Experiential Training Handbook
Abuse and Neglect Prevention

DHFS/DQA/OCQ

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Pilot Overview

Wisconsin is one of seven states participating in the Federal Background Check Pilot created by Congress and administered by the Centers for Medicare and Medicaid Services (CMS). The goal of the pilot is to identify ways to reduce the incidence of misconduct either through increased background checks or through abuse and neglect prevention training. Wisconsin is one of only three states that received funds to create and deliver abuse and neglect prevention training. Wisconsin's pilot covers four counties:

- Dane
- Kenosha
- La Crosse
- Shawano

And seven provider types:

- Community Based Residential Facilities (CBRFs) With 9 Beds And Up
- Hospices
- Home Health Agencies
- Intermediate Care Facilities For Persons With Mental Retardation (ICFs/MR) also known as Facilities For Persons With Developmental Disabilities (FDDs)
- Long-Term Care (Swing Bed) Hospitals
- Nursing Homes
- Personal Care Worker Agencies

The pilot began in February 2005 and runs through September 2007. Early in 2007, CMS approved a request to expand the project beyond the 4 pilot counties.

Wisconsin's innovative training approach utilizes multiple modes of delivery, including an experiential component, followed by a series of topical workshops. The Department of Health and Family Services contracted with the University of Wisconsin-Oshkosh Center for Career Development and Employability Training (CCDET) to develop and administer the training project.

The experiential training is provided through eight interactive sessions in which learners actively participate in reality-based scenarios. All scenarios are 80 minutes in length. The training is very flexible. Facilitators may train only one scenario or multiple scenarios depending on the space, time limits, and the number of participants.

This training method gives learners a unique opportunity to walk in the shoes of other

caregivers, managers, residents/consumers, and family members. Training scenarios have been developed for both facility-based and home-based settings. The scenarios address incidences of emotional, mental, physical, sexual and verbal abuse, as well as neglect and misappropriation.

This training is designed for direct caregivers, supervisors, professional staff, and administrators in long-term care facilities.

By the end of December 2006, almost 1100 caregivers and managers had participated in this training project. On a follow-up survey, over 75% of respondents said that they are:

- more alert to the signs of abuse and neglect at the workplace.
- able to respond better to challenging situations with clients or co-workers.
- more likely to help out a co-worker who appears overwhelmed.
- more likely to respond and report to a supervisor if the caregiver witnesses an incident that makes the caregiver uncomfortable.

Almost 90% of respondents stated that they had recommended the training to a co-worker.

Goals and Objectives

The purpose of the training is to increase awareness about the issues of abuse, neglect and misappropriation in long-term care settings while encouraging a team approach to reducing the occurrence of abuse, neglect and misappropriation in these settings.

Goals for Participants

- To identify signs of possible abuse or neglect
- To learn and discuss appropriate responses when abuse or neglect is suspected or observed, including proper reporting protocols
- To encourage the use of effective collaborative strategies and techniques to protect residents and prevent abuse
- To promote resident and staff safety, dignity, respect and health

Overall Instructional Objectives

- Learners should be able to recognize the “red flags” of abuse, neglect and misappropriation in various settings.
- Learners should value the safety, dignity and health of all clients and residents, and focus on person-directed care.
- Learners should be able to intervene appropriately when abuse, neglect and misappropriation are observed or suspected.

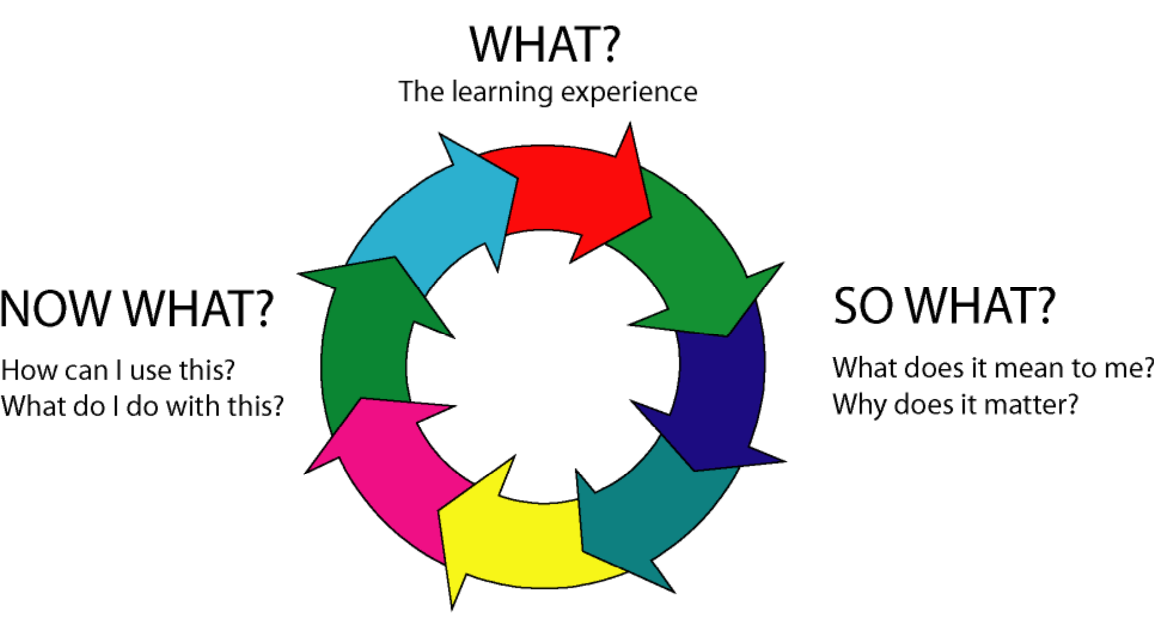
In addition, each scenario has its own set of Learning Points located in each Facilitator Guide.

Overview of Adult Learning and Experiential Training

The Cycle of Learning

Experience + Reflection = Learning (John Dewey, 1938)

We know that learning "sticks" when we apply what we learn soon after learning it. New knowledge is most useful when it fits into a context with our existing knowledge.



Developed by University Associates

Adult Learning Principles

Below we have listed some key adult learning principles, followed by ways in which the curriculum is responsive to the unique needs of the adult learner.

Adults Are Practical and Problem-Centered

- Discusses and helps learners plan for direct application of the new information
- Uses collaborative, authentic problem-solving activities
- Anticipates problems learners may have applying the new ideas to their job(s)
- Provides a quality, well organized experience that uses time effectively and efficiently

Adults Prefer to Build on Existing Knowledge

- Validates and affirms learners' knowledge, contributions and successes
- Encourages learners to use what they already know about the topic
- Invites learners' input
- Asks what learners would like to know about the topic
- Suggests follow-up ideas and next steps for support after the session such as feedback on learners' work or ideas
- Creates activities that use learners' experience and knowledge

Adults Prefer Choices and Self-Direction

- Allows learners to choose the scenario and the life
- Provides a range of participation levels
- Posters and props provide a 360 degree learning environment that allows learners to self-direct their learning through visual, auditory, or kinesthetic modes
- Shares the agenda and assumptions and asks learners for input
- Allows learners time for planning their next steps

Adults Want to Know How the Topic Relates

to Them

- Helps the learners identify how the learning will transfer to their lives/jobs
- Helps the learners to see “What’s in it for me?”
- Sets up opportunities for learners to practice during the training and to follow-up on the training when back on the job

About Experiential Learning

Experiential exercises:

- are practical rather than abstract
- are active rather than passive
- appeal to varied learning styles
- have individualized outcomes
- are congruent with principles of adult learning

The goals of experiential exercises are to train empathy, clarify values and/or get commitment to change behaviors.

Essential Parts of Experiential Learning

Experiential learning is most likely to be successful when it includes:

1. Movement, involvement and engagement of participants as co-trainers in their own and their co-learners' experience (rather than "telling training" or training in which learners pay passive attention to a trainer).

2. Trusting learners to choose what they need to learn. Learners should have enough information to a make an informed decision. Experiences which lead learners to their own conclusion that a new behavior would be more beneficial – for themselves as professionals, and for those they serve. People will change their mind with new information, but they will only change their behavior when they feel the need to change.

3. An obvious shift to better practice – not just telling what "should" be done, but after learning "promising practices," having an opportunity to try out the new behavior and recognize the benefits of that behavior.

4. Instructional components which tap all three domains of learning: cognitive (data/information/knowledge), psychomotor (skills and performance), and affective (values and commitment). One's learning style is made up of a combination of processing information through the left and right hemispheres of the brain, and processing language through visual, auditory, and kinesthetic modes.

5. Transfer of learning elements including a practical, specific transfer of learning through an action plan, "job aids" or handouts to remind learners what was

learned, options that will allow for a range of risk taking, trusting learners to participate up to their own comfort levels.

Adapted from training materials developed by Rose Wentz and Nora Gerber

Making Experiential Training Work

- Make training safe. Above all else, cause no harm.
- Use low intensity, low-difficulty activities before doing high-risk activities.
- Explain the instructional rationale for the activity and stay focused on the purpose of the training. Refer often to the learning points.
- Consciously empathize with your audience.
- Allow people to choose how they will participate.
- Give individuals the support of the rest of the group. Encourage encouragement.
- Be prepared to intervene: stop and redirect if it is going badly or if participants are digging themselves into a hole.
- Provide hints and question assumptions.
- Avoid cognitive overload.
- Simplify instructions.
- Minimize what needs to be memorized to make an activity work.
- Slow down the pace.
- Give people time to prepare.
- Provide information in stages, not all at once.
- Use face-saving debrief tactics.
- Acknowledge and praise correct choices.
- Invite observers to empathize with the difficulties faced by individuals.
- Ask observers to show support and appreciation for individual efforts.

Adapted from: Rich Becker, "Taking the misery out of experiential training", Training, February, 1998

Experiential Facilitator Techniques & Qualities

In experiential training, the trainer or scenario leader is called a “facilitator” because his/her role is to draw out discussion and input from participants, rather than the more traditional role of giving information. The following facilitator techniques and facilitator qualities were identified by the Caregiver Project Training Advisory Committee Members:

Facilitator Techniques

Ask good questions; be a good listener.

Spark good discussion.

Refocus the group and keep them on task and on track.

Keep the flow and process moving along efficiently.

Explain what to do in easily understandable words.

Refer (several times) to the learning points.

Draw in the more shy or hesitant participants.

Keep all group members involved in the discussion.

Ask for clarification and offer follow-up questions.

Recruit and emphasize the team concept.

Give participants permission to participate at a level that is comfortable for them.

Treat participants like the adults they are.

Compliment participants on their participation.

Be enthusiastic about the subject matter and the mode of delivery.

Summarize the content well.

Facilitator Qualities

Upbeat, engaging, energetic, and untiring

Comfortable leading the group and discussing the topic

Very respectful communication with all interactions

Well organized

Warm, friendly, and outgoing

Non-threatening

Creative sense of humor

Flexible and open-minded

Positive attitude

Professional appearance and demeanor

Committed to the learning points on a personal level

Passionate about the subject matter

Committed to promoting promising practices in the field

Scenario Descriptions and Learning Points

NAME OF SCENARIO	HEALTH CARE SETTING	TYPE OF MISCONDUCT	SOURCE OF ALLEGED MISCONDUCT	LEARNING POINTS As a result of this session, participants will:
Paula Plummer (F) COPD and CHF	Home Health (In home) Plummer Family Home	Misappropriation of property	Home Health Aide (small gifts turn into allegation of theft)	• Know it is important to follow the agency policy regarding gifts • Establish guidelines for setting appropriate patient-caregiver boundaries • Have language for communicating “No, thank you” to overly generous and appreciative patients
Bill Brown (M) Cancer	Hospice (In home) Brown Family Home	Overwhelmed Family Caregiver	Spouse (overwhelmed; lack of resources and skills)	• Understand the aide’s responsibility to protect patients • Identify appropriate action to take for family members • Notice instances that require action, and work with other staff members to help patients
Graciela Gris (F) Multiple Sclerosis	Home Health (In home) Gris Family Home	Neglect	Home Health Aide (stressed; overbooked; impatient)	• Understand appropriate intervention strategies by the personal care worker with the home health worker in a case of suspected mistreatment or inadequate medical care • Understand the caregiver’s responsibility to report possible misconduct • Demonstrate knowledge of signs that a client is being mistreated

Rosa Rosario (F) Moderate mental retardation; non-verbal.	FDD Red River Valley FDD	Physical/ Emotional Abuse	CNA (under-staffed/ lack of training)	• Recognize signs of caregiver misconduct • Identify strategies for responding to challenging behaviors while treating clients and co-workers with dignity and respect • Review the value of knowing details of each resident's plan of care
Bo Butterfield (M) Anxiety/ Impulse control disorder; CP	CBRF Sunnyfield CBRF	Emotional/ Physical Abuse	CNA (power/control)	• Recognize signs of possible caregiver misconduct • Review duty to report abuse by other caregivers • Recognize ways to practice effective communication with a co-worker • Identify strategies for working with residents with challenging behaviors
Barbara Blue (F) Recovering from ovarian cancer surgery	CBRF Blue Hills CBRF	Domestic Violence by a Spouse	Spouse (power/control/ family values)	• Recognize the signs and symptoms of domestic violence in later life • Understand how and where to report abuse by resident's family member • Understand how to protect victim from continuing abuse • Respect resident's right to make her own decisions
Edna Evergreen (F) Alzheimer's Disease.	Nursing Home Greenhill Care Facility	Neglect	CNA (lack of skill & training; under-staffed)	• Identify appropriate responses to patients with dementia • Understand the benefits of freedom from restraints • Model the benefits of providing support for a co-worker

Pamela Pinkston (F) Brain Injury	Nursing Home Pleasant Hills	Sexual Assault	Another Resident	• Recognize the signs and symptoms of sexual assault • Know how and where to report sexual abuse of a resident and how to support victims of sexual assault • Understand how to prevent sexual assault

Preparing the Training Space

The experiential training model is very flexible. You may conduct any number of scenarios, depending on your space, time limits, and number of participants. You will need one facilitator (trainer) per scenario. After you select a scenario(s), for example Paula Plummer or Bo Butterfield, access that scenario's Facilitator Guide and file of Life Binders from the following website:

http://dhfs.wisconsin.gov/caregiver/training/trgIndex.HTM

Using the Facilitator Guide

Each scenario has its own Facilitator Guide or trainer's manual. The guides contain the following:

Topic	Contents
Scenario Process	• Facilitator Notes • Learning Points • Warm-Up Exercise • Intros and scripts for all scenes • Debrief (after Scene 3) guide • Handouts used in the scenario • Debrief (after Scene 4) guide
Scenario Background Information	• Summary of the events in the scenario • "Life" information about each character • Materials/props needed
Miscellaneous Documents	• Materials checklist • Suggested room layout • Name badges for participants • Posters

The props and posters are designed to create a more realistic and supportive atmosphere for conducting the scenario. Depending on your needs, you may choose all of them or only some. If you choose not to use the Learning Points poster, you should write them on a flip chart or dry erase board.

Download the life binder files for each scenario you have selected. The file for each life (e.g. Bo Butterfield, Maria Garcia) contains all of the materials needed for each person to play out his/her role. You may choose to put the life materials in a binder or just staple them together.

Set-Up and Training Tips

Each scenario contains 8 lives. Two of the 8 lives are "optional" if you have less than 8 participants. The optimal number of participants is between 6 and 8. It's best to allow a separate room for each scenario.

If possible, allow the participants to choose a life and a scenario (if you have multiple scenarios).

The front page of each life binder indicates the number of scenes that the life is involved in, giving the participant an idea of the level of participation.

If time permits and you are conducting more than one scenario, gather the entire group together in a general session before the first scenario and after the last scenario. Some suggested topics to cover are included in this handbook under "Opening the Session" and "Closing the Session."

If you are doing consecutive scenarios, ask each facilitator to bring the life binders back to the main room so that participants can choose a new life.

Be prepared to ask participants to trade life binders if a participant discovers they are playing a life that makes them uncomfortable.

Be prepared to support a poor reader during the skits. There are a variety of ways to do this:

- Be patient and let the reader get through their lines.
- Help the reader out if they struggle with a particular word.
- If you have a person who does not read at all, suggest that they play the Recorder role. Read the Recorder questions to the non-reader. Be sure to engage the person during the discussion, debrief portions of the training.

Opening the Session

Before beginning the 80-minute scenario(s), consider the following language to introduce participants to the abuse and neglect prevention training and its goals. If you are conducting more than one module/scenario, a main speaker can make these comments to the group at-large. If you're only conducting one scenario, facilitator should include this information in the scenario opening. Be sure to remind participants to silence cell phones and give the location of the restrooms. Also mention the time of the break if one is scheduled.

Set the Mood

As each participant arrives, tell him/her that they will have the opportunity to "walk in the shoes" of someone else for awhile. Explain the life binders and offer a choice to participants. Encourage selecting a life that is different than their "real-life" role. For example, a CNA may choose to become an administrator or visa-versa. After each person selects a life binder, point out the name badge and ask the person to put it on. Encourage participants to read their "starter page" information to get a feel for the person they will be playing.

Welcome

The following is an example of how you might start out the first scenario if you are doing one scenario only. If you are conducting scenarios concurrently, make these comments to the larger group before they break off into individual scenarios:

> Today you will have a chance to "walk in the shoes" of someone else. Each of you has chosen a life and will have some very simple lines in each scenario. This is not role play, where you stand up in front of a large group of people. These are short conversations in which everyone participates. We see the training as having a conversation with your co-workers about issues that commonly happen in all types of care settings.
>
> The scenarios are based on real-life cases in which harm was done or could have been done to a client. In this

training, we have a chance to step back and identify what could have been done to prevent harm in the first place.

The scenario/s you will participate in today may or may not feature our facility type. That's all right because most of the issues we discuss are universal to all types of care settings.

We recognize that most caregivers do an excellent job of providing care to their clients. Because you are here today, it is clear that you are committed to serving vulnerable people in your care. We thank you for coming today and for participating in this important discussion.

These training scenarios were carefully written. No abuse is ever depicted in this training. None of you will be forced to play a "bad" caregiver – in every situation we've identified ways that caregivers can make better decisions to help prevent misconduct, protect clients, and promote respect for patients /residents and for caregivers.

These training scenarios were written to try to best reflect "real life" in a respectful way. This is a chance for you to share what you have learned in your experience as a caregiver. Each of you plays an important part in improving our knowledge today as you share your ideas. We hope that you will take some valuable information back with you to your work and enjoy this learning experience.

If you are doing scenarios concurrently, direct participants to the break-out session (scenario) that they have chosen. Otherwise, simply proceed with the single scenario.

Because the experiential training modules share a similar format, familiarity with the format of any single module will carry over to the other modules.

Facilitating the Scenario

Scenario Opening

13 minutes

- Facilitator gives participants a few moments to look over their life binder information.
- If doing only one scenario, facilitator "welcomes" participants. (See notes pages 19-20).
- Facilitator reads the summary of the scenario to the group from the Facilitator Guide.
- Facilitator reads the learning points from the poster.
- Lives introduce themselves.
- Lives participate in warm-up exercise.
- Trainer explains how the session will be conducted.

First Three Scenes

17 minutes

Facilitator gives the introduction to each scenario from the Facilitator Guide:

One (Blue)
Two (Green)
Three (Yellow)

Facilitator recaps briefly after each scene.

Discussion (Debrief) of First Three Scenes

30 minutes

- Participants share their feelings about the first three scenes.
- Facilitator elicits the red flags related to the scenario from the participants.
- Facilitator leads a discussion based on information in the facilitator guide.
- Facilitator refers back to the learning points.

Fourth Scene (Pink)

5 minutes

Facilitator explains that Scene 4 is where we roll back the clock before the misconduct occurred, and sets up the scenario.

Discussion of Fourth Scene

10 minutes

- Participants share their feelings about fourth scene.
- Facilitator refers to learning points one last time and makes final comments.
- Refer to additional discussion questions at the end of the scenario if time permits.

Scenario Wrap-up

5 minutes

Facilitator asks each participant to reveal his/her true identity, job description and/or place of employment (if not already known), and to briefly share anything they learned that seemed particularly useful.

Facilitator thanks the participants for their participation. If participants will be experiencing a second scenario, ask them to return to the main room after the break and select a new life.

If this is the final scenario for the participant, ask them to return to the main room for the wrap-up.

Closing the Session

At the end of the last (or only) scenario, it is valuable to complete the following steps. If you are conducting multiple scenarios, reconvene all the participants into one area.

- Review the definitions of Abuse, Neglect and Misappropriation. See handout: Caregiver Misconduct Definitions.
- Ask participants to think about things they discussed in their various sessions and write ideas for action on the Professional Action Plans handout. Give participants about three minutes to work on this.
- Review the "What You Should Know About Reporting" handout.
- Direct participants to complete the evaluation (handout) of the training.
- Show multimedia video available on the website.
- Thank participants.

Training Tips from Experienced Facilitators

Start the scenario by saying something a little light-hearted about the characters and their setting (the pictures on the walls lend themselves well to this.) This will help to set a relaxed tone for all participants and will encourage their participation.

Give a brief recap of each scene at its completion. This gives a “heads-up” to those participants who may not have been fully attentive and it gives the trainer a chance to emphasize the issues that are relevant to the learning points.

Encourage interaction by thanking everyone for their participation.

Make reference to the learning points early in the scenario—revisit them at the promising practices time and then again at the end of the scenario. Be sure to bring the discussion about the promising practices back to the learning points regularly.

Prepare for questions and discussion by becoming familiar with all the material in the discussion (debrief) section of the facilitator guide after Scene 3. It is filled with information gathered from experts in the field.

On an index card or half sheet of paper, prepare an outline of the module format with a few helpful notes inserted in the appropriate sections, to serve as a ready reference if needed.

Make sure participants get up and move around. This helps to keep them engaged.

Keep it light. We like to tell participants that the topics are serious, but that we will have “serious” fun.

Don’t worry about young people playing older people or men playing women. It doesn’t matter and sometimes provides for some light-hearted remarks.

Appendix I -- Glossary of Terms and Acronyms

Term	Definition
Care Plan	Written plan of care in a nursing home or other facility that contains patient information. Sometimes known as an Individual Service Plan (ISP), Individual Program Plan (IPP), or PoC (Plan of Care), depending on the type of facility or organization.
Caregiver	A person who is employed by or under contract with an entity and has regular, direct contact with clients or the property of clients.
Caregiver Misconduct	Includes abuse or neglect of a client or misappropriation of a client's property. Caregivers with findings of caregiver misconduct are barred from working in health care facilities regulated by the DHFS. Caregivers may also be prosecuted in circuit court for misconduct that violates state statutes.
Caregiver Misconduct Registry	A list of caregivers with substantiated findings of misconduct. Caregivers on this list are barred from working in health care facilities regulated by DHFS unless they have been approved through the Rehabilitation Review process.
CBRF	Community-Based Residential Facility. An assisted living setting for elderly/disabled persons who do not need skilled nursing care. The pilot includes only CBRFs with 9 beds or more.
CMS	Center for Medicaid and Medicare Services. The federal agency overseeing the caregiver background check and abuse prevention pilot.
CNA	Certified Nursing Assistant. A person who has completed an approved course of training. CNAs are regulated by DHFS. Nursing homes require that direct caregivers, at a minimum, are CNAs.
DHFS	WI Dept. of Health and Family Services. The state agency responsible for implementing the pilot.
DON	Director of Nursing

DQA	Division of Quality Assurance. The division within DHFS directly responsible for pilot implementation. DQA also licenses most facilities covered under the pilot, investigates allegations of misconduct by unlicensed caregivers, and maintains the WI Nurse Aide Registry. Formerly known as the Bureau/Office of Quality Assurance.
DRL	WI Dept. of Regulation and Licensing. State agency that licenses professionals such as RNs, LPNs, MDs, SWs, NHAs, etc. DRL also investigates allegations of caregiver misconduct by licensed professionals.
FDD	Facility for persons with Development Disabilities. Examples of an FDD in Wisconsin are Central and Southern Center.
HHA	Home Health Agency. An agency that provides in-home medical services to patients.
HIPAA	Health Insurance Portability and Accountability Act of 1996. A federal regulation that protects the privacy of medical records and information, among other provisions.
Home Health Aide	A CNA who works in a home health agency.
Hospice	An organization that provides end-of-life care for terminally ill patients, both at home and facility-based.
ICF/MR	Intermediate Care Facility for persons with Mental Retardation. Federal term for an FDD.
ISP	Individualized Service Plan. Written plan of care in a home health agency that contains patient information.
LPN	Licensed Practical Nurse
Module	See “Scenario.”
NHA	Nursing home administrator. Licensed by the Department of Regulation and Licensing.
Nurse Aide Registry	A list of CNAs who have successfully completed an approved nurse aide training program. The registry also maintains employment status and eligibility to work in certain facilities. Each state maintains its own registry.
Nursing Home	A long-term care facility for elderly or disabled persons needing skilled nursing care.
OT	Occupational Therapy or Therapist.
PCW	Personal care worker. Term used for a direct caregiver in a PCW or other agency.

PCW Agency	Personal Care Worker Agency. Provides in-home personal care services (non-medical).
Pilot Counties	Dane, Kenosha, LaCrosse and Shawano.
PoC	Plan of Care. Written plan of care in a home health agency that contains patient information.
PT	Physical Therapy or Therapist.
QMRP	Qualified Mental Retardation Specialist. A position in an FDD responsible for quality care of patients.
Rehabilitation Review	A formal process by which caregivers with substantiated findings may seek to show that they have been rehabilitated and are not likely to re-offend. The process is administered by the DHFS Office of Legal Counsel.
RN	Registered Nurse.
Scenario	Any one of eight different modules lasting 80-minutes in which participants experience a situation in which caregiver misconduct occurs.
SW	Social Worker.
UW-O CCDET	UW-Oshkosh Center for Career Development and Employability Training. DHFS contracted with UW-O CCDET to implement the pilot.

Appendix II -- General Session Handouts

Although each scenario contains a unique set of handouts in the Facilitator Guide, there are several other handouts that are distributed to all participants during the Opening or Closing Sessions. If you are conducting only one scenario, it's highly recommended that you include these handouts at the beginning and/or end of the single scenario. Copies of each handout follow as described below:

Sample Agenda: Gives a general timeline for conducting two consecutive, different scenarios with an Opening and Closing Session.

What You Should Know About Reporting: Gives caregivers an idea of what questions they may be asked when reporting an incident of caregiver misconduct. Go over this document during the Closing Session.

Caregiver Misconduct Definitions: A simplified version of the legal definitions of abuse or neglect of a client or misappropriation of a client's property under Wisconsin law. This one-page document may be useful for direct caregivers. Go over this document during the Closing Session.

Professional Action Plan: Ask participants to write down how they might immediately use new techniques in their jobs. Use this document during the Closing Session.

Evaluation: A sample evaluation to elicit comments from participants at the end of the Closing Session.

Central WI Center
Madison, WI
November 15, 2006 ; 8:00 am- 12:00 pm

7:45 – 8:00	Registration, Continental Breakfast
8:00 – 8:15	Visit the Modules; Select a Life
8:15 – 8:35	Welcome & Opening Remarks Introduction to the Experiential Training Curriculum
8:35 – 9:55	Modules, Round 1
9:55 – 10:10	Break Select and Move to a Second Life
10:10 – 11:30	Modules, Round 2
11:30 – 12:00	Debrief and Evaluation of the Experiential Learning

What You Should Know About Reporting

If you suspect abuse, neglect or misappropriation,

Immediately take action to ensure the safety of the resident/client/patient.
Inform your supervisor (or other designated person) about the incident as soon as possible.

Your supervisor may ask you questions about the incident, including:

WHO? **Provide information about the person(s) suspected of harming the client.** Include the name, position or title at time of incident, and gender of all persons suspected of harming the client.

Provide information about people with specific knowledge of the incident. Include all persons with specific knowledge of incident. Include the person's name, gender, address and telephone number, if known. Include the person's position or relationship to the affected client.

Individuals Involved
Include all persons who are connected in any way with the incident:

Resident, client, or patient
Suspect or accused person
Witness(es)
Any others with first-hand knowledge

WHEN? **Explain when the incident occurred.** Include the month, day, year and time of the incident: *(example: 08/25/2005, 10:30 AM)*. If you do not know the exact day, provide an approximate date, such as the week of March 1, or the month of March, or between March 1 and April 15. If you give approximate dates, explain how you determined the dates.

WHAT? **Briefly describe the incident in a precise and accurate manner.** Document observable facts regarding the incident in as much detail as possible. Your supervisor may request supporting documents.

WHERE? **Identify the specific location where the incident happened.** If the incident happened at a location other than the entity, indicate the specific address of that location.

Location. Document physical findings using diagrams, sketches or photographs, as appropriate to include:

- Specific location of room, using room numbers, wings
- Specific location of objects in the space

EFFECT? **Describe the effect of the incident on the client or the client's reaction to the incident.** If a client has been physically injured, describe the injury, size of bruise, etc. Describe any indication or expressions of pain, anger, frustration, humiliation, fright, etc., by the client during or after the incident.

Caregiver Misconduct: Definitions and Examples

Caregiver Misconduct means any of the following: abuse of a client, resident, or patient; neglect of a client, resident, or patient; or misappropriation (theft) of the property of a client, resident, or patient.

MISCONDUCT	SIMPLE DEFINITION*	POSSIBLE EXAMPLES
ABUSE	*An intentional act that:* Contradicts a health care facility's policy/procedures **AND** Is not part of the care plan **AND** Is meant to cause harm.	• Physical abuse – hitting, slapping, pinching, kicking, etc. • Sexual abuse – harassment, inappropriate touching, assault • Verbal abuse – threats of harm, intentionally frightening a client • Mental abuse – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions
NEGLECT	*A careless or negligent act that:* Fails to follow facility procedure or care plan **AND** Causes or could cause pain, injury or death **BUT** Is not intended to cause harm.	• Not using a gait belt as required or transferring a client alone • Failure to perform ROM exercises • Turning off a call light • Leaving a client wet or soiled • Skipping work in a client's home without notifying your employer • Disregarding hydration orders • Failure to deliver or administer medication
MISAPPROPRIATION	*An intentional act that:* Is meant to permanently deprive a client of property **OR** Misuses a client's personal property **AND** Is done without the client's consent.	• Theft of cash, checks, credit cards, jewelry, etc. • Misuse of property, e.g. using phone to make toll calls • Identity theft

These definitions apply to caregivers in health care facilities regulated by the Wisconsin Department of Health and Family Services.

A caregiver with a substantiated finding of abuse, neglect or misappropriation is listed on Wisconsin's Caregiver Misconduct Registry. Caregivers with findings may not work in

certain facilities unless approved through the Rehabilitation Review process.

Professional Action Plan

Name: ____ Date: _______________

As a result of today's training, please identify some specific actions you will take in the next three days when you are back on the job.

How will you better document, report and review care plans? (E.g., identify preferences of residents, etc.)

What you will do	When you will do it	Who will support you

How will you better recognize warning signs of abuse, neglect or misappropriation? (E.g., identify patterns of behavior)

What you will do	When you will do it	Who will support you

How will you work better to protect people in your care? (E.g., regularly review each resident's care plan)

What you will do	When you will do it	Who will support you

When you return to work, what will you share with others?

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Participant Evaluation
Caregiver Abuse and Neglect Prevention Training

Which scenario(s) did you participate in?

1) ______________________________ 2) ______________________________

Did you learn more about: 1 = learned nothing 5 = learned very much

How to protect residents and patients and prevent abuse and neglect? 1 2 3 4 5

How to recognize the signs and red flags of abuse and neglect? 1 2 3 4 5

How, when and why an incident should be reported? 1 2 3 4 5

How to respond better in serious situations? 1 2 3 4 5

Your feedback and comments: 1 = not at all 5 = very much

Will you use the materials we gave you? 1 2 3 4 5

Did you like this style of training? 1 2 3 4 5

Would you recommend this training to co-workers? 1 2 3 4 5

What did you like most about this training? ______________________________________

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What did you like least? ____

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Use the back for more comments *Thanks for your input!*