Training Nursing Aides to Communicate Choices to Nursing Home Residents: An Innovative Model

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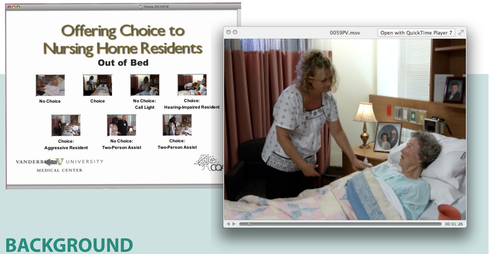
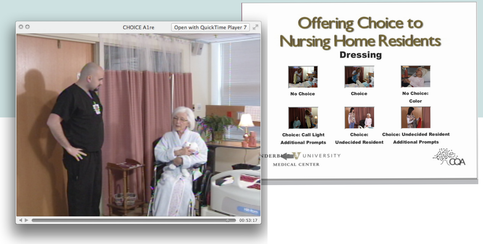


BACKGROUND

- Resident choice is a fundamental value of resident centered-care
- Nursing aides (NAs) are expected to provide choices to residents across range of care preferences
- Observations indicate choices are not provided
- **Purpose**
  - Pilot test innovative training model to teach NH staff how to offer choice to residents during morning care
  - Part of larger behavioral intervention study

SUBJECTS/SETTING

- **Subjects:** 74 Nursing Assistants
- **Setting:**
  - Two for-profit NHs with 300 residents
  - Staffing ratios similar: 8.3 day shift, 11.5 evening shift 16.2 night shift
  - NA staff turnover 20% and 24% during training



METHODS

STAFF TRAINING AND MANAGEMENT MODEL

- *Training component*
  - Twelve consecutive weekly sessions with NAs held during NAs shift
  - Brief 10-minute session each week
    - Feedback from observation
    - Discussion, Q&A
    - Video vignettes www.vanderbiltcqa.org/choice
    - Targeted 4 aspects of morning care:
      - when to get out of bed,
      - when to toilet or receive incontinence care,
      - what to wear,
      - where to dine
- *Management component*
  - Supervisor trained with research NP to conduct independent observations
  - Observations used for feedback at sessions
  - Excel database provided; generate bar graph
- *Outcome Evaluation*
  - Based on standardized observations protocol 1 interaction per week during care www.vanderbiltcqa.org/choice/forms continuous hours; 6-10 am or 7-11am
  - 12weeks baseline and intervention
  - Noted staff offered or did not offer choice in 4 care areas
- *Survey Evaluation*

  After completion of 12 week training
  - How would you rate the value of the training? 1 (not valuable at all) to 5 (extremely valuable)
  - How would you rate the model of shorter sessions? 1 (fewer longer sessions better) to 5 (much more useful)
  - How would you change or improve the training program? (open ended)

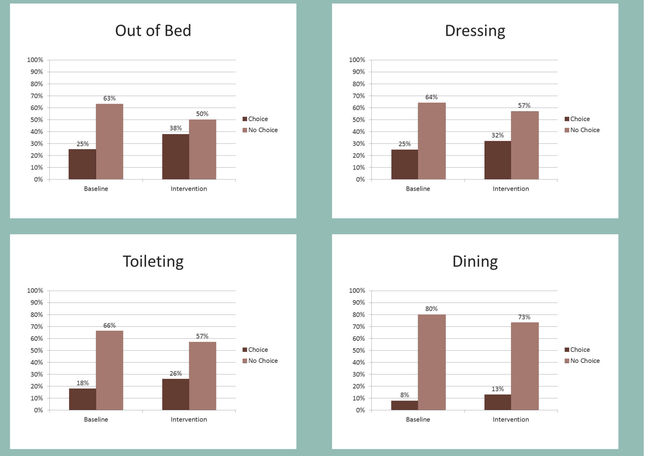
Table 1. Weekly Training Sessions and Description of Content Covered in Sessions

Session	Discussion Content
1: Out of bed	• Overview of study's purpose • Present graph of baseline observations reflecting perce ntages of choice offered • Reasons why choice is sometimes difficult to offer
2: Out of bed	• Saying "okay?" after a command-like expression is not an ideal way to offer choice *"It's time to get up now" vs. "Are you ready to get up now?"* • Maintaining resident dignity and autonomy
3: Out of bed	• Reasons why some residents may not respond to initial choices offered and need additional prompts – Hearing impairment; dementia; aphasia
4: Toileting	• Present specific statements heard during observations – Ask *"Was choice offered?"* – If not, how could this be reworded to offer the resident a choice? • Types of toileting choices that can be offered other than the bathroom – Bedpan; urinal; bedside commode if appropriate
5: Toileting	• Special considerations – Residents with dementia or behavioral issues • Setting limits to choices • Urinary and fecal incontinence care
6: Toileting	• Responding to a resident's refusal – No urge or insistent on being dry when indeed wet • Toileting schedules
7: Dressing	• Types of dressing choices that can be offered – Clothing colors; additional sweater; long sleeve or short sleeve; accessories
8: Dressing	• Special consideration – Residents with dementia, depression, complacency • Setting limits to choices
9: Dressing	• Role play scenarios with both choice and no choice examples
10: Dining location	• Limit choices to residents with dysphagia or restorative dining
11: Dining location	• Acceptable variations of dining locations that can be offered – Sitting in bed; side of bed, in chair (in room), dining room • Importance of upright position while eating
12: Dining location	• Family involvement in choices

RESULTS

- Sessions Attendance for each session; n=74; 79% (50%-100%)
  - Reason for less "short-staffed" could leave floor
  - DON attended half of sessions at one NH
  - At least one supervisory nurse attended each session
- Evaluation survey n=53 (71%)
  - 91% training "valuable or extremely valuable"
  - 76.9% prefer multiple brief sessions as compared to fewer longer sessions "more useful or much more useful"
  - Narrative (49 wrote comments)
  - Reiterated training was valuable
  - Recommended video vignettes portraying staff-resident scenarios such as resistiveness to care

Outcomes



CONCLUSIONS

- Brief weekly training sessions were feasible to implement
  - Compensates for staff turnover, absenteeism, minimal time due to competing work demands
  - Training was valued by staff
- **Combined training and management** activities with on-going observation and feedback is key to implementation.
- Supervisory Nurses reluctant to provide feedback at times
- Choice offered increased but still room for improvement

FUTURE DIRECTIONS

- Repeat with additional NH staff
- Translate to QI initiative
- Investigate supervisory nurse barriers to provide feedback

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