

WISCONSIN ABUSE PREVENTION TRAINING PROGRAM FINAL REPORT

The Wisconsin Caregiver Project: Prevent ~ Protect ~ Promote

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1. INTRODUCTION

Wisconsin was one of three states to receive additional funding to develop and provide innovative abuse and neglect prevention training for Wisconsin's direct caregivers. The project was administered by the Wisconsin Department of Health and Family Services (DHFS) through a partnership with the University of Wisconsin-Oshkosh Center for Career Development (CCDET). More than 33 hours of training materials were created and more than 2,100 caregivers attended DHFS-sponsored training. In addition, approximately 1000 additional participants received in-house training in their own facilities. The training materials can be divided into segments as short as 45 minutes and as long as 4 hours, giving long-term care providers maximum flexibility to tailor the training to their individual needs.

In response to provider requests, the project also developed and produced a DVD to meet the needs of smaller facilities with few staff or trainers. Wisconsin also hosted a series of train-the-trainer sessions, during which representatives from healthcare providers learned how to facilitate the training developed through this pilot. At the end of the pilot, 207 provider representatives were trained. They, in turn, plan to train almost 60,000 caregivers across the state.

In response to an overwhelmingly positive response from providers regarding the effectiveness of this training, Wisconsin is using state funds to continue the abuse prevention training effort after the pilot ended in September 2007. Wisconsin will continue to host train-the-trainer events across the state to get the training materials out to as many providers, and ultimately to their direct caregivers, as possible.

2. BRIEF SYNOPSIS

The following is a brief summary of the training curricula, including the goals accomplished.

Part I – Abuse and Neglect Prevention Experiential Training

Target Audience: Direct Caregivers; also appropriate for Managers and Supervisors

Overview: During this interactive, four-hour training participants interact with each other through eight reality-based scenarios. The experiential training gives participants a unique opportunity to walk in the shoes of other caregivers, managers, residents/consumers, and family members. Scenarios take place in both facility-based and home-based settings and address the following topics: emotional abuse, mental abuse, physical abuse, sexual abuse, verbal abuse, neglect and misappropriation

Training Goals:

- Knowing how to identify the red flags of abuse and neglect
- Understanding and utilizing appropriate responses when abuse or neglect is suspected or observed, including reporting protocols
- Understanding the strategies and techniques to protect residents and prevent abuse
- Promising practices to promote resident and staff safety, dignity, respect and health

Training Length:

90 minutes to conduct 1 scenario; 4 hours for a full training in which participants interact in 2 scenarios

Part II – Behavior Training and Intervention Workshops

Comprised of a series of four topical workshops that target a variety of participants. Strategies for behavior and interventions in specific real-life situations are explored. Training and intervention examples were drawn from the state survey's misconduct report records. Each workshop is outlined below:

Supporting the Professional Caregiver

Target Audience: Managers and supervisors

Overview: This interactive training gives managers and supervisors the skills they need to support their direct caregivers.

Training Goals:

- Encouraging cooperation and teamwork among staff members
- Providing effective feedback
- How to support caregivers through challenging situations

Training Length: 4 hours for a full training, can be split into smaller segments

Responding to Challenging Situations

Target Audience: Direct caregivers, also appropriate for managers and supervisors interested in learning techniques and approaches to teach direct caregivers

Overview: This class helps direct caregivers in long-term care facilities understand and develop skills to deal with the challenging situations surrounding dementia. This class also discusses effective ways to deal with clients whose abilities and needs change over time.

Training Goals:

- Understanding the symptoms and stages of dementia and other causes of challenging behavior of elderly clients
- Exploring approaches to challenging situations such as wandering, elopement, aggressive/challenging behavior, nutrition, intimacy, etc.
- Enhancing the quality of life for persons in your care

Training Length: 4 hours for a full training, can be split into smaller segments

Keys to Professional Caregiving

Target Audience: Direct caregivers

Overview: This interactive training focuses on improving communication skills for direct caregivers that will result in improved care for clients and better relationships between co-workers and supervisors.

Training Goals:

- Understanding how style affects communication
- Using your communication style effectively
- Maintaining professional boundaries

Training Length: 4 hours for a full training; can be split into three 90-minute sessions

Conducting Internal Investigations of Caregiver Misconduct

Target Audience: Managers and supervisors

Overview: This class will help managers and supervisors identify the key components of conducting internal investigations into allegations of abuse, neglect and misappropriation.

Training Goals:

- Understanding how to conduct a thorough investigation
- Identifying essential interviewing skills
- Recognizing caregiver misconduct definitions and reporting requirements

Training Length: 4 hours for a full training; can be split into smaller components

Part III – Abuse and Neglect Prevention DVD

This training adapts six of the eight Experiential Training scenarios into video-based training. Participants watch a brief introduction and the first 3 scenes of the scenario. They are then prompted to pause the DVD to answer a series of questions about the situation such as: What could the direct caregiver have done to avoid this situation? What were the red flags that misconduct was about to occur? How can caregivers support each other in situations like this? Next, participants watch the fourth and final scene in which the caregivers portrayed behave appropriately to ensure the safety of the client.

Lessons learned from the development of the various training modules are incorporated into the video project. The training can be used by an individual or a group and is accompanied by a training manual. Each scenario should take between 30-40 minutes.

Part IV – Train the Trainer Events

Due to the popularity of the training and the finite nature of the pilot, it was determined that the best way to offer the training to the largest population was to develop a series of train-the-trainer sessions for both the experiential and topical training materials. In November 2006, CMS approved Wisconsin's request to offer the new curricula outside the four original pilot counties. Two-day experiential train-the-trainer sessions were developed and offered to facility trainers, administrators, social workers, and other staff responsible for making training decisions beginning in the 2nd quarter of 2007. Full day train-the-trainer sessions for the topical materials were offered in the 3rd quarter of 2007.

3. KEY ELEMENTS OF ABUSE PREVENTION TRAINING

The key elements of Wisconsin's Abuse Prevention Training Program are identified below.

Part I – Abuse and Neglect Prevention Experiential Training

The Abuse and Neglect Prevention curriculum was developed using an experiential-learning model.

- Experiential learning focuses on the "affective domain" of learning: challenging the participant's attitudes, interests, feelings, values, appreciation and commitment toward a

topic, specifically elder abuse and neglect. After the participant experiences the virtual health care setting, s/he is challenged to reflect upon his/her own attitudes, interests, feelings, and values.

- Experiential learning is a preferred method for achieving these goals because it: “1) is practical rather than abstract; 2) involves the whole person (mind, body, emotions), 3) appeals to a variety of learning styles, 4) has individualized outcomes and 5) is congruent with the principles of adult learning.”¹

Part II – Behavior Training and Intervention Workshops

“Behavior Training and Intervention” curricula include hands-on activities, mixed media presentations, high-quality written materials, as well as large and small group discussions.

Part III – Abuse and Neglect Prevention DVD

“DVD Abuse and Neglect Prevention Training” engages participants through a group discussion or self-reflection. The discussion questions were based on input from caregivers participating in the face-to-face Experiential Abuse and Neglect Prevention training.

Part IV – Train the Trainer Events

Both the experiential and topical train-the-trainer curricula offer a handbook specific to the experiential and topical training styles. The experiential curricula offers trainees the opportunities to both participate in a scenario as well as practice facilitating a scenario. The topical curricula offer an overview of each of the four topical trainings along with training tips and guidelines.

4. SCOPE OF TRAINING PROGRAM

Four counties in Wisconsin were chosen to originally pilot the training: Dane, Kenosha, LaCrosse and Shawano. CMS later authorized Wisconsin to expand train-the-trainer sessions to reach more caregivers.

Every health care entity covered by the pilot in the four affected counties was included in the abuse prevention training:

- nursing homes,
- long term care hospitals,
- intermediate care facilities for persons with mental retardation (ICFs/MR),
- home health agencies,
- community based residential facilities (CBRFs) with 8 or more beds,
- personal care workers in home health agencies, and
- hospices

Training was offered to caregivers including facility administrators, staffing agencies, social workers, human resource staff, professional nursing staff, nurse aides, personal care workers, housekeepers, feeding assistants, contracted caregivers, maintenance staff and other staff who have direct access to residents and clients.

Continuing Education Credits were approved and provided for professional/licensed positions

¹Wentz, Rose Marie and Nora Gerber, Experiential Learning Process Handout, 2003.

by the UW-LaCrosse. In addition, certificates of attendance were provided to credentialed and non-credentialed staff so that facilities might use this training to help fulfill required annual staff in-service training.

Frequency of Training

Part I was offered in two sessions: one in early 2006 and one in early 2007. The experiential training was offered at least twice in each of the four pilot counties in 2006 and at least once in each of the four pilot counties in 2007.

Part II consists of 4 training/workshop topics. Each topic was provided at least once in each of the four pilot counties beginning in May 2006 and running through May of 2007.

Part III The DVD was distributed at a statewide conference in August 2007 and is currently offered through the DHFS website.

Part IV was offered in 2007 and held in Waukesha, Racine, Dane, Eau Claire, Marathon, Winnebago, Shawano, LaCrosse, Rock and Door Counties per the Substantial Change Approval from CMS.

Delivery Methodology

Part I was conducted face-to-face, on site (whenever possible), utilizing props to create a virtual health care environment. Adequate training staff was provided to ensure a safe learning environment. The experiential learning lasts four hours. Providers may also run just one scenario in 90 minutes.

- Participant handouts supplement the training. Handouts may be printed separately, and include a list of resources and a bibliography of sources cited during the training.
- Training materials may be downloaded from the DHFS website at www.dhfs.state.wi.us/caregiver/training/trgIndex.HTM.

Part II was conducted face-to-face in a classroom-type setting on site (whenever possible). It included lecture by a trainer, discussion, and activities through which participants apply the learning. Each topical workshop was a four-hour session.

- Participant guides and handouts supplement the training. Participant guides include all key points covered in the training as well as space for participant notes. Handouts may be printed separately and include a list of resources and a bibliography of sources cited during the training.
- At the end of the pilot, Part II training components were made available to other facilities statewide, by posting materials to the DHFS website.

Part III was made available in August 2007 for postage and handling costs only. The DVD includes a facilitator's guide with instructions on how to engage staff in a discussion about the scenario. We estimate that it should take between 30-40 minutes to complete one scenario.

The DVD continues to be offered on the DHFS website at <http://dhfs.wisconsin.gov/caregiver/Training/dvdtrg.htm>.

Part IV was conducted face-to-face in a combination of classroom- and breakout session-

settings. Each session included a training manual, facilitator guide and instruction for downloading all materials from the DHFS website.

The experiential training was provided at least twice in each of the four pilot counties. Each of the topical trainings was provided at least once in each of the four pilot counties.

- Several of the counties are rural and providing training in their area was a benefit to staff that most often have to travel to a metropolitan area for such training.
- By providing the experiential training at least twice in each of the counties, entities were able to limit the impact on staffing levels by splitting their staff across two training sessions.
- Whenever possible, the pilot provided trainings at an interested facility to that facility's staff.
- Several of the trainings can be split into smaller segments, making it more versatile.

The DVD training allows facilities with smaller staff to participate in the training effort. All of the training materials are available free of charge on the DHFS website.

Training Oversight

The full learning management system, Pathlore, tracked workshop participation. This includes notification of workshop availability, registration of participants, tracking completion, developing reports, and maintaining personalized transcripts.

Training Feedback

Feedback from training was used during the pilot to improve subsequent training presentations.

- The Training Advisory Committee met several times during the course of the pilot providing a forum to discuss lessons learned.
- The Project Coordinator and the Training Coordinator remained in close contact with the Office of Caregiver Quality throughout the pilot providing feedback and insights learned through the training process.
- The DHFS Division of Quality Assurance training staff was also involved in the discussions about lessons learned so that they could incorporate the information from the pilot into ongoing training and technical assistance.
- DHFS made all training materials available to any interested party following the pilot. These final training materials incorporated the feedback received during the pilot period.

5. MANAGEMENT

UW-Oshkosh CCDET managed the training plan, working closely with the DHFS staff to ensure that all curricula were developed in accordance with the DHFS abuse and neglect prevention plan. "Check-in" meetings were held regularly.

The CCDET project manager demonstrated the ability to 1) successfully manage multi-part projects; 2) work collaboratively with partner entities; 3) have knowledge of the long-term care system; and 4) clearly understand the federal and state regulations concerning caregiver background checks and abuse prevention.

6. PARTNERSHIP AND COLLABORATION

The Abuse Prevention Training Planning Committee provided input on the training plan for the abuse prevention aspect of the pilot including the Experiential Training and the Topical Training. 20-35 members met 3 times in 2005. Smaller workgroups met throughout the project on specific training topics. The committee ensured that training strategies were appropriate and addressed current issues.

The committee consisted of project leaders from the UW-Oshkosh, CCDET and DHFS; a representative from the Wisconsin Board on Aging and Long Term Care (Ombudsman); a representative of the state Elder Abuse prevention agency; invited members of facility and professional associations, law enforcement, specialists in adult education and experiential training; at least one representative from each facility type included in the pilot project; and at least one long-term care recipient or family member.

7. EVALUATION

Increased Staff Awareness

Staff at all levels have a heightened awareness of actual and potential abuse as shown through:

Attachment 1: Results from Post-Experiential Training Evaluation (4 months post; response rate of 17%):

Respondents agreed or strongly agreed that, as a result of the training,

- 76% are more alert to the signs of abuse and neglect at the workplace
- 77% are able to better protect clients
- 79% are able to respond better to challenging situations with clients or co-workers
- 87% are more likely to help out a co-worker who appears overwhelmed
- 84% are more likely to respond and report to a supervisor if the caregiver witnesses an incident that makes the caregiver uncomfortable
- 76% have used the materials received at the training
- 86% have recommended the training to a co-worker

Attachment 2: Responding to Challenging Situations On-Site Post Training Evaluation

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|---|-----|
| 1. Tips for enhancing the quality of life of those in your care? | 4.3 |
| 2. The causes and symptoms of dementia? | 4.3 |
| 3. Responding to the challenging behavior of residents with dementia? | 4.4 |

In a follow-up survey conducted approximately four months after each training, 92% of respondents were agreed that they were better able to see challenging behavior as a sign of unmet need instead of bad behavior; 80% agreed that they had identified a possible cause of the challenging behavior of one or more clients and 74% had used a new approach with a client in a challenging situation.

Reduced Abuse and Neglect Incidents by Employees

Training surveys indicate the likelihood of reduced incidents of abuse, neglect and misappropriation of property:

Attachment 3: Results From Experiential On-Site Evaluations

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|---|-----|
| 1. How to protect residents and patients and prevent abuse and neglect? | 4.3 |
| 2. How to recognize the signs and red flags of abuse and neglect? | 4.4 |
| 3. How, when and why an incident should be reported? | 4 |
| 4. How to respond better in serious situations? | 4.2 |

In addition, participants agreed or strongly agreed with the following:

- 90% will use the training handouts/materials
- 92% liked the style of training
- 92% would recommend the training to co-workers

Attachment 4: Results from Conducting Internal Investigations of Caregiver Misconduct On-Site Evaluations

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|---|-----|
| 1. How to develop an investigation protocol | 4.1 |
| 2. Conducting an internal investigation | 4.1 |
| 3. Interviewing skills | 4 |
| 4. Resources for reporting requirements | 3.9 |

In a follow-up survey conducted approximately four months post-training, 82% had used the training materials, 82% had used the tips for completing interviews and 69% had recommended the training to co-workers.

Improved Organizational Culture

Measurable outcomes that evaluate better communication between administration and staff, improved employee morale, lower staff turnover and improved quality of life and care for residents/patients.

Organizational culture was improved as shown:

Attachment 5: Results from Post-Training Evaluation of Managers (5-9 months post; response rate of 23%):

- 100% of respondents said staff discussed training after event, and 93% of respondents said staff comments were either positive or very positive
- 75% of respondents described staff behavioral changes as positive
- 100% of respondents said staff members seem to be motivated to prevent abuse and neglect as a result of the training

- 100% of respondents said they would send more staff to future abuse and neglect prevention training events

Attachment 6: Results from Keys to Professional Caregiving On-Site Training Evaluations

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|--|-----|
| 1. How to identify your communication style and the communication style of others? | 4.3 |
| 2. How style affects communication? | 4.6 |
| 3. How to use your communication style more effectively? | 4.3 |
| 4. How to maintain professional boundaries? | 4 |

In a follow-up survey conducted approximately four months post-training, 78% had improved communication with co-workers, supervisors and residents, 85% of caregivers were more aware of professional boundaries, and 81% had recommended the training to a co-worker.

Attachment 7: Results from Supporting the Professional Caregiver On-Site Training Evaluations

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|--|-----|
| 1. How to understand and encourage cooperation and teamwork among staff members? | 4.3 |
| 2. How to identify your communication style and the style of others? | 4.4 |
| 3. How to provide effective feedback? | 4.3 |
| 4. How to coach and support caregivers through challenging situations? | 4.3 |

In a follow-up survey conducted approximately four months post-training, 70% were better able to encourage teamwork and cooperation among staff members, 79% had provided more effective feedback to staff, co-workers and/or managers, and 86% had recommended the training to a co-worker.

Number and Types of Deficiencies Cites

Due to Wisconsin’s experience that training often results in increased reporting of abuse and neglect, it was determined that a more accurate strategy to ensure the training’s success was to include a train-the-trainer component to reach more caregivers (Part IV) and produce a DVD (Part III) that gives every facility in Wisconsin the ability to provide training beyond the parameters of the pilot. At the pilot’s end, more than 1200 DVDs have been distributed, and facilities continue to request the DVD through the DHFS website.

As of 9/30/2007, participants in all train-the-trainer sessions estimated that they would reach approximately 60,000 direct caregivers, supervisors and managers in Wisconsin and other states (some Wisconsin facilities also own facilities outside Wisconsin). In addition, DHFS has provided \$200,000 of state funds to continue the train-the-trainer sessions through June 30, 2008 in order to reach even more caregivers, supervisors and managers throughout Wisconsin.

8. MANAGEMENT

Staffing Requirements

Part I – 2 Training Coordinators, 8 ad hoc trainers, also hired term-limited, project-based technical experts to help with various aspects of the curriculum

Part II – 1 Training Coordinator, 1 curriculum developer, and 3 ad hoc trainers

Part III – 1 Project Manager and a subcontract with University of Wisconsin-Madison's Department of Information Technology to produce the DVD

Part IV – 1 Training Coordinator and various ad hoc trainers depending on the needs of Part I and Part 2 training

Staff Responsibilities

All of the staff listed below were employed by UW-Oshkosh CCDET.

Project Coordinator provided oversight to the Training Coordinators and the general development and facilitation of training. The Project Coordinator established and facilitated the advisory committee with the assistance of the Training Coordinators. The Project Coordinator and the Training Coordinators established the evaluation process and analyzed the results. The Project Coordinator coordinated with DHFS staff and entity staff to ensure that lessons learned through the trainings were incorporated into agency policies and processes.

Training Coordinators were responsible for managing training program development, implementation and evaluation for abuse prevention training. The Training Coordinators also designed, developed, wrote and delivered training. Training Coordinators worked closely with technical limited-term curriculum writers as well as a team of ad hoc trainers during the implementation phase. The Training Coordinators managed team communication and worked in a team setting to develop curriculum.

Technical curriculum writers were hired on an as needed basis to help write portions of the training curriculum.

Ad Hoc Trainers worked under the Training Coordinators. After attending the train-the-trainer session in January 2006, these trainers were on hand to serve as additional trainers for Part I experiential training, Part II topical training, and Part IV train-the-trainer sessions.

Organization Chart

See Attachment 8.

9. TRAINING PROGRAM COSTS AND USE OF FUNDS

See Attachment 9.

10. ACTIONS TO SUSTAIN

Distribution of Training Materials

Part I & II: All training materials including facilitator guides, life binders, participant guides, posters, handouts, and video clips are posted on the DHFS website. Anecdotal evidence indicates wide access by Wisconsin providers and has also been utilized by other states.

Part III: The DVD continues to be offered through the DHFS website for shipping costs only. Over 1200 copies had been distributed at the end of the pilot. Most were Wisconsin providers, but as word spread, several other states made requests as well.

Train-the Trainer Sessions

Part IV: Due to the popularity of the training and the finite nature of the pilot, Wisconsin began to offer train-the-trainer opportunities for providers beginning in Spring 2007. At the end of the pilot, 337 agency representatives had attended these sessions and estimated that they would train over 60,000 direct caregivers in the future.

Attachment 10: Results for Experiential Train the Trainer On-Site Evaluations

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

- | | |
|--|-----|
| 1. The experiential training model? | 4.6 |
| 2. How to facilitate a scenario? | 4.6 |
| 3. Adapting the training to your facility's needs? | 4.4 |
| 4. Obtaining the training materials online? | 4.7 |

On a scale of 1-5, with 1 being “learned nothing” to 5 being “learned very much,” respondents reported the following as an immediate result of the training:

Attachment 11: Results for Topical Train the Trainer On-Site Evaluations

- | | |
|--|-----|
| 1. The topical training model? | 4.3 |
| 2. How to facilitate the four topical trainings? | 4.3 |
| 3. Adapting the training to your facility's needs? | 4.2 |
| 4. Obtaining the training materials online? | 4.4 |

Wisconsin Provides Funds to Extend the Project

Due to the continued provider interest and high demand, Wisconsin’s DHFS identified additional funds to provide train-the-trainer sessions between October 1, 2007 and June 30, 2008. Five DHFS-funded trainings were conducted in October and November 2007, with eight or nine trainings scheduled for Spring 2008.

11. CONCLUSION

Wisconsin's experience with the Abuse and Neglect Prevention pilot project has demonstrated a critical need for direct caregivers, especially those who are non-credentialed, to receive training that offers the behavioral and interpersonal skills to respond positively in potentially abusive situations.

While all caregivers receive some level of clinical training to provide for the physical needs of residents and clients, many do not have the life experience or training to offer the emotional and social support necessary to establish a positive relationship with those in their care. Providing those skills is likely to reduce many incidents of abuse and neglect, which often result from lack of training and support.

Wisconsin's efforts to provide meaningful training to direct caregivers and their supervisors and managers received an extremely positive response. The response was so great, and the need for training resources so clear, that the Department identified additional funding to continue training for trainers through 2008. Our experience so far has been that trainings fill up quickly and potential participants rate the training highly.

As a result of the project, Wisconsin learned some valuable lessons and developed promising practices:

Direct caregivers need training.

- 74% of surveyed providers said their staff could use additional training on abuse and neglect prevention
- Most trainings are targeted to supervisors and not direct care staff
- Personal care worker agencies were our most frequent customers

Providers want short, flexible training that they can deliver themselves

- Coverage and cost issues limit providers willingness to send staff to outside training
- Although we targeted direct caregivers, managers often attended in their place
- 77% of non participants said they wanted to provide the training themselves
- 62% asked us to make another video

Providers are interested and able to facilitate the experiential training

- All train-the-trainer sessions were filled quickly and most had waitlists
- Trainees have been very excited to implement training; several already have done a training
- Trainees are not put off by the amount of materials involved in Experiential Training

Experiential training is very labor intensive to develop

- Training requires lots of materials all related to each other
- Keeping track of everything is a challenge
- Developing the DVD gives smaller facilities the means to provide the training

Partnerships are important

- A large advisory committee ensure that the training was relevant and realistic
- Curriculum writers had experience with caregiver misconduct and were able to base training on actual incidents of misconduct in Wisconsin
- Marketing the training is critical; we partnered with our LTC Workforce Alliance to market training

Making training positive is essential

- Training is not focused on forms or processes but on the role the direct caregiver plays
- Allows the caregiver to be the expert by inviting and facilitating input
- Training should be “serious fun.” Serious topics need some lighthearted moments to ensure learning
- Training materials must appeal to a wide variety of learning styles and assist participants with learning disabilities
- Handed out bumper stickers: “Proud to be a Wisconsin Caregiver”
- Boosted confidence of direct caregivers by honoring their difficult and important job

12. ATTACHMENTS

Attachment Number	Attachment Title
1.	4-month Post-Experiential Training Evaluation
2.	Responding to Challenging Situations On-Site Training Evaluation Follow-Up Survey for Responding to Challenging Situations
3.	Experiential On-site Training Evaluations
4.	Conducting Internal Investigations of Caregiver Misconduct On-Site Evaluations Follow-Up Survey for Conducting Internal Investigations of Caregiver Misconduct
5.	Post-Training Evaluation of Managers
6.	Keys to Professional Caregiving On-Site Training Evaluations Follow-Up Survey for Keys to Professional Caregiving
7.	Supporting the Professional Caregiver On-Site Training Evaluations Follow-Up Survey for Supporting the Professional Caregiver
8.	Organization Chart
9.	Caregiver Abuse Prevention FY 05-FY 08 Revenues and Expenditures
10.	Experiential Train the Trainer On-Site Evaluations
11.	Topical Train the Trainer On-Site Evaluations

Follow-up survey for Abuse/Neglect Prevention Training

<http://www.quia.com/sv/91215.html>

Number of respondents

176

1 Choose the Provider Type(s) that best describes your organization:

	Count	Count Percentage	Respondent Percentage
CBRF (>8 beds)	64	35.96%	36.36%
LTC (Swing Bed) Hospital	0	0.00%	0.00%
FDD (ICF/MR)	15	8.43%	8.52%
Medicaid-Funded PCW Agency	22	12.36%	12.50%
Home Health	25	14.04%	14.20%
Nursing Home	46	25.84%	26.14%
Hospice	6	3.37%	3.41%

2 Choose the category that best describes your position (choose only one):

	Count	Percentage
Administrator (HR, Manager, CEO, etc.)	50	28.74%
Licensed Professional Staff (MD, RN, LPN, etc.)	37	21.26%
Other Facility Staff (maintenance, cleaning staff, etc.)	4	2.30%
Certified Nurse Aide	24	13.79%
Other Direct Care staff (CBRF staff, Personal Care Worker, etc.)	26	14.94%
Non-Medical Professional Staff (Social Worker, etc.)	33	18.97%

3 What county do you work in?

	Count	Percentage
Dane	65	47.10%
Kenosha	17	12.32%
La Crosse	41	29.71%
Shawano	15	10.87%

4 **As a result of this training program...** I am more alert to the signs of abuse and neglect at my workplace.

Rating	Meaning	Count	Percentage
[1]		3	1.71%
[2]		3	1.71%
[3]		32	18.29%
[4]		69	39.43%
[5]		68	38.86%

Average Rating

4.12

5 I am able to better protect clients.

Rating	Meaning	Count	Percentage
--------	---------	-------	------------

[1]	2	1.14%
[2]	2	1.14%
[3]	27	15.43%
[4]	76	43.43%
[5]	68	38.86%

Average Rating
4.18

6 I am able to respond better to challenging situations with clients or co-workers.

Rating	Meaning	Count	Percentage
[1]		1	0.57%
[2]		3	1.71%
[3]		26	14.86%
[4]		82	46.86%
[5]		63	36.00%

Average Rating
4.16

7 I am more likely to help out a co-worker who appears overwhelmed.

Rating	Meaning	Count	Percentage
[1]		3	1.74%
[2]		2	1.16%
[3]		19	11.05%
[4]		61	35.47%
[5]		87	50.58%

Average Rating
4.32

8 If I witness an incident that makes me uncomfortable, I am more likely to respond and report to my supervisor.

Rating	Meaning	Count	Percentage
[1]		2	1.17%
[2]		5	2.92%
[3]		18	10.53%
[4]		44	25.73%
[5]		102	59.65%

Average Rating
4.4

9 I have used the materials I received at the training.

	Count	Percentage
Yes	117	68.42%
No	54	31.58%

**RESPONDING TO CHALLENGING SITUATIONS
ON-SITE EVALUATIONS**

Total Participants: 360

Total Responses: 340

Average Score
1=worst;
5=best

Did you learn more about:

- | | |
|---|-----|
| 1. Tips for enhancing the quality of life of those in your care? | 4.3 |
| 2. The causes and symptoms of dementia? | 4.3 |
| 3. Responding to the challenging behavior of residents with dementia? | 4.4 |

Feedback:

- | | |
|---|-----|
| 1. Will you use the materials we gave you? | 4.5 |
| 2. Did you like this style of training? | 4.4 |
| 3. Would you recommend this training to co-workers? | 4.5 |

Overall Average Evaluation: 4.4

Comments--Liked Best:

Got resources and references
 Very useful, helpful case scenarios
 Challenging situations were great!
 Group discussions
 Life situations with residents
 Specific approaches for behavior concerns
 Intelligent, informative, no nonsense but friendly approach to subject.
 Please...more!
 Focusing more on the positives than the negatives
 Really made me think
 Very informative, different viewpoints
 I learned a lot about dementia

Follow-up Survey for Responding to Challenging Situations Training

<http://www.quia.com/sv/112855.html>

Number of respondents
38

1 Choose the Provider Type(s) that best describes your organization:

	Count	Count Percentage	Respondent Percentage
CBRF (>8 beds)	9	21.95%	23.68%
LTC (Swing Bed) Hospital	0	0.00%	0.00%
FDD (ICF/MR)	2	4.88%	5.26%
Medicaid-Funded PCW Agency	3	7.32%	7.89%
Home Health	7	17.07%	18.42%
Nursing Home	6	14.63%	15.79%
Hospice	0	0.00%	0.00%
Other	14	34.15%	36.84%

2 Choose the category that best describes your position (choose only one):

	Count	Percentage
Administrator (HR, Manager, CEO, etc.)	16	42.11%
Licensed Professional Staff (MD, RN, LPN, etc.)	2	5.26%
Other Facility Staff (maintenance, cleaning staff, etc.)	0	0.00%
Certified Nurse Aide	2	5.26%
Other Direct Care staff (CBRF staff, Personal Care Worker, etc.)	6	15.79%
Non-Medical Professional Staff (Social Worker, etc.)	7	18.42%
Other	5	13.16%

3 In what county do you work?

	Count	Percentage
Dane	3	7.89%
Kenosha	4	10.53%
La Crosse	1	2.63%
Shawano	2	5.26%
Other	28	73.68%

As a result of this training program... I have used the 'poker chip' theory by supporting, cheering on, or paying a compliment to a client in order to help the person feel joy, accomplishment and self-satisfaction.

4

Rating	Meaning	Count	Percentage
[1]		4	10.53%
[2]		2	5.26%
[3]		7	18.42%
[4]		13	34.21%
[5]		12	31.58%

Average Rating

3.71

5 I have a better understanding of the changes in the brain that are caused by dementia.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		3	7.89%
[4]		18	47.37%
[5]		17	44.74%

Average Rating 4.37

6 I am better able to see a challenging situation as a sign of my client's unmet need instead of bad behavior.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		3	7.89%
[4]		16	42.11%
[5]		19	50.00%

Average Rating 4.42

7 I have identified a possible cause of the challenging behavior of one or more of my clients.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		8	21.05%
[4]		17	44.74%
[5]		13	34.21%

Average Rating 4.13

8 I have used a new approach with a client in a challenging situation, e.g. wandering, bathing, dressing, dining, etc.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		2	5.26%
[3]		8	21.05%
[4]		17	44.74%
[5]		11	28.95%

Average Rating 3.97

9 I am less stressed when my client(s) demonstrates challenging behavior.

Rating	Meaning	Count	Percentage
--------	---------	-------	------------

[1]	1	2.63%
[2]	0	0.00%
[3]	11	28.95%
[4]	14	36.84%
[5]	12	31.58%

Average Rating 3.95

10 I have used the materials I received at the training. For example, the challenging situations chart, the pictures of brain changes, the fact sheet on dementia, etc.

	Count	Percentage
Yes	27	71.05%
No	11	28.95%

11 I have recommended this training to co-workers.

	Count	Percentage
Yes	27	71.05%
No	11	28.95%

12 Do you have any additional comments about the training?

	Count	Percentage
#1) support for clients in independent apartment living situations. #3) Dodge county #11) I would recommend, but haven't yet, would like to do this as a company exclusive training.	1	8.33%
Great Training!	1	8.33%
Hi, I feel that I have better knowledge of what happens to the brain. I like the posters and the pictures of the brain. I think that they are good teaching materials. I appreciate the ability to be able to attend the workshop and the fact that they exist. Thank You! Sherri Jones.	1	8.33%
I enjoyed it, came back to your facility and shared with co-workers.	1	8.33%
I enjoyed this training and have tried to apply those things learned.	1	8.33%
I have used some of the materials for training.	1	8.33%
I may not have benefited as much as a person with less formal education. The information was basic and I use much of the same information in trainings that I provide.	1	8.33%
I really enjoyed the role playing and the hands on training. I have talked about this training in a positive way because I learned so much.	1	8.33%
I really learned alot and it has helped me in my job.	1	8.33%
None.	1	8.33%
These trainings are excellent and I hope they continue to have them.	1	8.33%

**EXPERIENTIAL TRAINING ON-SITE
EVALUATIONS**

Total Participants: 691

Total Responses: 688

Average Score
1=worst;
5=best

Did you learn more about:

- | | |
|---|-----|
| 1. How to protect residents and patients and prevent abuse and neglect? | 4.3 |
| 2. How to recognize the signs and red flags of abuse and neglect? | 4.4 |
| 3. How, when and why an incident should be reported? | 4 |
| 4. How to respond better in serious situations? | 4.2 |

Feedback:

- | | |
|---|-----|
| 1. Will you use the materials we gave you? | 4.5 |
| 2. Did you like this style of training? | 4.6 |
| 3. Would you recommend this training to co-workers? | 4.6 |

Overall Average: 4.4

Comments--Liked Best:

- Hearing different perspectives from other facilities
- Interaction and group discussion
- Role playing
- Showing that caregivers are not alone
- Walking in other people's shoes
- Giving us different characters in true situations
- Handouts

CONDUCTING INTERNAL INVESTIGATIONS OF CAREGIVER MISCONDUCT ON-SITE EVALUATIONS

Total Participants: 328

Total Responses: 322

Average Score
1=worst;
5=best

Did you learn more about:

- | | |
|---|-----|
| 1. How to develop an investigation protocol | 4.1 |
| 2. Conducting an internal investigation | 4.1 |
| 3. Interviewing skills | 4 |
| 4. Resources for reporting requirements | 3.9 |

Feedback:

- | | |
|---|-----|
| 1. Will you use the materials we gave you? | 4.5 |
| 2. Did you like this style of training? | 4.6 |
| 3. Would you recommend this training to co-workers? | 4.2 |

Overall Average Evaluation: 4.2

Comments--Liked Best:

- Interviewing video and handouts
- Well organized. Gave a step-by-step-process. Very useful.
- Breaking into groups and hearing examples from others
- Interaction from the audience
- Clear steps that can be easily placed into practice
- Group activity. "Hands on" learning
- Open discussion
- Definitions of the laws, principles of investigations and interviews
- Involvement of trainees
- Examples; case studies

Follow-up survey for Conducting Internal Investigations of Caregiver Misconduct Training

<http://www.quia.com/sv/112856.html>

Total Number of Surveys Sent

Number of respondents

42

Choose the Provider Type(s) that best describes your organization:

1

	Count	Count Percentage
CBRF (>8 beds)	9	20.45%
LTC (Swing Bed) Hospital	0	0.00%
FDD (ICF/MR)	1	2.27%
Medicaid-Funded PCW Agency	1	2.27%
Home Health	4	9.09%
Nursing Home	9	20.45%
Hospice	1	2.27%
Other	19	43.18%

Choose the category that best describes your position (choose only one):

2

	Count	Percentage
Administrator (HR, Manager, CEO, etc.)	20	47.62%
Licensed Professional Staff (MD, RN, LPN, etc.)	3	7.14%
Other Facility Staff (maintenance, cleaning staff, etc.)	0	0.00%
Certified Nurse Aide	1	2.38%
Other Direct Care staff (CBRF staff, Personal Care Worker, etc.)	1	2.38%
Non-Medical Professional Staff (Social Worker, etc.)	12	28.57%
Other	5	11.90%

3 In what county do you work?

	Count	Percentage
Dane	7	16.67%
Kenosha	2	4.76%
La Crosse	4	9.52%
Shawano	1	2.38%
Other	28	66.67%

As a result of this training program... I have assessed the abuse prevention strategies in my facility and either suggested/implemented additional strategies or verified that my facility's strategies are already comprehensive.

4

Rating	Meaning	Count
[1]		2
[2]		2
[3]		6
[4]		25
[5]		7

Average Rating

3.79

- 5 I have improved or suggested improvements to my facility's investigation protocol or verified that my facility's investigation protocol is well organized and complete.

Rating	Meaning	Count
[1]		3
[2]		2
[3]		10
[4]		20
[5]		7

Average Rating

3.62

- 6 I have used or will use the information I learned about conducting investigations or caregiver misconduct.

Rating	Meaning	Count
[1]		2
[2]		2
[3]		2
[4]		19
[5]		17

Average Rating

4.12

- 7 I have used or will use the tips for conducting interviews.

Rating	Meaning	Count
[1]		1
[2]		2
[3]		4
[4]		20
[5]		15

Average Rating

4.1

- 8 I believe my facility is well-equipped to immediately protect clients upon hearing of an allegation of abuse, neglect or misappropriation.

Rating	Meaning	Count
[1]		2
[2]		1
[3]		3
[4]		16
[5]		20

Average Rating

4.21

9 I have the resources necessary to find answers about the Caregiver Law including where to find necessary forms, information and requirements for my facility.

Rating	Meaning	Count
[1]		2
[2]		2
[3]		2
[4]		13
[5]		23

Average Rating

4.26

10 I have used the materials I received at the training. For example, the investigation protocol, examples of caregiver misconduct and/or interviewing tips.

	Count	Percentage
Yes	35	83.33%
No	7	16.67%

11 I have recommended this training to co-workers.

	Count	Percentage
Yes	29	69.05%
No	13	30.95%

12 Do you have any additional comments about the training?

	Count	Percentage
Great training - facilitators were great and met the needs of the group. Other trainings related to nursing home social worker such as dementia, behaviors and care planning would be great.	1	8.33%
Hi, I am very glad to see this happen and appreciate being able to attend. Thank You! Sherri Jones.	1	8.33%
I am new to the Personal Care services by our agency as I have only been employed for one year here. The training was very informative and helpful to me.	1	8.33%
I work in a clinic setting and found the information to be geared for Long Term Care facilities. Much of what I heard was not applicable to my situation but interesting and will be used in a round-about manner.	1	8.33%
It was very informative and helpful. Thank you!	1	8.33%
Presenters were well prepared and interesting.	1	8.33%

Abuse and Neglect Prevention Experiential Follow-Up Survey for Managers

<http://www.quia.com/sv/95206.html>

Number of respondents

15

1 Choose the Provider Type(s) that best describes your organization:

	Count	Count Percentage
CBRF (>8 beds)	4	22.22%
FDD (ICF/MR)	1	5.56%
Home Health	5	27.78%
Hospice	0	0.00%
LTC (Swing Bed) Hospital	0	0.00%
Nursing Home	1	5.56%
PCW Agency	7	38.89%

2 In what county do you work?

	Count	Percentage
Dane	11	73.33%
Kenosha	0	0.00%
La Crosse	3	20.00%
Shawano	1	6.67%

3 How many of your staff attended the experiential training in Spring 2006?

	Count	Percentage
1	1	6.67%
10	1	6.67%
14	1	6.67%
2	2	13.33%
3	4	26.67%
5	1	6.67%
6	2	13.33%
7	1	6.67%
8	2	13.33%

4 Have your staff members discussed the training since attending it?

	Count	Percentage
Yes	14	100.00%
No	0	0.00%

5 What have you heard about the training from your staff?

	Count	Percentage
A Program Coordinator and I (Training Manager) attended 2 different sessions. Both of us were significantly impressed with the experiential aspect of this training and how effective the hands-on/actual demo experience is in getting essential points across and in stimulating critical thinking skills.	1	6.67%
How much good information was shared.	1	6.67%
It is a helpful tool to help us better understand our residents.	1	6.67%

It was helpful and well done.	1	6.67%
Liked the break out groups.	1	6.67%
My staff felt that is was a good experience. They felt that more of the facilities in our corporation should take the training also. They liked the format and the role playing.	1	6.67%
No staff attended except me.	1	6.67%
Nothing but positive comments about the presentation and participation.	1	6.67%
People took away from training to ask additional questions and to not take things so lightly.	1	6.67%
That it was very helpful and gave staff a different perspective on the caregiver role and client's role in their care and comfort level.	1	6.67%
That it was very informative.	1	6.67%
They said it was very good and highly recommended it for others doing direct care to attend.	1	6.67%
This training was opened to management staff. No field workers attended. This information was shared with caregivers and at monthly meetings. They are very aware of abuse situations (appearances of red flags). Reporting questionable situations has increased. Handouts and literature also given to caregivers.	1	6.67%
Very informative. Very detailed topics.	1	6.67%
Very positive experience. Great format to discuss issues and opinions.	1	6.67%

6 Please rate your staff's comments about the training:

	Count	Percentage
very negative	0	0.00%
negative	0	0.00%
neutral	1	7.14%
positive	7	50.00%
very positive	6	42.86%

7 Have staff members used the information presented at the training?

	Count	Percentage
Yes	13	100.00%
No	0	0.00%

8 If yes, please describe how staff members have used the information presented at the training. (check all that apply)

	Count	Percentage
Participants made individual changes	6	20.00%
Participants shared materials with co-workers	6	20.00%
Participants described training to co-workers	8	26.67%
Participants asked for additional training/information on related topics	4	13.33%
Participants engaged co-workers in a discussion about abuse and neglect prevention	6	20.00%

9 Other

	Count	Percentage
Information was provided to field workers in staff meetings	1	25.00%

	Other than the Program Coordinator sharing her positive reflections with me, and to agree that this program would be beneficial for REM staff to have offered to them, I do not know how she may or may not have further utilized the information.	1	25.00%
	Staff were more aware of everyone's role in the care of clients and more empathetic to the clients' needs and comfort level.	1	25.00%
	We deal with abuse/neglect situations within one's job roles and responsibilities.	1	25.00%
10	What behavior changes have you seen in staff that you could attribute to their participation in the training?		
		Count	Percentage
	As listed above in number 9.	1	11.11%
	Changes in attitude and approaches.	1	11.11%
	Increased awareness.	1	11.11%
	Increased awareness of different types of potential abuse and neglect.	1	11.11%
	More patience and calmer moods.	1	11.11%
	More reporting and awareness.	1	11.11%
	N/A. I do not have direct supervision of staff. The one manager who did attend has not shared with me further impressions of her use of the material. Please note that all unanswered questions are due to their being N/A for me.	1	11.11%
	None as everyone who attended the training was a manager.	1	11.11%
	On-going awareness of potential abuse and neglect in various settings.	1	11.11%
11	How would you rate the behavior changes you have seen in staff.		
		Count	Percentage
	very negative	0	0.00%
	negative	0	0.00%
	neutral/ no change	3	25.00%
	positive	9	75.00%
	very positive	0	0.00%
12	Do your staff members seem to be motivated to prevent abuse and neglect as a result of the training?		
		Count	Percentage
	Yes	11	100.00%
	No	0	0.00%
13	Would you send more staff to future abuse and neglect prevention training events?		
		Count	Percentage
	Yes	13	100.00%
	No	0	0.00%
14	If no, please explain why you would not send more staff.		
		Count	Percentage
	Comment on #12: We have done this annually at our agency for years (inservicing) Comment on #13: Other disciplines like home health aides	1	100.00%
15	What suggestions or changes do you have to improve the training?		
		Count	Percentage

As stated before: excellent training. Wouldn't change a thing.	1	20.00%
Being able to customize the content of this training for particular populations and organizations/agencies (managers) would be most effective and useful. It's a fabulous experiential and learning opportunity.	1	20.00%
None other than offering it again.	1	20.00%
You do a nice job. My only problem is finding the time for staff to attend.	1	20.00%
You need to talk more about how to handle violent residents that hit, punch, bite, scratch, kick and what to do for elopements.	1	20.00%

KEYS TO PROFESSIONAL CAREGIVING ON-SITE EVALUATIONS

Total Participants:	258	Total Responses:	258
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Average Score
1=worst;
5=best

Did you learn more about:

1. How to identify your communication style and the communication style of others?	4.3
2. How style affects communication?	4.6
3. How to use your communication style more effectively?	4.3
4. How to maintain professional boundaries?	4

Feedback:

1. Will you use the materials we gave you?	4.7
2. Did you like this style of training?	4.7
3. Would you recommend this training to co-workers?	4.6

Overall Average Evaluation: 4.5

Comments--Liked Best:

- Looking at things in a different way
- Involvement of the class
- Was like stepping stones-one thing building on another
- Small groups and interaction
- Handouts
- How to communicate with resident or client
- Discussion and exercises
- Color styles
- Easy to understand
- A lot of information I never knew. Will help communicate with other people.

Follow-up Survey for Keys to Professional Caregiving

<http://www.quia.com/sv/112821.html>

Number of respondents

27

- 1 Choose the Provider Type(s) that best describes your organization:

	Count	Count Percentage	Respondent Percentage
CBRF (>8 beds)	13	48.15%	48.15%
LTC (Swing Bed) Hospital	0	0.00%	0.00%
FDD (ICF/MR)	0	0.00%	0.00%
Medicaid-Funded PCW Agency	1	3.70%	3.70%
Home Health	2	7.41%	7.41%
Nursing Home	5	18.52%	18.52%
Hospice	0	0.00%	0.00%
Other	6	22.22%	22.22%

- 2 Choose the category that best describes your position (choose only one):

	Count	Percentage
Administrator (HR, Manager, CEO, etc.)	6	22.22%
Licensed Professional Staff (MD, RN, LPN, etc.)	4	14.81%
Other Facility Staff (maintenance, cleaning staff, etc.)	0	0.00%
Certified Nurse Aide	5	18.52%
Other Direct Care staff (CBRF staff, Personal Care Worker, etc.)	5	18.52%
Non-Medical Professional Staff (Social Worker, etc.)	4	14.81%
Other	3	11.11%

- 3 In what county do you work?

	Count	Percentage
Dane	9	33.33%
Kenosha	3	11.11%
La Crosse	3	11.11%
Shawano	5	18.52%
Other	7	25.93%

- 4 As a result of this training program... I learned to identify my communication style: red, blue, brown or green.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		5	18.52%
[4]		9	33.33%
[5]		13	48.15%

Average Rating

4.3

- 5 I have been able to identify the communication style of others.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		6	22.22%
[4]		13	48.15%
[5]		8	29.63%

Average Rating

4.07

- 6 I have used my knowledge of communication styles to better communicate with my co-workers, supervisors and/or clients.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		6	22.22%
[4]		12	44.44%
[5]		9	33.33%

Average Rating

4.11

- 7 I am more likely to communicate assertively, rather than communicate passively or aggressively, with others.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		0	0.00%
[3]		7	25.93%
[4]		14	51.85%
[5]		6	22.22%

Average Rating

3.96

- 8 I am more aware of the professional boundaries that caregivers must observe to maintain a helpful relationship with clients.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		1	3.70%
[3]		3	11.11%
[4]		12	44.44%
[5]		11	40.74%

Average Rating

4.22

9	I have used the materials I received at the training. For example, the color cards, the communication style grid, the professional boundaries chart.	Count	Percentage
	Yes	23	85.19%
	No	4	14.81%
10	I have recommended this training to co-workers.	Count	Percentage
	Yes	22	81.48%
	No	5	18.52%
11	Do you have any additional comments about the training?	Count	Percentage
	As the Staff Development Coordinator I have used many of the tools in orientation and annual training to all staff. We have done the color analysis for the past 3 years before this training. Professional Boundaries was new and very useful, the table that defines abuse, neglect and misappropriation is clear, concise and very useful, I use all the time.	1	7.69%
	I thought the training was very informative and helpful. It was also interactive. Looking forward to additional trainings through the state of WI.	1	7.69%
	I was very appreciative of being able to participate in the training offered. It was one of the best trainings I have ever attended! the staff was very informative, friendly, and professional. the facility where the event was held was very nice-spacious, comfortable and newer. The snacks and meal were all very nice. Appreciated that everything was given at no charge to participants. Feel that all professional staff would greatly benefit from this training and do hope that it will continue and new grant monies will come available to bring this program statewide-or nationwide. Thank you for this opportunity!	1	7.69%
	Instructors were terrific. My only wish is that more classes will be held at Kemper Center. If cost is a factor, charge accordingly.	1	7.69%
	It was a very valuable experience for me. I hope it will be offered again for my co-workers. Thank you so much for investing such a great program.	1	7.69%
	It was very interesting.	1	7.69%
	Outstanding training.	1	7.69%
	The system of communication style works. I find though, I fall back out of use. I am hoping the FOCUS conference coming up touches on ideas to keep the communication style system alive once we have been trained to see it.	1	7.69%
	The teacher made it very interesting. She did a really great job.	1	7.69%

The way the class was taught was nice. The length of the training and the snacks were nice-good training experience.	1	7.69%
Very good training. I am a 'shy' individual by nature. This training has helped me become more assertive than aggressive when I become frustrated or angry. Thanks for the great training.	1	7.69%
Very well presented, environment comfortable sitting.	1	7.69%
Was very worthwhile	1	7.69%

SUPPORTING THE PROFESSIONAL CAREGIVER ON-SITE EVALUATIONS

Total Participants: 224

Total Responses: 221

Average Score
1=worst;
5=best

Did you learn more about:

1. How to understand and encourage cooperation and teamwork among staff members?	4.3
2. How to identify your communication style and the style of others?	4.4
3. How to provide effective feedback?	4.3
4. How to coach and support caregivers through challenging situations?	4.3

Feedback:

1. Will you use the materials we gave you?	4.4
2. Did you like this style of training?	4.6
3. Would you recommend this training to co-workers?	4.7

Overall Average Evaluation: 4.4

Comments--Liked Best:

Well organized-good back up info provided in handouts
 Good handouts--made me sit back and look at myself a bit
 Exercises and discussions
 Group activities
 Interactive-the group was responsible for problem solving

Follow-up Survey for Supporting the Professional Caregiver Training

<http://www.quia.com/sv/112850.html>

Number of respondents
23

Choose the Provider Type(s) that best describes your organization:

	Count	Count Percentage	Respondent Percentage
CBRF (>8 beds)	10	43.48%	43.48%

LTC (Swing Bed) Hospital	0	0.00%	0.00%
FDD (ICF/MR)	1	4.35%	4.35%
Medicaid-Funded PCW Agency	2	8.70%	8.70%
Home Health	1	4.35%	4.35%
Nursing Home	4	17.39%	17.39%
Hospice	0	0.00%	0.00%
Other	5	21.74%	21.74%

2 Choose the category that best describes your position (choose only one):

	Count	Percentage
Administrator (HR, Manager, CEO, etc.)	7	30.43%
Licensed Professional Staff (MD, RN, LPN, etc.)	5	21.74%
Other Facility Staff (maintenance, cleaning staff, etc.)	0	0.00%
Certified Nurse Aide	0	0.00%
Other Direct Care staff (CBRF staff, Personal Care Worker, etc.)	2	8.70%
Non-Medical Professional Staff (Social Worker, etc.)	7	30.43%
Other	2	8.70%

3 In what county do you work?

	Count	Percentage
Dane	9	39.13%
Kenosha	2	8.70%
La Crosse	6	26.09%
Shawano	3	13.04%
Other	3	13.04%

4 As a result of this training program... I learned to identify my communication style (red, blue, brown or green) and the style of others.

Rating	Meaning	Count	Percentage
[1]		1	4.35%
[2]		1	4.35%
[3]		2	8.70%
[4]		10	43.48%
[5]		9	39.13%

Average Rating

4.09

5 I have been able to better encourage teamwork and cooperation among staff members.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		2	8.70%
[3]		5	21.74%
[4]		11	47.83%
[5]		5	21.74%

Average Rating

3.83

6 I feel I have provided more effective feedback to staff, co-workers, and/or managers.

Rating	Meaning	Count	Percentage
[1]		0	0.00%
[2]		2	8.70%
[3]		3	13.04%
[4]		15	65.22%
[5]		3	13.04%

Average Rating

3.83

7 I am better able to coach and support caregivers through challenging situations.

Rating	Meaning	Count	Percentage
[1]		1	4.35%
[2]		2	8.70%
[3]		7	30.43%
[4]		8	34.78%
[5]		5	21.74%

Average Rating

3.61

8 I believe that increased positive support of caregivers helps to prevent abuse and neglect of clients.

Rating	Meaning	Count	Percentage
[1]		1	4.35%
[2]		1	4.35%
[3]		2	8.70%
[4]		7	30.43%
[5]		12	52.17%

Average Rating

4.22

9 I believe that caregivers are less likely to abuse or neglect clients when caregivers observe the professional boundaries outlined in the training.

Rating	Meaning	Count	Percentage
[1]		2	8.70%
[2]		0	0.00%
[3]		1	4.35%
[4]		9	39.13%
[5]		11	47.83%

Average Rating

4.17

- 10 I have used the materials I received at the training. For example, the color cards, the communication style grid, the professional boundaries chart.

	Count	Percentage
Yes	12	52.17%
No	11	47.83%

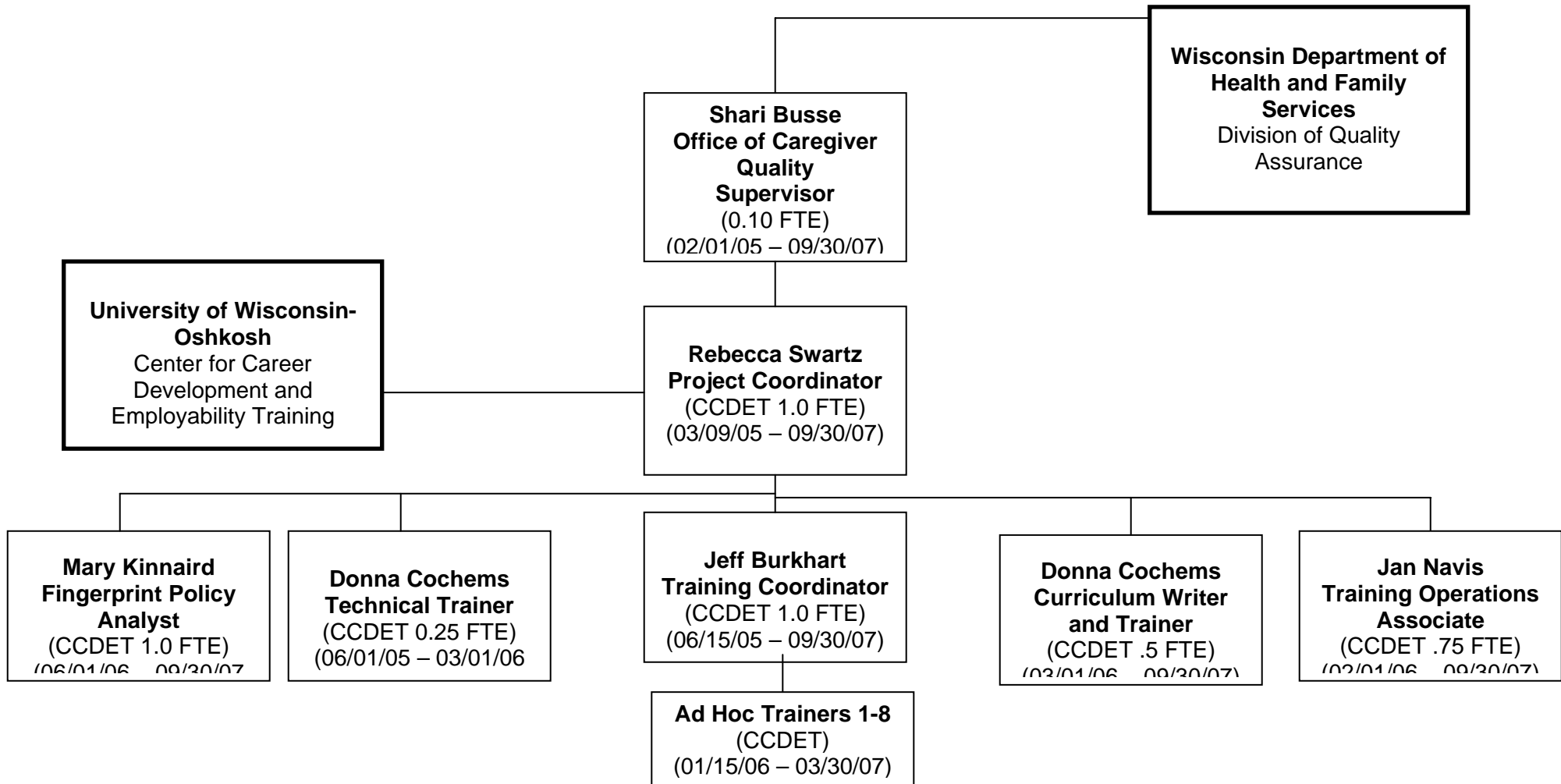
- 11 I have recommended this training to co-workers.

	Count	Percentage
Yes	20	86.96%
No	3	13.04%

- 12 Do you have any additional comments about the training?

	Count	Percentage
I found this to be one of the most interesting and enjoyable trainings! I was shocked at how much of the training was 'new material' to me, especially since I have been an RN for 20 years! The comfort of the room and quality of the snacks/meal were exceptional. Would like to see this training be offered statewide, or better yet... nationwide! Thank You! Karen.	1	16.67%
I thought the training was very helpful. It helped learn different/better ways to communicate with other caregiving staff.	1	16.67%
Insufficient financial resources cripple the facilities ability to train the people who need to be trained or provide adequate follow up to make the training an integrated part of practice.	1	16.67%
The only reason I have not used the materials from this training is that we had an Emotional Intelligence specialist as keynote speaker at one of our recent conferences and have trained with and used the same materials (colors) etc. Very important & useful information!	1	16.67%
This training was very beneficial. In some areas review, but also makes us look back and try to apply more of what we learned.	1	16.67%
We haven't used the training because it is geared primarily to nursing home and other care facility-type staff. We may incorporate bits of the training, i.e. the color cards, into other trainings that we do.	1	16.67%

Wisconsin Caregiver Background Check Pilot Organization Chart



Caregiver Abuse Prevention FY 05 - FY 08 Revenues and Expenditures

Revenues and Expenditures	Budgeted	Total For All Years	
Account			
REVENUES			
Total Revenue & Sales Credits			
Revenue (Non Sales Credit)			
Other Revenue			
Miscellaneous Revenue			
[9230] Federal Aid		\$717,251.08	
Transfers			
[9942] Trfs-Same Funds/Same Unit		\$0.00	
TOTAL		\$717,251.08	\$717,251.08
EXPENSES			
Expenses			
Salary Permanent			
Unclassified Salary			
Faculty/Academic Salary			
[1051] Academic Staff - Annual		\$142,208.82	
Classified Salary			
Permanent Classified			
Permanent Classified			
[1531] Classified - Hourly		\$1,409.31	
[1532] Classified - Lump Sum		\$10.15	
[1533] Classified Project - Hourly		\$36,928.69	
Class Differential		\$0.00	
[1543] Classified - Differential		\$13.91	
LTE/Student			
LTE Salary			
LTE Salaries			
[1601] LTE - Hourly		\$155,515.75	
Student Salary			
Student Wages Regular			
[1771] Student - Hourly	\$406,457.91	\$2,256.35	\$338,342.98
Fringe Benefits			
Fringes Benefits			
Classified Fringes			
[1951] Classified - Unemployment Comp		\$1,128.00	
Other Fringes			
[1975] Academic-Fringe-Gift/Fed Trf		\$61,325.39	
[1979] Classified-Fringe-Gift/Fed Trf		\$22,671.09	
[1983] LTE-Fringe-Gift/Fed Trf		\$70,592.08	
[1984] Student-Fringe-Gift/Fed Trf	\$176,891.53	\$142.87	\$155,859.43
Supplies & Expense			
Supplies & Expense			
Travel Expenses			
[2100] Travel-Employe-In State Bus		\$35,948.95	
[2101] Travel Empl Reportable Meals		\$185.28	

[2115] Travel-Employe-In State-Conf		\$1,351.60	
[2130] Travel-Employe-Out State-Conf		\$1,525.76	
[2140] Travel-Fleet Charges-Vehicles		\$0.59	
[2162] Travel-NonEmpl,Student,Job			
App	\$58,482.89	\$2,740.27	\$41,752.45
Training			
[2184] Training & Development-Job Rel	\$4,250.00	\$1,611.22	\$1,611.22
Telephones			
[2201] Telecomm Services-Centrex		\$498.61	
[2210] Telephone Service-NonSTS Tolls		\$147.53	
[2230] Telephone Service-Install, etc		\$1.16	
[2240] Telephone Service-STS		\$2.67	
[2260] Communication-Miscellaneous	\$6,080.00	\$283.88	\$933.85
Rent/Leases		\$0.00	
[2310] Rental of Space-UW/State Owned		\$3,182.49	
[2320] Rental of Space		\$12,987.65	
[2325] Lease of Space		\$30.00	
[2360] Rental of Other Equip	\$33,253.00	\$647.80	\$16,847.94
Maintenance & Repair			
[2420] Maintenance & Repair-Structure		\$4.40	
General Services			
[2600] DP Services-State & Univ Dept		\$0.00	
[2620] Services - Professional	\$31,050.00	\$54,990.28	\$71,469.91
[2623] Services - Miscellaneous		\$1.53	
[2650] Services - Internal	\$250.00	\$7,510.43	
[2670] Printing & Duplicating-State		\$8,931.71	
[2675] Printing & Duplicating-NonStat		\$15.50	
[2680] Serv-Houskeeping & Janitorial		\$16.06	
Consumable Supplies		\$0.00	
[3100] Supplies		\$5,561.81	
[3165] Food & Food Service Contracts		\$15,927.79	
[3195] Equip & Furnit not Capitalized	\$36,391.67	\$4,581.13	\$26,070.73
Miscellaneous Expenses			
[3700] Postage		\$595.27	
[3710] Freight		\$7.15	
[3720] Subscriptions		\$12.36	
[3740] Advertising & Notices		\$379.69	
[3780] Conference/Workshop Expenses		\$46.68	
[3805] Interest Expense-Prompt Pay	\$150.00	\$0.00	\$1,041.15
Expense Transfers			
[3930] Transfer-Ovrhead Allow-			
133&144	\$105,002.90	\$88,250.84	\$88,250.84
Capital Expense Budget			
Capital Exp(Trf to Assets)			
Capital			
[4800] Domestic Books (monographs)		\$267.62	
[4910] Audio/Visual Media	0	\$10.95	\$278.57
TOTAL	\$858,259.90	\$742,459.07	\$742,459.07
Current Year Operating Net	\$858,259.90	-\$25,207.99	\$0.00
Add Prior Year Cash Balance			

Sub-Total	-	\$25,207.99
Conversion to Cash Basis:		
Current Year Adjustment: Deferred Revenue		
Current Year Adjustment: Accounts Payable		
Current Year Adjustment: Accounts Receivable		
Calculated Cash Balance (Periods 0-13)		\$0.00
Actual Cash - Account 6100		\$0.00

**EXPERIENTIAL TRAINING FOR TRAINERS
ON-SITE EVALUATIONS**

Total Participants: 139

Total Responses: 112

Average Score
1=worst;
5=best

Did you learn more about:

- | | |
|--|-----|
| 1. The experiential training model? | 4.6 |
| 2. How to facilitate a scenario? | 4.6 |
| 3. Adapting the training to your facility's needs? | 4.4 |
| 4. Obtaining the training materials online? | 4.7 |

Feedback:

- | | |
|--|-----|
| 1. Will you use the materials we gave you? | 4.8 |
| 2. Did you like this style of training? | 4.9 |
| 3. Do you think the facilitator practice was valuable? | 4.2 |

Overall Average Evaluation: 4.6

Comments--Liked Best:

- Living in someone else's shoes
- Facilitating a scenario and getting feedback from my peers
- All the scenarios could be adapted to any facility
- The interaction of all participants--role playing and feedback
- Important information. Reminders of the importance of reviewing policies and procedures
- Having the materials scripted and packaged
- Got my brain churning with ideas

TOPICAL TRAINING FOR TRAINERS ON-SITE EVALUATIONS

Total Participants: 68 Total Responses: 63

Average Score
1=worst;
5=best

Did you learn more about:

- 1. The topical training model? 4.3
- 2. How to facilitate the four topical trainings? 4.3
- 3. Adapting the training to your facility's needs? 4.2
- 4. Obtaining the training materials online? 4.4

Feedback:

- 1. Will you use the materials we gave you? 4.4
- 2. Did you like this style of training? 4.5
- 3. Was the facilitator guide review valuable to you? 4.5

Overall Average Evaluation: 4.4

Comments--Liked Best:

Interaction and written materials were great
 Thank you so much for the opportunity to participate
 Thorough detail in materials
 Handouts
 Great instructors
 Page by page overview
 The facilitator guides-seem like they will be very easy to use
 Organized-really pertained to my job
 Materials are user-friendly
 Free and easy to adapt to individual agencies
 I firmly believe that assertive communication is the "key" to everyone's success
 Dementia information very good