



Adult Learner Centered

Training Exercises

AE Goal #1 -- Reducing high risk pressure ulcers

True/False Test Your Knowledge

Instructions

True/False Test Your Knowledge exercises recognize the following adult learning theories:

1. Learners want to use their past experiences as a resource.
 2. Learners want information specifically related to them.
 3. Learners want a variety and active involvement when learning.
 4. Learners want and need to be respected.
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1. Provide each participant with a copy of the Test Your Knowledge exercise.
 2. The facilitator then reads each True/False statement, asking the audience to say their answer out loud. (This allows each participant to recognize their current knowledge)
 3. The facilitator may then ask someone in the audience who has said the right answer to explain why that answer is right. (This allows audience members to be respected for the knowledge they have.)
 4. The facilitator may ask others to add to the comments of the first audience member.
 5. Some statements also lead to asking questions of the audience such as “What are other risk factors?” Or “Where else might pressure ulcers occur?”
 6. The facilitator then adds any other information he/she wants the audience to know, specifically to how it relates to them. (This assures that the audience gets the intended content, as well as making sure that they realize how the content is important to them)
 7. The facilitator repeats steps 2-5.
 8. Answers are provided.

**Pressure Ulcers
Test Your Knowledge
True or False**

	1. A resident who is depressed may be at higher risk for a pressure ulcer.
	2. Residents only need to be physically assessed for skin breakdown once a week.
	3. Pressure ulcer treatment is only the responsibility of nursing staff.
	4. Any injury to the skin is a pressure ulcer.
	5. Pressure ulcers are most commonly over the coccyx or sacrum, heels, and hip.
	6. A pressure ulcer may form on the ear, nose and palm of the hand.
	7. Dependent residents only need to be repositioned every 2 hours.
	8. Massaging bony prominences, especially around stage 1, prevents pressure ulcers.
	9. A best practice for prevention of pressure ulcers is for residents who are incontinent to wear disposable briefs during the night.
	10. A resident who is overweight is not at risk for pressure ulcers.
	11. The cost of treating a pressure ulcer can be as high as \$70,000.
	12. All pressure ulcers are avoidable/preventable.
	13. The health of the skin where a pressure ulcer has healed is the same as it was before the pressure ulcer occurred.
	14. Someone with diabetes is at greater risk for skin breakdown.
	15. Someone who needs assistance with feeding has little risk of developing a pressure ulcer.
	16. Residents who drink everything offered at meals has adequate fluid intake to prevent pressure ulcers.
	17. All residents should have pressure relief devices on their beds.
	18. Redness of skin is the only sign that a pressure ulcer may be forming.
	19. All pressure ulcers have pain.
	20. Applying lotion to dry skin does not help prevent pressure ulcers.
	21. All staff can be involved in pressure ulcer prevention.
	22. Documentation related to pressure ulcers is done only by licensed nurses.
	23. A resident who has a pressure ulcer may develop depressive symptoms.
	24. Pressure ulcers are a sign of poor nursing care.
	25. Residents who toilet unassisted may develop skin breakdown.

Pressure Ulcers

Test Your Knowledge

Answers

1. **True.** Depressions causes residents to be less active due to decreased energy and loss of interest in activities, and have feelings of worthlessness and pessimism, “so what, who cares?”
2. **False.** Residents should be assessed every time bathing, incontinent care or other ADL care allows for observing the skin.
3. **False.** All staff who have contact with the resident with, or at risk for, a pressure ulcer can provide interventions. Examples include: all encouraging fluid intake, all engaging the resident in social conversation, dietary providing additional nutritional needs, housekeeping getting the resident to reposition by asking them to lift their feet while mopping, etc.
4. **False.** Skins tears, vascular insufficiency/ischemia ulcers and neuropathic ulcers are not pressure ulcers and should be documented as such.
5. **True.** However, pressure ulcers can occur over any bony prominence or any where there is unrelieved pressure on the skin.
6. **True.** On the ears due to lying on the same side; on the nose from poor fitting eyeglasses or nasal cannulas; on the palm of the hand from contractures.
7. **False.** The repositioning schedule should be individualized, and may be more frequent than every 2 hours.
8. **False.** This use to be a best practice, but has been found to actually damage to underlying skin.
9. **True.** If the briefs used have “wicking” capability that absorbs the urine quickly and keeps it away from the skin.
10. **It depends.** An overweight resident who is unable to self reposition is at greater risk due to the excessive pressure caused by the extra weight.
11. **True.** Expenses to pressure ulcer treatment include: hospitalization, nursing home care, staff time and supplies for wound treatment, pain management, infection treatment, catheterization, possible surgical treatment.
12. **False.** Despite all that staff do a pressure ulcer may occur. It is important that staff continue to provide care as if it were avoidable, and to document all that is being done.
13. **False.** Pressure ulcers only heal to 80% of the previous skin integrity
14. **True.** Diabetics are at greater risk for pressure ulcers to feet and legs because of numbness due to nerve damage (diabetic neuropathy) and impaired circulation. Uncontrolled glucose levels also increase the risk.
15. **False.** Poor nutritional intake increases the risk of pressure ulcers. Those who need assistance with feeding often have other concurrent risk factors such as loss of mobility, impaired cognition, and other chronic diseases including diabetes, pulmonary disease and impaired circulation.
16. **False.** Fluids offered at meals typically only meet half the recommended intake. Inadequate fluid intake increases the risk for pressure ulcers.
17. **False.** Only residents who are at risk for pressure ulcers need pressure relieving devices on beds. Same for chairs.
18. **False.** Redness is one sign. Others include warm or cool skin, itching, soreness, softness or firmness of the area. In dark skinned residents there may be a blue or purple cast, or a flaky or ashen area.
19. **False.** Pressure ulcers that are deep enough to have damaged nerves will not have pain.
20. **False.** Lotion helps to hydrate skin which results in increased skin integrity.
21. **True.** As in questions #3, all staff who have contact with the resident at risk for, a pressure ulcer can provide preventative interventions. Examples include: all encouraging fluid intake, all engaging the resident in social conversation, dietary providing additional nutritional needs, housekeeping getting the resident to reposition by asking them to lift their feet while mopping, etc.
22. **False.** Others who may also document about pressure ulcers include nurse aides, physical therapists and social workers.
23. **True.** Having a pressure ulcer is a chronic condition due to the lengthy period of time for a pressure ulcer to heal. The ongoing, routine treatment effects quality of life by disrupting daily routines, including participation in preferred activities and socialization with family and friends.
24. **It depends.** Some pressure ulcers are unavoidable. Despite all that staff do a pressure ulcer may occur. It is important that staff continue to provide care as if it were avoidable, and to document all that is being done.
25. **True.** Residents who toilet unassisted, but do not clean themselves well, especially after bowel movements, may develop skin breakdown.



Facilitating a Learning Circle

Purpose

The learning circle is a leveling technique that encourages quiet people to speak, talkative people to listen, and everyone to share in making decisions. Participants observe, interpret, and experience not only their own feelings about an issue but also broaden their perspectives by considering the many viewpoints around them. Circles are most effective when they become a way of life in the nursing home and everyone takes turns facilitating.¹

Learning Circle exercises recognize the following adult learning theories:

1. Learners want to use their past experiences as a resource.
2. Learners want information specifically related to them.
3. Learners want a variety and active involvement when learning.
4. Learners want and need to be respected.

Procedure

1. Participants sit in a circle without tables or other obstructions blocking their view of one another. Participants can include any combination of workers, residents, families, and other community members.
2. The ideal number of participants is ten to fifteen. If the facilitator believes the discussion will provoke strong feelings of sadness, depression, grief, or anger, it is helpful to limit the number to five to ten.
3. One person is chosen to be the facilitator. He or she poses the question or topic to the circle, gives encouragement, and keeps the circle moving in an orderly fashion.
4. The process begins when the facilitator poses the question or issue.
5. A volunteer in the circle responds with his or her thoughts about the topic.
6. The person sitting to the right or left of the first respondent speaks next, followed one by one around the circle until everyone has spoken on the subject without interruption.
7. Participants may choose to pass rather than speak. After everyone else in the circle taken a turn, the facilitator goes back to those who passed and allows each another opportunity to respond.
8. Only after everyone has had a chance to speak is the floor opened for general discussion.

¹ From Getting Started: A Pioneering Approach to Long Term Care Culture Change 2004 Based upon the work of Lavrene Norton at Action Pact, Inc.

AE Goal #2 - Reducing the use of daily physical restraints

Learning Circle

BEAUTIFUL CANYONS

Background from Beautiful Canyons' Administrator: At our community meeting last month, we selected physical restraints as one of the Advancing Excellence goals we will work on. We all agreed that we need to move toward excellence in our use of physical restraints. Nationally, only 4% of nursing home residents are in physical restraints and only 6% of Oklahoma residents are. But here at Beautiful Canyons, 16% of our residents use physical restraints.

Please call together a diverse group of staff from all departments to explore why we have such a high rate and to develop an action plan for meeting the target we developed at the community meeting of reducing usage by 2 points every quarter until we reach the national average. If you find that the target needs to be adjusted, let's bring that to the next community meeting.

Learning circle: You have decided to use a series of learning circles with the staff group to get the information and plan that the administrator seeks. You want to hear from lots of staff on this issue and it is important that each staff member hears from their colleagues. Also, you believe that, later, learning circles might be convened in each wing to figure out how to end the use of restraints with particular residents.

Possible questions for the first meeting of the physical restraint learning circle:

1. How do you feel about the new restraints goal for the Canyons?
2. What benefits do you see with the use of physical restraints at Canyons?
3. What will be our biggest challenge in reducing the use of restraints here at the Canyons?
4. What benefits can you envision with reduced use of restraints?
5. What steps do you think this group needs to take to make a plan to reduce restraint use?

Possible questions for subsequent meetings of the physical restraint learning circle to develop the action plan:

AE Goal #3 - Improving pain management for longer term nursing home residents

AE Goal #4 - Improving pain management for short stay, post-acute nursing home residents

Find Your Partner Exercise

Instructions

Find Your Partner exercises recognize and use the following learning theories:

1. Learners need a comfortable environment.
 2. Learners want practical information they can apply immediately.
 3. Learners want to use their past experiences as a resource.
 4. Learners want information specifically related to them.
 5. Learners want a variety and active involvement when learning.
 6. Learners want to be respected.
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1. Find your partner cards are created by printed the “front” half and “back” half of each statement on the next page. The statements are divided so that there is only one right way for them to match.
 2. The facilitator gives each employee a Find Your Partner card (pages 10-18, can be printed on paper or cardstock and cut). It is important to make sure that another employee has the corresponding card.
 3. Employees are then asked to stand up and look for the person who has the card with the other half of the sentence that they have.
 4. When an employee finds their partner, they stay together.
 5. When every employee has found their partner, each team is asked to read their sentence. The facilitator then asks each pair to tell the group how that relates to their job functions. The facilitator can then add additional information as needed.

Pain Management Find Your Partner Exercise

1. Acute pain is defined as pain that is...a result of a specific injury that will go away when the injury is treated and healed.
2. Chronic pain is defined as pain that...persists over time as a result of a chronic condition and is often resistant to medical treatments.
3. Many short term stay residents...have both acute pain and chronic pain.
4. Pain is difficult to measure...because it is different for each person.
5. Residents with pain can be...depressed, sleepless, restless, distressed or lose their appetite.
6. Residents who cannot talk or who have severe dementia...can't always "tell" us they are in pain.
7. Being as pain-free as possible...helps residents enjoy life and feel their best.
8. Staff should always try to...find the cause of each resident's pain.
9. Staff should always work...with residents and families to determine the best pain management plan.
10. Pain is not...a normal part of aging.
11. Pain in nursing home residents is often...not treated adequately.
12. Nursing home residents rarely...become addicted to pain medication.
13. Some residents may think...admitting they have pain is a sign of personal weakness.
14. Residents with chronic pain have an increased risk...of falling, malnutrition, social withdrawal and depression.
15. Having the same staff assigned to the same residents...usually improves pain management.
16. Signs that residents may be in pain are...frowning, grinding their teeth, moaning, rubbing a body part, fidgeting, poor sleeping and changes in behavior.
17. Physical/occupational exercise therapy and psychosocial/spiritual interventions...can decrease the need for pain medication.
18. Residents with dementia who have acute pain...need routine pain medication.
19. Residents with dementia with a diagnosis of...arthritis or other condition that causes chronic pain should be treated with routine pain medication.
20. Simple range of motions...can help a resident with chronic pain.
21. Relaxation, hot or cold treatments, listening to music and talking to family and friends...may ease residents' pain.
22. All residents have...a right to pain relief.
23. Pain relief is an important part of the care...provided to residents with pain.
24. Pain...is often called the "Fifth" vital sign.
25. It is important to know...what helps ease a resident's pain.
26. It is important...to know what makes a resident's pain worse.
27. Residents may refer to their pain...as sharp, stabbing, tingling, weakness, nagging, and annoying.
28. If pain is not treated in a timely manner...it may become more difficult to relieve.
29. Staff should consider how resident's pain...may affect their response to help with ADL care.
30. Staff from all departments...can help with pain management.

Acute pain is defined as pain that is...	...a result of a specific injury that will go away when the injury is treated and healed.
Chronic pain is defined as pain that...	...persists over time as a result of a chronic condition and is often resistant to medical treatments.
Many short term stay residents...	...have both acute pain and chronic pain.
Pain is difficult to measure...	...because it is different for each person.

Residents with pain can be...	...depressed, sleepless, restless, distressed or lose their appetite.
Residents who cannot talk or who have severe dementia...	can't always "tell" us they are in pain.
Being as pain-free as possible...	...helps residents enjoy life and feel their best.
Staff should always try to...	...find the cause of each resident's pain.

Staff should always work...	...with residents and families to determine the best pain management plan.
Pain is not...	...a normal part of aging.
Pain in nursing home residents is often...	not treated adequately.
Nursing home residents rarely...	...become addicted to pain medication.

<p>Some residents may think...</p>	<p>...admitting they have pain is a sign of personal weakness.</p>
<p>Residents with chronic pain have an increased risk...</p>	<p>...of falling, malnutrition, social withdrawal and depression.</p>
<p>Having the same staff assigned to the same residents...</p>	<p>...usually improves pain management.</p>
<p>Signs that residents may be in pain are...</p>	<p>...frowning, grinding their teeth, moaning, rubbing a body part, fidgeting, poor sleeping and changes in behavior.</p>

Residents with dementia who have acute pain...	...need routine pain medication.
Residents with dementia with a diagnosis of...	...arthritis or other condition that causes chronic pain should be treated with routine pain medication.
Simple range of motions...	...can help a resident with chronic pain.
Relaxation, hot or cold treatments, listening to music and talking to family and friends...	...may ease residents' pain.

<p>All residents have...</p>	<p>...a right to pain relief.</p>
<p>Pain relief is an important part of the care...</p>	<p>...provided to residents with pain.</p>
<p>Pain...</p>	<p>...is often called the “Fifth” vital sign.</p>
<p>It is important to know...</p>	<p>...what helps ease a resident’s pain.</p>

<p>It is important...</p>	<p>...to know what makes a resident's pain worse.</p>
<p>Residents may refer to their pain...</p>	<p>...as sharp, stabbing, tingling, weakness, nagging, and annoying.</p>
<p>If pain is not treated in a timely manner...</p>	<p>...it may become more difficult to relieve.</p>
<p>Staff should consider how resident's pain...</p>	<p>...may affect their response to help with ADL care.</p>

<p>Staff from all departments...</p>	<p>...can help with pain management.</p>
<p>Physical/occupational exercise therapy and psychosocial/spiritual interventions...</p>	<p>...can decrease the need for pain medication.</p>

AE Goal #5 - Establishing individual targets for improving quality

Employee Retention Case Study

Instructions

Case Study exercises recognize the following adult learning theories:

1. Learners want to use their past experiences as a resource.
 2. Learners want information specifically related to them.
 3. Learners want a variety and active involvement when learning.
 4. Learners want and need to be respected.
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1. Provide each participant with a copy of the Employee Retention Case Scenario exercise.
 2. The facilitator, or his designee, reads the case study out loud.
 3. The facilitator then uses the questions provided for discussion.
 4. The facilitator should assure that all members of the group get to speak.
 5. The facilitator should add any other information he/she wants the group to know.
 6. After questions #3, the facilitator should start developing an action plan with the group's input.

AE Goal #5 -- Establishing individual targets for improving quality

Employee Retention Case Scenario

Your regional office has sent you a memo letting you know that your home has signed up for the Advancing Excellence campaign and the staff turnover/retention and pressure ulcers goals have been selected for all 13 Canyons homes in the state. Your regional office will let your home set your targets for both goals that were selected for your home. You have been working on pressure ulcers for a couple of months with the QIO so that care issue is "easy" to address.

Turnover is a different issue. It seems there are always nurse and CNA vacancies, call-ins, terminations and people leaving Canyons. You hear staff complain about child care and getting to classes at the community college before and after work. The home is not on a bus line so someone's car is always breaking down.

You have not seen a retention or turnover rate calculated for the home in over 6 months. And, now the regional office wants to know how much we will reduce turnover or improve retention. What is our target? Do we have more than one?

1. What information or data do you want to gather to set a target for your home?

2. Who will help you get or find that information or data to set a target (s)?

3. How can you involve different staff in setting target(s)?

AE Goal #6 - Assessing resident and family satisfaction with the quality of care

“Thank You from Family Member” Case Study

Instructions

Case Study exercises recognize the following adult learning theories:

5. Learners want to use their past experiences as a resource.
 6. Learners want information specifically related to them.
 7. Learners want a variety and active involvement when learning.
 8. Learners want and need to be respected.
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7. Provide each participant with a copy of the “Thank You from a Family Member” Case Study exercise.
 8. The facilitator, or her designee, reads the case study out loud.
 9. The facilitator then uses the questions provided for discussion
 10. The facilitator should assure that all members of the group get to speak.
 11. The facilitator should add any other information he/she wants the group to know.
 12. After questions #3, the facilitator may decide to start developing an action plan with the group’s input.

Thank you from a Family Member

The DON received this written note from a family member.

“I wanted to share with you. Thelma takes care of mother and is extremely conscientious about getting her work done. She’s very methodical in providing the necessary care. The tasks are done quickly and efficiently. She appears to be a hard worker. I have noticed that all her residents usually are clean and well groomed. I also see her often working overtime without complaining.

Trisha takes care of mother when Thelma is not here. She is so good at listening to me and considering mother’s feelings when providing care. She never seems irritated when interrupted by residents, families or her charge nurse. She is so caring and goes out of her way to do anything we ask. This is a not a complaint, but I have noticed that sometimes Trisha’s caring style seems to slow her down.

Thank you for all that your staff do for mother.”

1. Which employee is the better nurse aide? Why?
2. Which employee do you think your residents and families would think is the better employee?
3. How can we, as staff, provide quality care and good customer service at the same time?

AE Goal #7 - Increasing staff retention

Brainstorming Exercise – “The First 30 Days”

Instructions

Brainstorming exercises recognize the following adult learning theories:

1. Learners want to use their past experiences as a resource.
 2. Learners want information specifically related to them.
 3. Learners want a variety and active involvement when learning.
 4. Learners want and need to be respected.
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1. The facilitator provides the group with what the turnover rate is for new hires that leave within the first 30 days of employment, if it is known.
 2. The facilitator reads the rules of brainstorming at the top of the exercise.
 3. The facilitator should ask one of the group members to write down what is said on a flip chart or piece of paper.
 4. After the brainstorming, the facilitator may decide to start developing an action plan with the group's input.

AE Goal #8 - Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers

“Walk” in Their Shoes Consistent Assignment Exercise

Instructions

“Walk” in Their Shoes exercises recognize the following adult learning theories:

1. Learners want to use their past experiences as a resource.
 2. Learners want information specifically related to them.
 3. Learners want a variety and active involvement when learning.
 4. Learners want and need to be respected.
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1. Provide each participant with a copy of the Consistent Assignment Questions to Consider exercise.
 2. The facilitator reads each question aloud to start discussion about that question.
 3. Some questions may need to be reworded to fit the facility’s specific circumstances.
 4. As the exercise continues, the participants should begin to recognize the importance of consistent assignments. If not, the facilitator should lead the discussion to that point.

Consistent Assignment “Walk in Their Shoes” Questions to consider

- How does familiarity and routine help increase comfort and competence for nurse aides?

- How important are relationships to residents?

- How important are relationships to nurse aides?

- How important are relationships to quality care?

- How does teamwork help improve care?

- Would you like different people toileting and bathing you each day?

- Would you like having to work with a different team each day?

- What do residents experience when they have frequent changes in their caregivers?

- What do nurse aides experience when their assignment is routinely changed?

- How does having nurse aide assignments routinely changed affect staff’s relationship to their work?