

# FACILITATOR INSTRUCTIONAL MODULES O R I E N T A T I O N   G U I D E



## **FIMS:**

Twelve modules, each 60 minutes long, deliver individual aspects of the Adult Abuse and Neglect Prevention training program. These modules are adult learning based and provided in an in-service format that is easy to use by educators in a wide variety of health care settings. These modules are built as stand alone trainings but are ideally taught consecutively. A facilitator manual is provided to assist educators in presenting this information to all levels of direct access staff.



BEAM provides these materials in cooperation with Michigan State University and the Michigan Office of Services to the Aging through the Michigan Department of Community Health Grant No. \* 11-P-93042/5-01 awarded by the Centers for Medicare and Medicaid Services.

# FACILITATOR INSTRUCTIONAL MODULES

## O R I E N T A T I O N   G U I D E

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## INTRODUCTION TO FACILITATOR INSTRUCTIONAL MODULES

### WHAT IS A FACILITATOR INSTRUCTIONAL MODULE?

A Facilitator Instructional Module, or FIM, is a guide for those individuals interested in educating long term care staff. The FIM provides an educator with a step by step format to teach various aspects of adult abuse and neglect prevention. Each FIM contains detailed instructions for the educator on how to teach the content, supplies, and time needed, as well as a power point presentation and all necessary handout materials.

FIMS were developed by BEAM in cooperation with Michigan State University and the Michigan Office of Services to the Aging through the Michigan Department of Community Health Grant No. \* 11-P-93042/5-01 awarded by the Centers for Medicare and Medicaid Services. The curricula committee translated the information presented in the eight-hour Adult Abuse and Neglect Prevention training program into these 12 instructional modules.

The goal of the FIMS is to provide an abuse and neglect prevention resource to healthcare organizations caring for vulnerable adults. FIMS are not self-instructional modules (SIM). A traditional SIM offers web-based instruction to educate an individual adults on a given topic. The FIMS are intended as an educator resource for an interactive session with a group of learners.

### HOW SHOULD A FIM BE USED?

The first step for an educator using the FIMS is to review the materials thoroughly before attempting to teach to others.

Secondly, an educator should be comfortable teaching in an interactive style. These modules are not intended to be lecture only or for the power point slides to simply be read to a passive audience.

The modules are meant to be conducted with a group of participants (generally 10 –20). An optimal group size is 16 and the timing of activities is geared toward this size group. If alternate numbers of participants are included in the module, timing should be adjusted accordingly.

Each FIM is 60 minutes. The modules were developed as stand-alone trainings based on the eight-hour AANP training and the four-hour PAAN training; however, there is great benefit to teaching them sequentially. Although each module is unique, there is a great deal of standardization involving format, icons, and outline of each module.

### HOW CAN I GET THE FIMS?

Getting the FIMS is easy and takes only a few steps.

Step 1: Visit [www.mibeam.org](http://www.mibeam.org)

Step 2: Click on the “Free Training” link

Step 3: Select the one-hour modules

Step 4: Select the modules and download the presentations, handouts, and guides to your computer

There is no cost for materials. Individuals or organizations using materials must identify the source of materials using the final slide of each FIM power point presentation.

### INTRODUCTION TO FACILITATOR GUIDES

Each FIM is accompanied by a Facilitator Guide. Each Facilitator Guide includes an outline of the Module and is a compilation of each power point slide and all of the notes included in the power point presentation. There is also space for notes for the facilitator to document best practices as they become more familiar with the material and are able to respond to participants.

### HANDOUTS AND WORKSHEETS

Each FIM is accompanied by individualized handouts and worksheets. Instructors are encouraged to familiarize themselves with the handouts prior to the start of the presentation. Some handouts are informational and for use as reference materials following the presentation. Others are for use during the module and can help facilitate learning.

Worksheets are designed to work with the presentation materials and are often used in group work and brainstorming exercises.

Instructors may find it useful to have paper and pencils/pens handy to use as needed for various Module exercises.

### CONTINUING EDUCATION

Each FIM has been approved for 1.0 continuing education credits for nurses by MPRO. Contact hours for nursing continuing education are approved by the Michigan Nurses Association (MNA), an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

Credit for other disciplines may be obtainable by individual application. Participants should contact their licensure body for more information.

At this time, credit is available only to individuals participating in sessions utilizing an approved AANP Specialized Trainer. To locate a trainer, contact Cathy Macomber.

Email: [macombe2@charter.net](mailto:macombe2@charter.net) or Phone: (989) 295-1894

### COMMON TERMINOLOGY

**AANP** – Adult Abuse and Neglect Prevention – Trainings provided via a CMS (Centers for Medicare & Medicaid Services) grant to help participants understand abuse and neglect, how to respond when it is witnessed, and how to use self-management strategies to reduce and handle stress that might cause them to engage in abuse or neglect despite their good intentions.

**Active listening** – Consciously listening with full attention to another person towards ensuring a fuller understanding and building a stronger relationship. Skills including use of attentive body language, paraphrasing, and asking clarifying questions are necessary to active listening.

**ADLs** – Activities of Daily Living – Activities related to the basic tasks of everyday life such as eating, mobility, grooming, and dressing.

# INTRODUCTION TO FACILITATOR INSTRUCTIONAL MODULES

## COMMON TERMINOLOGY, CONTINUED

**APS** – Adult Protective Services – A state program that works in collaboration with other agencies within Michigan to provide protection to persons who are being abused. APS investigates abuse, neglect, exploitation, and provides protection to vulnerable adults.

**BCAL** – Bureau of Children and Adult Licensing – BCAL (formerly OCAL) is responsible for licensing and regulation of family, small, large, and congregate adult foster care homes, homes for the aged, and specialized programs for developmentally disabled and/or mentally ill individuals who reside in adult foster care homes.

**BCP** – Background Check Pilot Program – The State of Michigan was awarded a grant to identify efficient, effective, and economical procedures for conducting criminal background checks on individuals seeking employment in long-term care. The pilot is administered by the Centers for Medicare & Medicaid Services (CMS), in consultation with the Department of Justice.

**BEAM** – A nationally recognized leader in culture change consulting, training, implementation and assessment, committed to improving the quality of care for healthcare recipients and the work environment for healthcare providers in all healthcare settings.

**BHS** – Bureau of Health Systems – The Bureau of Health Systems is responsible for ensuring that individuals and organizations providing health care services function in a safe and effective environment for the protection of the citizens of Michigan.

**Care** – One person helping another to grow and enjoy quality of life.

**Client** – The person with whom caregivers are engaged, including the elderly and people with disabilities. The individual may be referred to as an elder, patient, resident, but in all cases a vulnerable adult. These people are not all elderly; please see the definition for “Vulnerable Adult”.

**CMS** – Centers for Medicare & Medicaid – A government organization that provides information and services on the Medicare and Medicaid programs. They provide assistance and information on benefits and protecting one’s self against fraud.

**Culture Change** – In healthcare, culture change is an innovative philosophy that focuses on providing “person-centered” care to healthcare recipients and creating a positive work environment for healthcare workers. Culture change is achieved through the adoption of a unique set of philosophies and procedures at all levels of an organization that enhance the care-recipient and care-giver experience and environment.

**DAS** – Direct Access Staff – Any individual, other than a volunteer, who has access to a resident/beneficiary of a long-term care setting, including employees, independent contractors or persons with clinical privileges.

**De-escalation** – How to intervene in situations where one or more persons have been “triggered” and the situation could immediately become abusive or neglectful, or has already reached that point.

**Group Warm Up** – An exercise that focuses on the entire group and also sets each individual apart. It allows us to learn from each other and start talking, setting the mood for the entire day.

## COMMON TERMINOLOGY, CONTINUED

**Learning Circle** – A structured approach to encourage the sharing of ideas among a small group. Participants sit in a circle, and a facilitator poses a question to the group. A volunteer shares his or her thoughts without interruption or discussion by others. Sharing moves around the circle until each person has had an opportunity to speak to the topic.

**LTC** – Long-Term Care – Long term care (LTC) is the medical, social, personal care, and supportive services needed by people who have lost capacity for self-care due to a chronic illness or condition. It is distinguished from acute health care by the indefinite period of time care is required and because LTC conditions are resistant to recovery of function. Long term care includes health care and supportive services for tasks of every day living (ADLs) such as housekeeping, eating, grooming, and transportation.

**LTC Setting**– Long-Term Care Setting – A nursing home or a less restrictive environment, such as assisted living facilities and single family residences, where a beneficiary of long term care lives. Adult day services and caregiver respite program centers offering professional care and temporary relief of responsibility for care-giving for family caregivers are also considered LTC settings.

**Mandatory Reporter** – All Direct Access Staff (DAS) are mandatory reporters under the law. They must report incidents, observations, and behaviors that are not normal. They must report the verbal concerns of clients.

**MDCH** – Michigan Department of Community Health – MDCH is the state agency responsible for the health policy and management of the state’s publicly-funded health service systems.

**MDHS** – Michigan Department of Human Services – MDHS directs the operations of public assistance and service programs, through county family independent agencies, in every county in the state.

**OSA** – Office of Services to the Aging – OSA promotes independence and enhances the dignity of Michigan's older persons and their families through advocacy, leadership, and innovation with efficient and effective policies, programs and services.

**PCC** – Person-centered Care – PCC gives clients control over their life decisions. The goal of PCC is to empower clients and engage them as active participants in their plan of care, giving them a voice and options to decide for themselves.

**Stressors** – Actions, attitudes, surroundings, and/or a chain of events that cause a person to feel overwhelmed or unable to accomplish tasks at hand.

**Treatment** – Services provided to meet the medical needs of a client.

**Triggers** – Actions, surroundings, personalities, circumstances, or feelings that cause a person to feel stress and which could lead individuals to “act out” towards others.

**Vulnerable Adult** – Any person over the age of 18 who relies on another person or persons to provide him or her with the care needed to live.

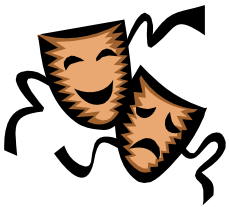
## INTRODUCTION TO ICONS AND CLIP ART USED



Group warm-up



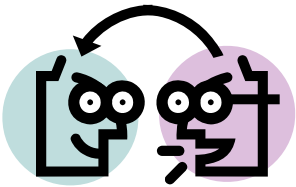
Handout



Role play



Timed activity



Partner activity



Team activity



Wrap up discussion



Facilitator Instructional  
Module



So what? Application  
discussion



Large group brainstorm

**TEMPLATE OF STEP-BY-STEP INSTRUCTIONS**

Each FIM contains note pages formatted in similar ways using a template. Below you will find an outline of the template used as well as descriptions of what each step of the template is used for.

**POWER POINT SLIDE:**

1. The notes page on the first slide includes:

- Introduction
  - An overview of the FIM
  - An outline of the FIM

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- Time
  - Amount of time to be taken with the following slides
- Instructions
  - General information on how to present as well as wording to use when delivering the information included on the slide
- Supplies
  - Items needed to conduct the FIM

2. Notes on additional slides in the presentation could include:

- Time (see above)
- Instructions (see above)
- Notes
  - Information for the instructor to facilitate presentation of the information
- Trainer Tip
  - Information gleaned from presenting the content to Direct Access Staff audiences

3. A general outline of each FIM includes:

- Introduction
- Session Goals
- Group Warm Up Activity
- FIM Topic
- So What?
- Wrap-up

# FACILITATOR INSTRUCTIONAL MODULES:

## ADULT ABUSE AND NEGLECT PREVENTION

### MODULE OUTLINE

Module	Title	Content
1	Person-Centered Care	This module introduces the concept of person-centered care (PCC) and how abuse can be prevented by instituting the goals of PCC into everyday work and life. The goal of this training is not only to prevent abuse from occurring but also to transform institutions and organizations from being task-focused and treatment-oriented to being relationship-focused and care-oriented. Person-centered care is a philosophy that puts the client at the center of everything done as caregivers. In the past, many health care organizations have been policy-centered or treatment-centered. This module explores what person-centered care is and how it applies to the work of a direct access staff.
2	Identifying Potential Signs of Abuse and Neglect	Often staff does not see or hear abuse or neglect happening. They are more likely to see the <i>signs</i> of abuse and neglect, including client behaviors. This module focuses on the identification of abuse and neglect by exploring the physical signs, emotional responses, and verbal comments an abused person might display. To create an abuse-free environment, all staff must be keen to the potential signs of abuse and neglect.
3	Defining and Reporting	This module will tell participants what to do when facing a situation that may need to be reported as abuse, neglect, or misappropriation. Participants need to leave the session knowing that each and every one of them is <u>mandated by law</u> to report situations that <u>may</u> be abuse or neglect.
4	Understanding Stress Triggers: Life Influences and Practical Steps to Counteract Those Stressors	This module introduces the concept that caregivers (regardless of the specific role they play in a long-term care organization) are often at risk to abuse because of the significant stressors in their lives. These stressors have the potential to impact our overall well-being and ability to cope with difficult situations. The old philosophy of “leave your personal problems at the door” is often unrealistic. It is important to identify how “life influences” impact staff as individuals and then explore healthy means of equipping direct access staff (DAS) to cope with these stressors so they can provide quality care for the clients.
5	Understanding Stress Triggers: Job Challenges and Practical Steps to Counteract Those Stressors	This module introduces the concept that caregivers (regardless of the specific role they play in a long-term care organization) are often at risk to abuse because of the significant day to day stressors in their work environment. These stressors have the potential to impact our overall well-being and ability to cope with difficult situations at work. We often hear people talk about spending more hours with their co-workers than with their family. If that is the case, it is important to both acknowledge the job stressors that impact staff as well as strategies for equipping direct access staff (DAS) to cope with these stressors so they can provide quality care for the clients.

6	Understanding Stress Triggers: Challenging Client Behaviors and Practical Steps to Counteract Those Stressors	This module introduces the concept that caregivers (regardless of the specific role they play in a long-term care organization) are at risk to abuse because of the challenging behaviors of clients. It is beneficial for caregivers to discuss the client behaviors that are stress-inducing and could potentially lead to abuse or neglect if not properly acknowledged and addressed.
7	Signals We Are Getting Near A Trigger Point	This module takes us beyond what factors may trigger abuse as was discussed in modules 4, 5, and 6. Here, we focus on the signals that let us know we are nearing a “trigger point” -- the point at which abuse may occur. We all respond differently to the triggers; some of our trigger signals are internal, others are not. We need to know ourselves to prevent ourselves from abusing.
8	Active Listening	This session explores the importance of active listening as a basic life skill that benefits all of our relationships. We build quality relationships by practicing active listening skills with co-workers, family, friends, and clients. Abuse prevention happens when we promote person-centered care and quality relationships through active listening. Active listening is a skill we must develop. For many of us, it doesn't come naturally.
9	Constructive Conflict Resolution	This module offers employees skills and approaches for effective and constructive ways to resolve conflict with supervisors, co-workers, clients and families. Conflict in our lives is inevitable, and likely in the workplace. A full-time staff person spends more hours with her co-workers than with her family. Therefore, it is important to arm staff with constructive techniques for managing conflict in a healthy way. Constructively managing conflict can lead to personal growth and strengthened relationships.
10	Constructive De-escalation: Clients with Cognitive Impairments	This module offers strategies to de-escalate conflict situations when caring for clients with cognitive impairments. Participants are introduced to the basics of communication as well as an overview of changes in communication that occur with cognitive impairments. Finally, specific techniques are identified for use with
11	When Abuse Happens	Module 11 serves as a wrap up to modules 1-10, incorporating many of the concepts previously discussed. This module focuses on how to respond when abuse occurs. The reality is that the abuse and neglect of vulnerable adults still happens. Direct Access Staff (DAS) need to know how to appropriately respond in an abusive situation. This module also involves a discussion of the barriers to reporting, exploring the reasons DAS do not report abuse. The barriers are real and each organization must address the issues raised as barriers. Additionally, participants are taught the acronyms I CARE and WE CARE.
12	Learning Circles	This module introduces a group communication technique called a learning circle. The Learning Circle truly reflects the process by which individuals learn. We observe through our senses, we interpret what we observe, we have feelings, and we think through our intentions before taking action. This happens with all of us everyday, all the time, from the day we are born until the day we die. The Learning Circle allows us to share and explore any and all of these elements -- observations, interpretations, and feelings intentions. As a result of the process of the circle, we individually can broaden our learning -- by considering other's facts (observations); modifying our interpretations, feeling new feelings (via empathy), and shaping new intentions. A learning circle also offers a safe place for individuals to share and be heard. It creates an opportunity for quiet, reserved speakers to share alongside their more vocal counterparts.