what was heard, and to use clear verbal communication to provide constructive feedback. Active listening skills are critical to supporting others. Mentors need to be able to suspend judgment, listen with compassion, and understand the perspective of the mentee. They also need to be able to provide constructive feedback (both positive and negative) in order to help mentees develop their problem-solving, decision-making, and caregiving skills.

■ **Problem-solving skills:** the ability to assist mentees in analyzing problems and finding their own solutions to problems, in the context of their job responsibilities and organizational policies. Mentors also play an important role in helping new aides develop skills such as pulling back when emotions get in the way of finding an appropriate solution to a conflict.

These skills are taught using typical examples from long-term care environments, making the training lively and practical for participants.

## Curriculum Structure

The eight modules in this curriculum introduce peer mentoring and provide opportunities to develop key skills, as follows:

### **Module 1: Introduction to Peer Mentoring**

Participants begin their training by considering the role of the peer mentor and the personal qualities necessary to being an effective support person.

### **Module 2: Communication Skills #1: Active Listening**

Using role plays and case scenarios, participants learn the importance of clear verbal communication, focused listening, and paraphrasing.

### **Module 3: Communication Skills #2: Developing Self-Awareness**

Through a process of self-reflection, participants investigate barriers to effective listening—including assumptions and judgments about people who are different from themselves—and how to apply the strategy of “pulling back” from their own emotional reactions.

### **Module 4: Putting the Skills to Work**

Module 4 provides an opportunity for participants to integrate and practice effective communication in a safe learning environment. The module introduces two additional skills, asking open-ended questions and providing constructive feedback.

### **Module 5: Problem Solving**

Module 5 introduces the exploring-options approach to problem solving, a step-by-step process for analyzing a problem and determining possible solutions.

### **Module 6: Establishing Effective Relationships With Mentees**

In this final module prior to beginning mentoring, participants explore risk-taking in relationships and how to begin building positive relationships with mentees during the first interaction.

### **Module 7: Assisting Mentees in Problem Solving**

In the first of two booster modules, mentors practice applying the exploring-options approach in helping mentees solve their own problems.



## Module 8: Changing Roles

In the final session of the training, mentors explore how their new role in the organization has affected their relationships with colleagues and how they can use their new role to positively influence organizational policies and procedures. They also consider how to handle challenging mentor situations, including when and how to pass information on to a supervisor or program manager.

Each of the eight curriculum modules begins with a summary page describing:

- The module's goal(s)
- Teaching methods and time required for each activity within the module
- Supplies and handouts needed
- Advance preparations to help the workshop run smoothly.

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

**Learning outcomes.** Participants should 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 training.

**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 instructor 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 needs and interests of participants and 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.

**Teaching options.** These alternatives can replace suggested activities to accommodate time constraints or other variations, such as group size.

**Instructor's guides.** These tools are necessary for the activity but are not handed out to participants (e.g., a role-play scenario or a list of statements to be read).

**Handouts** for all activities are numbered consecutively and included at the end of the manual. Electronic versions (pdf files) are included on the CD in the manual's front pocket.

## Course Approach: Focus on Relationships

At the core of peer mentoring is a relationship built on trust between a mentor and a mentee. *It is within this relationship that support is provided, knowledge is transmitted, and problems are addressed.* Thus, throughout the curriculum, the emphasis is on building the mentor-mentee relationship and on modeling in the classroom the importance of interpersonal connections. Given this focus on interpersonal relationships, the curriculum is designed to create an

educational environment in which participants feel safe to share personal experiences, ideas, and viewpoints.

In teaching a curriculum in which relationships are central, how people teach is as important as what they teach. Instructors must model the skills they are teaching by showing respect for participants, valuing participants' experiences and perspectives, and communicating clearly.

### Teaching Methods: Focus on Participation

This curriculum is based on an adult learner-centered approach to education.<sup>2</sup> 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 giving information to passive learners through lectures and reading assignments, 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, the workshop uses a number of teaching methods, some focused on increasing self-awareness and others on building skills through practice. The primary methods of instruction include the following:

**Case scenarios:** Peer-mentoring skills are better learned in a reality-based *context* rather than as abstract *concepts*. Case scenarios are real-life examples used to illustrate a point or to challenge participants to devise effective solutions. These exercises present brief descriptions of problem situations—usually ones that mentors or mentees commonly experience—and ask participants to propose appropriate responses. Case scenarios and accompanying role plays (see below) become increasingly complex over the course of the curriculum, challenging participants to stretch their mentoring abilities.

**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, conducted by the instructor with the help of a participant or staff member, show how skills can be applied in common peer-mentoring situations. These role plays, which are sometimes previously scripted, provide excellent material for analysis and discussion of key concepts.

During practice role plays, participants draw on prior knowledge and experience while also developing mentoring skills. Participants try out different responses to a given situation and then receive feedback about which responses were most effective. Role plays are also used to reinforce new skills—for example, by asking participants to pull back from an immediate emotional response when confronted by an angry mentee.

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,

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<sup>2</sup> . See PHI's *Guide to Implementing Learner-Centered Direct-Care Training* (available in 2007). PHI also offers a variety of train-the-trainer workshops to help employers and trainers create more effective learner-centered and participatory training programs. Email: [consulting@paraprofessional.org](mailto:consulting@paraprofessional.org)

risk taking is an essential part of learning. One way to lower the risk level, especially early on in the workshop, is to initially use scripted role plays and to conduct role plays in small groups rather than in front of the whole group. Instructors may also make participants more comfortable by giving a demonstration and then sharing their own thoughts and feelings about role-playing.

**Small-group work:** Small-group work helps ensure that all participants remain actively engaged in learning. It also facilitates cooperation and community building among participants. In small-group work, groups of three to five people 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 perspectives.

Small groups will work most effectively if given a clear task and roles (e.g., recorder and time-keeper) and a defined time limit. Instructors can help keep participants on task by walking around the room and checking in briefly with each group. The added benefit of small groups is that students learn about teamwork because it is embedded in the learning process.

**Interactive presentations:** Rather than using a traditional lecture format, the curriculum relies on interactive presentations, in which the instructor involves participants by drawing on their 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 participants’ comments to deepen learning.

In an interactive presentation, the instructor starts by asking participants what they already know about the topic, then draws out participants by asking them to contribute their own experiences and explain what the experiences taught them about the topic under discussion. Instructors encourage participants to ask questions; they also provide concrete examples of how the material being taught relates to particular situations mentors will encounter. To be most effective, interactive presentations need to be time limited (i.e., 15 to 20 minutes).

## How to Use This Curriculum

### Instructors

Ideally, a team of at least two instructors should teach this curriculum. However, since organizations rarely have the resources to assign two instructors and learning groups may often be small (three to six participants), the activities have been written with the assumption that only one instructor will be available and that various participant volunteers will involve themselves in activities such as demonstration role plays. Teaching tips or options are sometimes provided when having additional facilitators would be preferable.

Instructors skilled in interactive, participatory education techniques will have the most success teaching this curriculum. At a minimum, instructors need to be comfortable facilitating open, honest dialogue and engaging in role-play activities.

### **Adapting to Different Work Settings and Number of Participants**

This curriculum is designed for use in either home care or residential settings. When activities call for applying the learning to work settings, case examples and scenarios are provided for both home care and residential facilities.

Given the level of interaction and practice in this workshop series, an ideal number of participants is twelve, with a minimum of six; activity steps and times are based on these numbers. Teaching options are offered in activities that might require more time, additional instructors, or a different approach if there are more than twelve participants.

### **Timing**

The modular format of the curriculum allows for flexibility in conducting the training. Each module requires between three and four hours—including opening, break, and closing activities. The curriculum may be taught in single-module half-day workshops over six weeks' time or in full-day workshops, with complementary pairs of modules—1 and 2, 3 and 4, and 5 and 6—occurring over three weeks. Modules 7 and 8 follow one and two months later. Sample agendas in these two formats are provided in Handout 2. (Note that when modules are taught one per day, the time is slightly longer as each module needs an opening and closing activity. When two modules take place on the same day, the first is preceded by an opening activity and the second followed by a closing activity.)

The eight modules are intended to be presented over several months so that participants have time to learn and integrate new concepts and skills and, following Module 6, to commence their mentoring activities. Modules 7 and 8 are scheduled after participants start mentoring because they focus on more complicated issues that might not make sense without practical experience, and they address initial challenges that often arise as mentors begin their new duties. These “booster” sessions also provide opportunities for support from other mentors and for more skills practice. Organizations may find it beneficial to schedule additional regular booster sessions after Module 8 to provide continuing support and skill development for the peer mentors.

Ideally, the entire curriculum will be taught in the suggested sequence, as each module builds upon information learned in earlier ones, constantly reinforcing participants' new knowledge and skills. With each successive module, the role plays also become more challenging and complex. However, within the overall structure of the workshop, instructors should feel free to experiment, make changes, and take risks outside the recommended activities. Each group of participants will possess different needs and dynamics, and instructors should adapt the curriculum to best suit their participants and their own style of teaching. In particular, it is important to be aware of a group's energy and to adjust activities accordingly; at times, teaching tips and options suggest possible alternatives.



## General Teaching Tips

### Planning and Preparation

- This curriculum is written with detailed instructions useful for new instructors as well as veteran instructors who have not had much experience with a learner-centered teaching approach. Instructors experienced with this approach will be able to draw from their own “toolbox” to modify some activities.
- Instructors are encouraged to add an opening and closing activity for each day. The curriculum allocates 30 minutes for opening activities such as an icebreaker to energize and focus participants, a review of the content from the previous session, and an overview of the day’s activities. Openings for the booster sessions (Modules 7 and 8) should include time for mentors to share mentoring experiences, ask questions, and seek guidance from their peers and the facilitator. The curriculum allocates 15 minutes for daily closings. In general, this time can be used for review, questions, and feedback on the day’s activities.
- 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 central 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.
- To keep participants engaged, interactive presentations should be no longer than 20 minutes. Facial expressions, varied voice tones, and movement by instructors will help keep presentations 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 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).<sup>3</sup>
- Instructors should determine how they would like to address each activity’s learning outcomes. Though provided to help instructors focus their teaching, learning outcomes can also give participants a framework and direction for their learning. Thus, some instructors directly address each activity’s learning outcomes at its beginning and/or its end, while others prefer to address learning outcomes at the beginning or end of the day. Still others do not specifically discuss learning outcomes separately but instead weave them into the steps of each activity.

### Teaching Materials, Supplies, and Equipment

This curriculum requires two flip chart pads and easels, colored markers, masking tape, blank paper, pencils, and three-ring binders for participants. Instructors who want to use overhead

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<sup>3</sup> Many helpful (and brief) energizers can be found in: Edie West, *201 Icebreakers* (McGraw-Hill, 1996); Alana Jones, *Team-Building Activities for Every Group* (Rec Room Publishing, 1999); and Mel Silberman, *101 Ways to Make Training Active* (Jossey-Bass, 1995).

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projection—either transparencies or LCD computer—as a visual aid during presentations can easily adapt the recommended flip chart pages and handouts for overhead use.

In general, for all visual materials, it is important to:

- **Write large:** Printed words on flip chart pages should be large and clear. Using colored markers for different concepts can help to delineate and highlight specific points. Likewise, with typed overheads, it is important that words be legible and easily seen from the back of the room. The Arial font at a minimum size of 14 points is recommended.

- **Provide handouts:** Each module's advance preparation steps indicate which handouts to copy for participants. Some handouts are designed to review concepts, while others are worksheets to be completed during activities. All will become important reference sheets for participants when they apply their new skills in the workplace.

Two versions of a handout are sometimes included: one for residential care settings, where mentors and mentees can meet on site, the other for home care settings, where direct-care workers have little, if any, interaction with other workers or supervisors. Instructors will need only the version appropriate for their setting and participants.

If new handouts are created, instructors should keep pages simple (using lots of white space) and use large fonts.

- **Build a resource guide:** One desired outcome is for participants to create a resource guide to consult after the training is completed. Every participant should be given a three-ring binder in which to keep the handouts distributed for each activity. 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 reinforces the adult learner-centered approach, by encouraging participants to do their own thinking during discussions rather than reading the answers from course materials.

## Teaching Techniques

- Throughout the training, it is important that instructors consciously model the material presented, using the communication and problem-solving skills with the participants.

- 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 try to draw out the quieter people in the group so that everyone has a chance to speak during a discussion. More talkative participants should 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. Instructors should be vigilant and guide participants so their stories stay focused on the main point of the activity. Watching the time is essential so that all participants have a chance to share.

- At the same time, this curriculum requires a level of self-reflection that many participants may find unfamiliar and possibly discomforting. Examining issues such as self-disclosure, risk-taking, trust, and assumptions may challenge participants to change old ways of relating. This process can be transformational if properly supported by the instructor and the institution.
- Participants' sharing may elicit questions or issues that cannot be tackled during an 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, perhaps during the booster sessions. The "parking lot" technique can also be used to redirect participants when story sharing becomes prolonged.
- The role plays are critical to the effectiveness of this curriculum but may be a new learning approach for 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.
- Role plays may also be new to instructors. Instructors who feel nervous about role-playing run the risk of passing their nervousness on to participants. Therefore, it is essential that instructors practice the role plays and become comfortable with them prior to the training. This will make it easier to support participants in taking risks in the classroom.
- Solo instructors may find it challenging to switch between acting out a role play and facilitating a discussion of the same role play. Some suggestions for making this transition include:
  - Stand in different places when role-playing as opposed to facilitating the discussion.
  - Use a prop—e.g., a hat or scarf—to indicate when you're in the role play; then remove it when you move back into the instructor role.
  - Make a comment to the group about the transition—e.g. "Okay, the role play is over, now let's discuss what happened."
- 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. When the questioner is asking for advice or an opinion, the instructor may want to turn the question back to the group by stating, "That's an interesting question; what does the group think about this?" This approach, seeking participant input, shows that the instructor is not the only expert in the room and respects the principles of adult learning.

## Evaluation

This curriculum can be evaluated on several levels. The first level is the participants' level of involvement, their comprehension, and their sense of satisfaction that they have learned what they need to become peer mentors. The instructor can determine how well participants have learned the material and whether they found the skills and information useful by using a variety of techniques such as spontaneous role plays, learning games (e.g., Jeopardy), discussions, and

## Introduction

*Introduction, continued*

through written feedback forms. (A sample evaluation form, which can be adapted, is provided on page I.17). Planning some form of evaluation during each day's closing activity is critical to a strong learning program.

The next level of evaluation is to determine if, having completed the training, participants are actually functioning effectively as peer mentors. Program managers can follow-up with mentors and mentees, to determine if and when mentoring is happening, and to identify the successes and the challenges of mentoring. Individual interviews, group discussions (particularly during booster modules and subsequent support meetings), and log reports can all shed light on how well mentors are doing in their new roles.

This level of evaluation provides insight into the effectiveness of the mentor training, but also provides an opportunity to reflect on the level of logistical and institutional support the program is receiving. It is important to identify nontraining-related blocks to success—such as overloaded schedules and lack of support from supervisors and other staff—in order to ensure that the program achieves its objectives.

The final level of evaluation is to assess whether peer mentoring, if carried out effectively, is achieving the desired objectives of decreasing staff turnover and improving consumer satisfaction. Organizations can compile statistics regarding how long direct-care workers stay with the organization both before and after the program is initiated. (Reasons for leaving employment are also important indicators but are harder to obtain.) While consumer satisfaction is harder to discern and track (and to attribute to peer mentor program outcomes), both formal and informal data can be gathered (see PHI's *Implementing a Peer Mentoring Program: A Guide for Home Care Agencies*, forthcoming 2006, or visit the National Clearinghouse on the Direct Care Workforce, [www.directcareclearinghouse.org](http://www.directcareclearinghouse.org), for more information and resources on program evaluation).

## Feedback

PHI would appreciate your feedback on this curriculum. If you have questions, comments, or suggestions, please send us an e-mail at [info@paraprofessional.org](mailto:info@paraprofessional.org).



## Peer Mentoring Workshop Series Overview

### Module 1. Introduction to Peer Mentoring

**Goal:** To orient participants to the roles of a peer mentor and the personal qualities necessary to being an effective support person.

**Time:** 2 hours, 45 minutes (3 hours with closing activity)

Activities	Methods	Time
1.1 Icebreaker/Partner Introductions	Pairs work, large-group exercise	30 minutes
1.2 Workshop Overview	Presentation	30 minutes
1.3 The Role of a Peer Mentor	Small-group work, discussion	45 minutes
<i>Break</i>		15 minutes
1.4 The Qualities of an Effective Support Person <i>or</i> The Attributes of a Peer Mentor	Large-group exercise <i>or</i> discussion and individual exercise, small-group work, large-group exercise	45 minutes

### Module 2. Communication Skills #1: Active Listening

**Goal:** To increase participants' appreciation of effective communication, and allow them to practice the key skills of providing clear directions, active listening, and paraphrasing.

**Time:** 3 hours, 15 minutes (4 hours with opening and closing activities)

Activities	Methods	Time
2.1 Exploring Verbal Communication: Making a Peanut Butter and Jelly Sandwich <i>or</i> Back-to-Back Communication	Large-group exercise, discussion <i>or</i> pairs work, discussion	30 minutes
2.2 Exploring Nonverbal Communication	Demonstration role plays, pairs work, discussion	45 minutes
2.3 Paraphrasing	Interactive presentation, demonstration role play, large-group exercise, pairs work, discussion	45 minutes
<i>Break</i>		15 minutes
2.4 Blocks to Listening	Interactive presentation, demonstration role play, large-group exercise, small-group work, discussion	60 minutes

**Module 3. Communication Skills #2: Developing Self-Awareness**

**Goal:** To engage participants in a process of self-reflection that will help them to investigate barriers to effective listening—including assumptions and judgments about people who are different from themselves—and to apply the strategy of pulling back from their own emotional reactions.

**Time:** 2 hours, 45 minutes (3 hours, 30 minutes, with opening and closing activities)

<b>Activities</b>	<b>Methods</b>	<b>Time</b>
3.1 Exploring Assumptions	Large-group exercise	30 minutes
3.2 Personal Styles	Large-group exercise, discussion	60 minutes
<i>Break</i>		15 minutes
3.3 Pulling Back	Demonstration role play, interactive presentation, brainstorming, small-group work, discussion, individual exercise and pairs work	60 minutes

**Module 4. Putting the Skills to Work**

**Goal:** To practice applying communication skills, including giving constructive feedback, in mentoring situations.

**Time:** 3 hours, 15 minutes, to 3 hours, 45 minutes, depending on number of participants (4 hours to 4 hours, 30 minutes, with opening and closing activities)

<b>Activities</b>	<b>Methods</b>	<b>Time</b>
4.1 Asking Open-Ended Questions—Part 1	Demonstration role plays, large-group discussion	30 minutes
4.2 Communication Skills Practice	Practice role plays, discussion	60 to 90 minutes
<i>Break</i>		15 minutes
4.3 Giving Constructive Feedback	Demonstration role plays, large-group exercise, discussion	90 minutes

## Module 5. Problem Solving

**Goal:** To practice an approach to problem solving that involves seeing the problem from several points of view, identifying important factors related to the problem, and considering a range of options that might lead to a satisfactory solution.

**Time:** 2 hours, 45 minutes (3 hours, 30 minutes, with opening and closing activities)

Activities	Methods	Time
5.1 The Role of a Peer Mentor—Revisited	Discussion	15 minutes
5.2 Exploring Options: Part 1	Interactive presentation, brainstorming, discussion	75 minutes
<i>Break</i>		15 minutes
5.3 Exploring Options: Part 2	Small-group work, discussion	60 minutes

## Module 6. Establishing Effective Relationships With Mentees

**Goal:** To set the stage for establishing supportive relationships with mentees by exploring risk-taking in relationships and how to apply communications skills in the first interactions with mentees.

**Time:** 2 hours, 45 minutes (3 hours, 15 minutes, with opening activity)

Activities	Methods	Time
6.1 Finding Common Ground: Personal Risk-Taking and Self-Disclosure	Large-group exercise, interactive presentation	30 minutes
6.2 The First Connection	Discussion, brainstorming, role plays	90 minutes
<i>Break</i>	<i>[May be taken during Activity 6.2]</i>	15 minutes
<i>Closing Activity</i>		30 minutes

**Note:**

It is recommended that the trainees start mentoring after completion of the Module 6. However, if trainees are expected to begin mentoring sooner than that, the agenda should be revised so that “The First Connection” is the last session conducted before they do so.

## Booster Modules

The purpose of “booster modules” is to: 1. address content and skills that will be more meaningful after participants have begun mentoring; 2. provide an opportunity for mentors to continue to develop their skills by exploring real situations and challenges encountered while mentoring; and 3. facilitate mentor-to-mentor support by providing time to share experiences.

### Module 7. Assisting Mentees in Problem Solving

**Goal:** To prepare mentors to help mentees develop their problem-solving skills by applying the exploring options approach.

**Time:** 3 hours (4 hours, with opening and closing activities)

Activities	Methods	Time
7.1 Supporting the Mentee in Problem Solving: Introduction	Demonstration role play and discussion	30 minutes
7.2 Asking Open-Ended Questions – Part 2	Small-group work, discussion	30 minutes
<i>Break</i>		15 minutes
7.3 Assisting the Mentee in Exploring Options	Pairs work, discussion	60 minutes
7.4 Supporting the Mentee’s Right to Decide	Discussion	45 minutes

### Module 8. Changing Roles

**Goal:** To explore the new roles that mentors play within the organization and how those roles may change expectations, responsibilities, and relationships.

**Time:** 3 hours, 15 minutes (4 hours with opening and closing activities)

Activities	Methods	Time
8.1 Changing Roles	Individual and small-group work, brainstorming, discussion	60 minutes
<i>Break</i>		15 minutes
8.2 Pass It On	Interactive presentation, pairs work, small-group work, discussion, brainstorming, individual work	120 minutes



## Evaluation Form (sample)

The following is a sample Evaluation Form that we recommend that trainers adapt and use at the conclusion of each day (or half-day) of the workshop series.

<b>Evaluation Form</b>					
Date (MM/DD/YY): _____		Instructor (name): _____			
Module (Number or Title): _____					
<b>Instructions:</b> Please rate the first three (3) questions on a scale of 1 to 5. Circle the number that best describes your feelings. For questions 4, 5 and 6, please write answers in the space provided.					
1–Yuk!	2–Okay	3–Good	4–Very Good	5–Excellent	
1. How useful was the information?	1	2	3	4	5
2. How clear was the information?	1	2	3	4	5
3. How interesting was the information?	1	2	3	4	5
4. Which types of activities were helpful to you... and why (i.e. Games, Discussions, Demonstrations, Questions & Answers)?					
_____					
_____					
_____					
5. Write down at least two (2) examples of something you learned in this session:					
_____					
_____					
_____					
6. Share your suggestions and comments:					
_____					
_____					
_____					