

**BEST PRACTICES  
TRAINING PROGRAMS FOR  
LONG TERM CARE OMBUDSMEN**

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# BEST PRACTICES: TRAINING FOR LONG TERM CARE OMBUDSMEN

## Background

Long Term Care Ombudsmen (LTCO) have a broad mandate that encompasses: resolving problems on behalf of individual residents; assisting residents in protecting their safety, health, and rights; providing information to residents, families, and long term care providers; and representing the needs of residents before governmental and other agencies. To be effective as a LTCO an individual must have a relevant knowledge and skills base. Thus, state Long Term Care Ombudsman Programs (LTCOP) have developed training for new ombudsmen as well as on-going training for current ombudsmen.

Over the years, LTCOP have received assistance in developing their training programs from various sources such as the National Citizens Coalition for Nursing Home Reform, the Bi-Regional Advocacy Centers, the National Long Term Care Ombudsman Resource Center, and other state ombudsman programs. Training curriculum and methodology are continually being re-evaluated and revised to better address a state's needs and reflect current information. Because all LTCOP have the same federal mandate and financial resources have always been limited, there has been much sharing of training content and methodology among the states. Therefore most states include similar core content in their training programs. On the federal level, there are no national standardized training requirements and or required training materials. Consistency in training among the states exists due to collaboration and Older Americans Act mandates, not due to a set of national requirements.

## Purpose

This paper is a resource to states in re-assessing or revising their training programs for new ombudsmen. It identifies: key components in LTCOP training programs, various approaches used among the states, and salient questions ombudsman programs need to consider in designing or reassessing their training. This paper is not a quantitative analysis of the structure of ombudsman training among the states.

This paper is complementary to two previous reports on ombudsman training published by the National Long Term Care Ombudsman Resource Center. The initial report, *Training Activities of the State Long-Term Care Ombudsman Offices*,<sup>1</sup> analyzed the training offered in 47 states and included information such as: number of hours, films and videos used, and content areas. The most recent report focused on training and

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<sup>1</sup> *Training Activities of the State Long-Term Care Ombudsman Offices*. National Association of State Units on Aging. 1225 I St., NW, Ste 725, Washington, DC 20005, September 1988.

certification for volunteer ombudsmen: *Volunteers in Long Term Care Ombudsman Programs: Training, Certification, and Insurance Coverage*.<sup>2</sup>

Consistent training for ombudsman personnel, both paid and volunteer, not only equips individuals to effectively serve residents but it also builds credibility for the statewide LTCOP. Everyone knows that an individual with the designation of LTCO has completed basic training and has certain responsibilities to residents, providers, and to the state LTCOP. The federal Older Americans Act sets the stage for this through its requirements regarding ombudsman training.

## **Federal Perspective**

### ***National Products***

There are some national products that provide all states with consistent, initial orientation to the LTCOP.

- *What's It All About? Ombudsman Program Primer for State Aging Directors and Executive Staff* is designed to give all state aging directors an understanding of the LTCOP.
- *Basic Information for New Ombudsmen: Program Orientation, Reference Materials and Tools for Training New Staff* is a manual that is sent to every new SLTCO. This is followed with opportunities to participate in semi-annual orientation sessions for new SLTCO and to utilize individual orientation via the Ombudsman Resource Center.
- The *Comprehensive Curriculum: A Training Resource for State Long Term Care Ombudsman Programs*<sup>3</sup> contains excerpts from many of the states' training curricula and resource manuals. It is also an acknowledgment that all states share some of the same core content in their training for individuals who are new LTCO.

## ***Older Americans Act Requirements***

The Older Americans Act contains basic requirements regarding training for Long Term Care Ombudsmen (LTCO)<sup>4</sup>. A summary of these requirements follows.

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<sup>2</sup> *Volunteers in Long Term Care Ombudsman Programs: Training, Certification, and Insurance Coverage*. MacInnes, G. & Hedt, A. National Long Term Care Ombudsman Resource Center, NCCNHR, 1424 16<sup>th</sup> St., NW, Ste 202, Washington, DC 20036, December 1999.

<sup>3</sup> These three products were published by the National Ombudsman Resource Center as follows: *What's It All About?* Jan. 1996; *Basic Information for New Ombudsmen*, June 1996; *Comprehensive Curriculum*, March 1992.

<sup>4</sup> 42 USCA § 3058 g

- The Administration on Aging (AoA) is to develop model standards for training LTCO—both paid and unpaid volunteer.
- The State Long Term Care Ombudsman (SLTCO) is responsible for establishing procedures for training representatives of the LTCO Program based on the AoA standards.
- The training is to be developed in consultation with representatives of citizen groups, long-term care providers, and ombudsmen.
- A minimum number of hours of initial training and an annual number of hours of in-service training for all designated representatives (LTCO) is to be specified.
- The training is to include content relating to:
  - Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
  - investigative techniques; and
  - such other matters as the State determines to be appropriate.
- The Office of State Long Term Care Ombudsman shall prohibit any representative of the LTCOP, except the SLTCO, from carrying out ombudsman program responsibilities unless the individual has:
  - completed the required training and
  - been approved by the SLTCO as qualified to carry out the activity on behalf of the program.

Although the Administration on Aging has not established model training standards, states have developed their own.

### ***Institute of Medicine Report***

The Institute of Medicine's report, *Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act, 1995*, identified key elements of the infrastructure and function that are central to an effective LTCOP. Excerpts<sup>5</sup> pertinent to training are on the following page.

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<sup>5</sup> Institute of Medicine. *Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act, 1995*. Table 5.3, pp. 164-165.

Exemplary Practices	Essential Practices	Unacceptable Practices
<p>All representatives have knowledge or understanding of LTC consumers, facilities, services, or their management, but no prohibited ties with facilities, services, or their management.</p> <p>All representatives have knowledge or understanding of the variety of regulatory functions (licensing, survey, certificate of need, rate setting, etc.) and their effects on LTC consumers but no prohibited ties with regulatory agencies.</p> <p>The program maintains a reputation as one staffed by well-prepared, knowledgeable workers familiar with the latest developments and trends and generously able to help others learn its knowledge and skills. Training is conducted in a manner developed to foster and encourage the ongoing improvement and skills of every representative of the Office.</p>	<p>Representatives have no prohibited ties to LTC facilities, services, or their management.</p> <p>Representatives have no prohibited ties to any regulatory agency (licensing, survey, Medicaid, rate setting, etc.).</p> <p>Representatives have no responsibilities for Adult Protective Services (APS), nor do they serve as a guardian for an unrelated resident of a LTC facility within his or her service area.</p> <p>Representatives have in-depth initial training prior to performing any duties, are assessed for competence prior to acting directly without direct supervision, and receive ongoing training and supervision to improve skills and to stay abreast of program and LTC developments.</p>	<p>Representatives have prohibited ties to LTC facilities, services, or their management.</p> <p>Representatives have prohibited ties to any regulatory agency (licensing, survey, Medicaid, rate setting, etc.).</p> <p>Representatives have responsibilities for APS or are guardians for an unrelated resident of a LTC facility within his or her service area.</p> <p>Representatives have little or no initial or ongoing training sufficient to provide the full range of ombudsman services in a way that meets program standards.</p>

With the OAA as a unifying basis, ombudsmen have gathered for joint discussions and training, exchanged information and printed materials, and utilized national resources. Over the years, a common core content has emerged as part of initial training for everyone who serves as an ombudsman. There is variation among LTCOP training programs regarding: the levels of training provided for LTCOP representatives; the number of required hours; the methodology; some of the content; and ongoing training required. These factors will be discussed in the following sections of this paper.

## DESIGNATION or CERTIFICATION

The OAA says the Office of LTCO may designate representatives of the Office. Individuals who have not complied with the State’s LTCOP training standards or have not been designated by the SLTCO as qualified to carry out ombudsman responsibilities

cannot do so. These provisions support a SLTCOP having an official act of designation by which an individual is deemed qualified to fulfill LTCOP responsibilities delegated by the SLTCO. Many states call this point, conferring or delegating responsibilities, *designation*. Others call it *certification*. In either case, it is an official acknowledgement of an individual's completion of a specified initial training course as well as being qualified to serve as a LTCO. A recent study, *Volunteers in Long Term Care Ombudsman Programs: Training, Certification, and Insurance Coverage*, provides an overview of the training and certification requirements for volunteer ombudsmen in the forty-five states with volunteers.<sup>6</sup> It is important for State LTCOPs to have policies and procedures which include the criteria for designation or certification as well as the parameters or structure of the prerequisite training process.

States with a formal designation step typically send a letter conferring designation to the individual as well as to the facilities in which the individual will be serving as an ombudsman. A formal designation or certification process benefits the LTCOP in a number of ways. The primary benefit is adding credibility and consistency to the statewide program. This benefit is discussed below as well as the typical elements of a designation process.

- **Credibility:** The LTCOP's credibility is strengthened by having a process that is consistent throughout the state for becoming an ombudsman. Everyone knows what is required to become a LTCO, there is a consistent training process and an official procedure for accepting the responsibilities of this position. As discussed in the section, *Components*, some states have an examination, an internship, an interview, and/or an oral exam, that are additional to fulfilling classroom or study requirements. These components which go beyond just putting in the time, or just "showing up," also support some objective assurance of an individual's capability of meeting minimum requirements. Many states also have a statement the newly designated ombudsman signs expressing his or her willingness to abide by the policies and procedures of the LTCOP.
- **SLTCO Participation:** The SLTCO has a role in the designation process. The SLTCO usually has the final authority in designation since it is his or her legal responsibilities that are being delegated. Even in states where someone else recruits, screens, and trains, individuals who are seeking to become ombudsmen, the SLTCO makes the ultimate determination. In many states the SLTCO participates in the training process in some way. In states where the SLTCO is not consistently directly involved, the SLTCO makes the designation decision based upon the recommendation of others to whom certain responsibility has been delegated, e.g. training, supervision, mentoring. The role of the SLTCO not only complies with the OAA, it also reinforces the fact that the LTCOP is a statewide program to be operated with some uniformity.
- **Standards to be Maintained:** Once an individual is designated a LTCO, there are usually standards which must be maintained. These typically encompass being free of

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<sup>6</sup> *Volunteers in Long Term Care Ombudsman Programs: Training, Certification, and Insurance Coverage*. MacInnes, G. & Hedt, A. National Long Term Care Ombudsman Resource Center, NCCNHR, 1424 16<sup>th</sup> St., NW, Ste 202, Washington, DC 20036, December 1999.



conflicts of interest with the ombudsman role, adhering to the policies and procedures of the ombudsman program, and completing a specified number of hours of in-service training on an annual or biannual basis. Designation is granted for a set amount of time, usually one or two years, with renewal contingent upon meeting the standards. This type of provision also adds to the credibility of the LTCOP by notifying everyone that the role of ombudsman is not guaranteed for a lifetime. Being an ombudsman is a conscious commitment to a certain way of representing residents, to staying current with pertinent training, and remaining linked to a statewide program.

- Process for Revoking Designation: Just as having a consistent process for designating individuals as ombudsmen adds credibility to the program, so does having a process for removing the designation of *ombudsman*. The reasons for which designation can be revoked are usually contained in a state's policies and procedures. Typically these are for: violating LTCOP policies and procedures such as confidentiality provisions, having conflicts of interest that cannot be remedied or are not divulged, or not meeting standards for visiting facilities and residents or for ongoing training. The ability to revoke designation underscores the fact that a LTCO is accountable and is to act in a way that is consistent with the parameters of the statewide program.

## Levels of Training

There are basically two ways LTCOP distinguish levels of training:

- paid ombudsmen or volunteer ombudsmen;
- scope of ombudsman responsibility.

Some states have multiple levels of responsibility, a type of “career ladder” with increasing responsibility and training attached to each higher level. Others have just a couple of distinctions, while other states just have one level—all ombudsman program representatives have the same training and responsibilities. All of these can apply to paid or volunteer ombudsmen, depending upon the state.

Offering levels of training and LTCOP responsibility has several advantages, particularly for programs which use volunteers. Some of the advantages are listed.

- Time: Beginning at a lower level allows an individual to learn about the role of an ombudsman without making as significant investment of time in training as would be required to fulfill all the ombudsman responsibilities. Because training for individuals at a beginning level is less intensive than for ombudsmen who are learning to resolve problems and intervene in other ways, it makes the amount of training less intimidating.
- Introduction: A beginning level of ombudsman work provides a chance to “try” the ombudsman role to see if the individual really wants to serve in this capacity on an ongoing basis. When individuals serving in the LTCOP move into a higher level of training and responsibility, they usually are able to assimilate the content faster

because of their grounding in ombudsman work prior training, and experience visiting in facilities as part of the ombudsman program.

- Resources: Levels of training minimize the number of individuals who attend the full LTCO training and then decide not to become ombudsmen. Offering a less extensive training and level of responsibility gives both the individual and the LTCOP an opportunity to determine if the new ombudsman is likely to be effective in a more extensive role. This conserves LTCOP resources.
- Access for Residents: Programs with an “entry” level ombudsman position potentially have more ombudsmen routinely visiting facilities. This provides more residents with easy access to the LTCOP.

Programs that distinguish levels of ombudsman personnel based on responsibility frequently have the following roles. This list is not all inclusive but is representative.

<u>Examples of Classification</u>	<u>Role or Responsibility</u>
Ombudsman Visitor; Volunteer Advocate; Ombudsman Program Participant	Routinely visit residents in one or more assigned facilities, provide information about the LTCOP and residents rights, refer individuals who want ombudsman assistance with problems to the next higher level ombudsman
Long Term Care Ombudsman	<p>%Serving in this capacity may or may not be a criterion for moving into the next level of LTCOP responsibility. States vary in their requirements.</p> <p>Resolve complaints on behalf of residents; usually has responsibility for regular visitation in 1 or more facilities; provide training for facility staff; assist, or encourage the development of, resident and family councils</p>
LTCOP Coordinator or Supervisor; LTCO, Level II	All the responsibilities of the LTCO plus additional ones such as: managing the LTCOP in an area of the state; recruiting volunteers; providing in-service training for other ombudsmen in the local program; working with the media; or handling other types of cases such as adult protective services as per state law

## **Questions to Consider**

In considering whether to have more than one ombudsman classification or level of responsibility, there are some questions that might inform your decision.

- What is the objective in establishing levels of ombudsman program personnel?
  - Increasing ombudsman program access for residents?
  - Establishing a regular LTCO presence in more facilities?
  - Offering a trial or introductory role in the LTCOP for individuals who may not be sure they want to handle complaints?
  - Offering an opportunity for the LTCOP to determine if an individual is a good fit for taking on additional responsibilities with more training?
  - Providing a way for an individual to contribute to residents while pursuing training to handle other ombudsman tasks?
  - Providing time and opportunity for an individual to apply training content and skills and become comfortable in the ombudsman role before acquiring further training? Grounding more extensive training in concrete experience in facilities?
  - Distinguishing volunteers from paid staff?
    - What is the purpose?
    - What message will this give volunteers and providers about the importance of volunteers and their capabilities?
  - What levels of LTCOP representatives are needed?
  - How many levels are necessary to fulfill the purpose?
  - What resources will be necessary to sustain more than one level of ombudsman, e.g. time, money, personnel?
  - Will the levels identified be easy to explain to providers? family members? the public?
  - How will the levels of LTCOP representatives be distinguished?
  - How can all individuals trained by and representing the LTCOP clearly be identified with the LTCOP, i.e. what will each level be called?
  - What distinguishes the less intensive ombudsman level from the role of a “friendly visitor” from a religious or civic organization?
  - What is the benefit to the LTCOP of having levels of ombudsman representatives?
  - Will more than one level benefit the LTCOP or will it just add more supervision and paperwork?
  - What service will each level be providing that is integral to fulfilling the responsibilities of the LTCOP?

- How do residents benefit by having levels of LTCO?

## Training Content and Curriculum

Almost all training programs include content on several “core” areas. These are based upon the requirements of the OAA and the foundational knowledge necessary to function as an ombudsman. Although the way the information is presented and the amount of time devoted to each topic in training varies, states include this content in some way as part of foundational knowledge for individuals who want to begin ombudsman work. These core areas are:

- Introduction to the LTCOP: national and state history, role and responsibilities of ombudsmen;
- Long-term care residents: characteristics, need for advocacy, adjustments, empowerment;
- The aging process: normal, age-related changes; typical illnesses and medical conditions of residents; medications;
- Long-term care facilities: classification of facilities; ownership; typical administrative structure and personnel;
- The regulatory system: requirements for licensure and for certification, roles of various agencies, monitoring or surveying, enforcement;
- Long-term care financing: Medicare, Medicaid, long term care insurance, and other types of long term care payment;
- Resident rights: reluctance of residents to exercise their rights, understanding the meaning of resident rights, implications for residents, families, providers, and ombudsmen; resident and family councils; legal decision-making mechanisms;
- The problem-solving process: communication, confidentiality, LTCO role in receiving and resolving complaints; investigation, resolution, ethical issues, access to records, referrals to other agencies, reporting and documentation;
- State structure of the LTCOP: who reports to whom; who to contact when assistance is needed; when and how to make referrals; record keeping; National Ombudsman Reporting System and individual responsibility.

If a LTCOP has more than one level or classification of ombudsman personnel, the core content varies depending upon the knowledge base that is essential to fulfilling each ombudsman role. Typically programs touch on all of these areas, even for a beginning ombudsman role—although each area is not covered in the same amount of detail as it is for an ombudsman role with additional responsibilities. An example is an “ombudsman visitor” who does not resolve complaints. Instead of receiving the complete training on problem-solving, the ombudsman visitor would learn communication and observation skills and when to refer the resident to another ombudsman for follow-up.

In addition to the core content, some LTCOP include other topics either in their initial training or in ongoing, in-service training. Some of these content areas are:

- Legal decision-making mechanisms such as power of attorney, advance directives, guardianship;
- Resident assessment and care planning;
- Working with resident and family councils;
- Working with providers to promote practices that are resident directed, that change the culture of the institution;
- Representing residents in involuntary transfer and discharge appeals;
- Providing in-service training for facilities;
- Abuse, neglect, exploitation;
- The ombudsman role in the survey process;
- Documentation;
- Relating to ethics committees;
- Conflict resolution;
- Cultural differences;
- Community resources for residents and facilities;
- Other substantive areas pertinent to specific conditions such as Alzheimer's or dehydration, changes in regulations or laws, or issues such as staffing.

### ***Questions to Consider***

In determining what content to include in ombudsman training, consider the following questions *for each level* or category of ombudsman personnel.

- What content is essential for:
  - Understanding the ombudsman role and specific ombudsman roles if more than one classification is used?
  - Interacting appropriately with residents, families, providers?
  - Knowing what to do with the information they receive and observe?
  - Understanding enough about the type of facility they'll be visiting to be effective in working with residents?
  - Understanding the “big picture” of regulations and care techniques to make well-grounded observations while visiting?
  - Being able to fulfill their responsibilities as an ombudsman?

- Does the content fulfill the requirements of the OAA?
- Content relating to: federal, state, and local laws, regulations, and policies, with respect to long-term care facilities in the state;
- Investigative techniques?
- Does the content cover the core areas most states include as part of initial training?
  - The LTCOP?
  - Residents?
  - The aging process?
  - Long-term care facilities?
  - The regulatory system?
  - Long-term care financing?
  - Resident rights?
  - The problem-solving process, complaint handling?
- Is the content sufficiently detailed to provide a knowledge base that imparts basic competence and confidence without being overwhelming? Does it exceed what can reasonably be absorbed and utilized by individuals new to the LTCOP?
- Are learning objectives stated?
- Does the content equip the ombudsman to effectively work with residents and providers?
- Does the content continually reinforce the ombudsman's role in working *on behalf of residents*, thus taking direction from residents and checking with residents regarding what to do and allowing residents to withdraw from further action on their behalf?
- Does the content clearly distinguish the ombudsman role from that of other entities such as friendly visitors from the community, surveyors, complaint investigators, case managers, law enforcement, guardians, and adult protective services?
- Are ethical considerations and issues adequately covered throughout the training?
  - Does the content impart a sensitivity to and awareness of the ethical dimensions of ombudsman work?
  - Is guidance given regarding how to proceed when ethical issues arise such as: when a resident's desires conflict with what the family wants? with the guardian's decisions? or working with residents with dementia whose decision-making may be compromised in some areas? or reporting abuse: the role of the ombudsman and ombudsman limitations?
  - Does the training offer clear direction regarding when to consult with other ombudsmen or other professionals?
  - Is there a clear process for shared decision-making, if needed, when an ombudsman is faced with an ethical dilemma?

- Are there specific parameters for deciding what type of issues or situations fit within the ombudsman role?
- Is there guidance regarding parameters for deciding which cases take precedence over others if an ombudsman has too many to handle simultaneously?
- Is there a plan for continually evaluating and refining the training?

## Training Components and Methods

State LTCOPs use a variety of training components and methodologies to teach the information and skills prerequisite to being an ombudsman. Most states use a combination of components and methodologies. The LTCOPs which use multiple components: pre-training orientation or experience as an “ombudsman visitor”; classroom training; job shadowing/mentoring; and internship, express satisfaction with their training process. They believe multiple components provide: an adequate grounding in ombudsman work, time to integrate the ombudsman process during the training, opportunities to “test” the ombudsman role before carrying the full weight of functioning in that capacity, and a connection with an experienced ombudsman. Programs with some form of job shadowing or mentoring report that the experienced ombudsmen are pleased with this element of the training and believe it is very worthwhile.

An additional resource on designing training programs, selecting components and methods for volunteer ombudsmen is *Developing and Managing Long Term Care Ombudsman Volunteer Programs*, by Legal Counsel for the Elderly, the American Association of Retired Persons in 1994. Chapter III focuses on training. This chapter also includes a discussion of the pros and cons of one long session versus many short sessions, a sample timeline for producing a training event, and a form for designing each segment of the training program such as each objective, time to convey, topic, techniques, and resources.

### Components

- Screening and Orientation: An individual has an interview and participates in a discussion of the ombudsman role and its requirements with a designated ombudsman staff person. Included in this is an initial determination regarding the individual’s capacity to serve as an ombudsman and any conflict of interest realities or concerns. This also includes checking references as well as criminal background checks if required.
- Pre-class individualized study: Trainees receive written materials, such as sections of a manual, to read and/or videos to watch. Sometimes one or more worksheets must be completed as the trainee covers the material. The I CARE—Project Advocate

Ombudsman Program in Illinois has their modules on their web site<sup>7</sup> accessible to everyone.

- Interviews with facility staff and residents: These interviews are usually guided by a uniform list of questions used by all ombudsman trainees. The facility is selected by the SLTCO or by the person in charge of the training such as a local ombudsman program supervisor.
- An Ombudsman Program Manual: A majority of states have a printed manual that contains information covered in the training program and serves as a resource for ombudsmen as they work. The length of the manual and the amount of supplemental information that is not covered in training varies from state to state. These manuals usually are revised as information changes due to changes in laws, regulations, best practices, or clinical standards. Some manuals are designed to easily accommodate replacement or additional pages to keep the content current. Manuals are typically written in a very readable format: everyday language as much as possible, explanations of LTCOP “jargon,” sufficient white space on the pages to avoid intimidation and assist with reading, and application examples of key content. Several manuals are permeated with a theme of *how an ombudsman is expected to use this information*. A key question in determining what to include in a manual is, *How much information is essential and will be utilized without making the manual so cumbersome that it is not used following training?*

In addition to the core content that is covered in training, some states also include one or more of the following:

- pertinent sections of the federal and state laws and regulations governing long term care facilities;
- pertinent sections of the federal and state laws and regulations or policies governing the LTCOP;
- standard forms used in the LTCOP such as: permission for an ombudsman to work on a complaint; permission for release of records; ombudsman reporting forms to record ombudsman activities; complaint referral forms; prototype letters to various agencies or facilities relative to complaints; forms for designating legal decision-makers or for designating a representative payee.
- resource lists of agencies, organizations, and individuals, ombudsmen might need to contact or to refer others to for specific issues;
- consumer guides useful for comparing long term care insurance policies or facilities;
- articles for supplemental reading on various topics.
- Classroom training sessions: Typically, trainees go to a central location for a specified number of hours of training. A few states have provisions for individuals to complete some or all of this component by watching videos of previous training sessions or by connecting to a video conference at the training site.

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<sup>7</sup> I CARE—Project Advocate web site: [www.projectadvocate.org](http://www.projectadvocate.org).



States that require some portion of the training to be conducted “in person” via direct interaction with the trainer and usually other trainees report several advantages. Some of these are: a greater opportunity to vary the methodology such as turning an exercise into a role play or extending the case facts into other areas in response to trainees’ questions; assessing how individuals are assimilating the content via observing body language, hearing questions, comments, and dialogue among trainees; availability for individualized discussion that occurs informally before training or during breaks; trainees form an affinity group with each other which buffers a sense of isolation or of being the only one who’s new to the role once training ends.

The disadvantages of this type of training are the potential time delays in having new ombudsmen trained and the time and cost factor for individuals attending training that may require travel or time away from other job responsibilities and family.

- Facility tour: Some programs include this as part of the assignment to interview key facility personnel, others have this as part of the training or as the initial step in beginning an internship in a facility. An administrative person from a facility provides a tour of the facility. Tours are included of all types of facilities relevant to the trainee’s ombudsman responsibilities.
- Internship: Several programs require an internship as part of the training process. The purpose of this, the way it is done and the number of hours vary.
  - Basic Skills: In some states the internship is a time for trainees to: see if they are comfortable visiting residents, practice communication skills, and begin to establish relationships with a few residents. Following an introduction by an ombudsman and a discussion with the facility administrator, trainees are required to visit in one facility for a specific number of hours.
  - Understanding the role of the facility: A few states require the trainee to spend time with several departments within a facility such as nursing, social services, activities, and food services. The primary purpose is to have the trainee see the facility and its responsibilities through the eyes of the employees.
  - Beginning ombudsman work: Some programs permit trainees to begin initial work on problems under close supervision of an experienced ombudsman or the SLTCO. This time may be considered an internship or a time of probation.
- Participation in a survey: A few states have ombudsman trainees accompany surveyors during a standard survey to see the facility from the regulatory perspective and to become more familiar with the role of the surveyor.
- Job shadowing or mentor: Several programs require trainees spend several hours or a few days with an experienced ombudsman. Sometimes there are guidelines for the types of activities to be included in this time. Obviously the purpose is to provide a realistic orientation to the role of an ombudsman. Another purpose is to establish relationships between new ombudsmen and experienced ones. Some programs also expect the experienced ombudsman to maintain contact with the new ombudsman for a minimum number of months afterwards.

➤ Testing:

- Test preparation aids: Adults often have a lot of anxiety about taking tests. Usually this is due to the number of years since learning new information in a class room setting and being tested on it, fear of failure, and the potential impact on their employment. Obviously the best way to prepare trainees for an exam is to emphasize the information they need to know in training and provide opportunities to practice during class. To minimize this anxiety and to reinforce training, Louisiana gives trainees a study guide to complete following each day of training. The guide tracks the content in the training manual and contains the salient information to retain.
- Format: In order to determine if trainees understand the core content and know how to approach situations as an ombudsman, a number of states use a test. Some states test following each training day, others administer one comprehensive test at the conclusion of the training. Typical tests use objective and subjective types of questions. A few states include written and oral components in the test.

Objective Questions: True/false, multiple choice, fill in the blanks, and matching, are examples of the types of test items designed to emphasize the most important content for a new ombudsman to retain. In addition to checking factual knowledge, some tests include questions to ascertain the trainee's understanding of the ombudsman approach. These questions might list potential actions in response to a situation and ask which is the most appropriate ombudsman response or ask that the actions be put in order.

Objective and Subjective: To determine if the trainee has integrated the ombudsman approach to working through problems, tests usually include some case scenarios to be resolved. Some states include this type of item as a "take home" portion of the testing process that allows trainees time to work through case examples and use written resources if necessary. The cases may be simple or complex. Trainees might get to choose three of five possible cases to work.

The amount of structure provided for the response also varies. Sometimes a worksheet is supplied that lists the various components of a response that need to be addressed: presenting problem; identification of the problem; relevant laws and regulations; who will be interviewed and what questions will be asked; information obtained through interviews, observation, documents; potential obstacles; resolution; follow-up; documentation of the case on the ombudsman reporting form.

Sometimes the case may provide additional information about the situation after the trainee works through an initial fact scenario. Then the trainee is asked what adjustments would be made in the action plan based on this new information.

When case scenarios are used in testing, there are certain key elements that are used in grading. A range of responses may be acceptable as long as the thought process is logical and includes the key elements. These elements are stressed in training and in the case examples used during training. Typical elements which guide the scoring are:

- beginning with the resident’s perspective and continually involving the resident throughout;
- encouraging individuals to act on their own behalf (empowerment);
- identifying the major laws and regulations that potentially apply, even in a very general way;
- being purposeful in interviews, observations, and documents consulted;
- identifying and seeking the outcome the resident wants;
- initially using a “let’s see how we can make this work” approach instead of a regulatory approach;
- obtaining a resolution that will be apparent if it is implemented.

Thus, the key to scoring is determining if the individual knows how to work through a situation in a way that’s consistent with the ombudsman approach and follows the problem-solving approach taught in training.

- Scoring: Since the purpose of testing is to offer an objective view of the trainee’s understanding of core content and of the ombudsman approach, most states have a range of scores. Quite a few states have three scoring classifications: pass, conditional pass, fail. The point range for each of these classifications is fairly large because the intent is to guarantee that individuals have foundational knowledge, *not* to eliminate all but a few select individuals. The meaning of these classifications is evident. If someone has a *conditional pass*, the person typically has additional work to complete related to their areas of weakness. This might be more reading and discussing the content in a specific area, more cases to work, further review and explanation of pertinent content with another ombudsman or the trainer. Another exam or some exercises may be required to convert the *conditional pass* to a *pass*.
- Evaluation: Typically internship requirements for visiting in a facility conclude with a visit accompanied by a supervisor or the state ombudsman. The purpose of this supervised visit is to assess the trainee’s skills and awareness of ombudsman process and of residents rights. A few states also ask the facility administrator to give written feedback regarding the trainee’s interaction with staff and residents, e.g. respectful of resident rights, able to listen, clear in communication. Other states ask the experienced ombudsman who served as a mentor or who participated in job shadowing to give written feedback regarding their time with the trainee. Standard forms are provided for all of these methods of evaluation and are shared with trainees at the beginning of the training to avoid surprises and decrease anxiety.
- Probation: Some states have a probationary period for new ombudsmen. The designation isn’t permanent until the successful completion of this period.

## Methods

### Teaching

A variety of methodologies are used in ombudsman training. Decisions regarding which methods to use need to be based on the primary learning objectives of the training. Chose methods that will convey and reinforce what you want ombudsmen to retain and to do. Design the training to be consistent with principles of adult education. *Guidelines to Adult Learning* in the appendix contains tips to help with the selection of content and methodologies.

Several methods states use have been mentioned in the previous section on components. There are obvious ones such as: interviews, going into facilities, spending time with experienced ombudsmen, being part of a facility survey experience, written assignments, videos, and reading materials. Programs also use role play, case studies, sensory deprivation exercises, and small group exercises. Many states have guest speakers deliver part of the training content such as individuals from the Medicaid agency, the licensure and certification agency, adult protective services, and facility administrators and staff.

Regardless of the methodologies used, it is critically important to be realistic about the amount of information individuals can absorb and retain in one training session or consecutive days of training. Cover what is essential and can be remembered. Leave additional information for on-going training sessions or consultation regarding specific cases—*teachable moments*, relating to an ombudsman’s work. There is a tendency to initially present too much information, leaving trainees feeling overwhelmed. Remember that it takes time to assimilate new information and to understand how to adapt and use information and skills in a different way. Hopefully, this initial training will not be the only training ombudsmen receive. It is a beginning point. You probably see many variables and levels of complexity in cases that trainees might not because of your years of ombudsman experience and on-going learning. If you mention too many nuances or possibilities, trainees tend to become confused, overwhelmed, and unable to identify the key factors or primary points. View this training as laying a foundation for ombudsman work: enough for individuals to be productive but not the entire universe of information and skills they will ever need as ombudsmen.

States have tried to bridge the gap between classroom content and daily application by various means. Some states take a few case studies and use them as a springboard for teaching several sections of content. The video, *Basic Complaint Handling Skills For Ombudsmen*, has been used to teach communication techniques, note taking, explaining the ombudsman role, and the various elements of the problem-solving process.<sup>8</sup> Trainees can learn the framework for problem-solving by working through each segment of this video. Opportunities for expanding the content are present when trainers ask, *what if* questions to change the elements of the case on the video. Case

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<sup>8</sup> This video and training guide was produced by the National Long Term Ombudsman Resource Center in 1991.

studies can also be linked to teaching how to use official documents such as survey reports. By having an actual survey report containing information relevant to the case study, trainees can learn the elements of the report, how to understand it, and discuss when and how to suggest that residents and families examine a survey report.

A few programs place significant emphasis on understanding the resident's experience of living in a facility. Class discussion and reading materials focus on the resident's perspective. The ombudsman role is to empower residents *and* the facility to work together. Less emphasis and instruction time is spent on the structure of facilities, regulations, reporting requirements, and documentation. As ombudsmen visit in facilities and questions arise, they are given additional information and guidance about resolving resident concerns and specific regulations. This method requires the availability of an experienced ombudsman or trainer to accompany the new ombudsman on visits and to offer guidance and resources as needed. The experienced ombudsman or trainer also needs to be skilled in determining each new ombudsman's readiness for independence and the degree of supervision needed.

## **Trainers**

State LTCOP clearly have the mandated responsibility for structuring training for ombudsmen. Several states provide the training directly via an individual who is responsible for conducting all of the training. Others contract with individuals or organizations to provide the training. In these configurations the SLTCOP is responsible for planning and conducting the training.

In other states the training is decentralized. A standard curriculum may be used but the training is conducted by the local ombudsman program. With decentralized training responsibilities, many of the state LTCOPs maintain responsibility for providing the training materials: manuals and any exams to be given. In some of these programs, the SLTCOP also participates in or assists with the training at the local level.

A third model is that of requiring training components such as orientation and pre-training work to occur at the local level with the involvement of a local ombudsman, while the remaining training requirements are met by attending class in a more centralized location. Sometimes this is split by fulfilling requirements of a lower level of LTCOP personnel at the local level, conducted by the local ombudsman. When individuals want to complete the training for a higher level of ombudsman responsibility, they attend a centralized training program.

There are numerous factors which influence a program's decision about who conducts the training. One of the primary factors is the structure of the statewide LTCOP. In LTCOPs that are *centralized*, all staff ombudsmen are employees of the SLTCOP or of a single contractor, the SLTCOP conducts the training. Centralized programs may have training for volunteer ombudsmen conducted either by an individual whose responsibility is volunteer recruitment and training or by staff ombudsmen at the local level. In *decentralized* programs, where some or all local programs are operated via

contractual arrangements, the training for staff and volunteer ombudsmen may be conducted either by the SLTCOP or by local programs. The number of local programs, state geography, human and fiscal resources influence the decision.

### **Location and Frequency**

Decisions regarding where to conduct training, how often, and how to sequence the timing if more than one day is required, are usually determined by factors such as: rate of turnover in ombudsmen, depth of ombudsman coverage in each local program, the schedule and availability of volunteers, and financial resources for training.

- Location: Some states always have the training in the same location such as the state capital. Others move the training from one geographic region to another to ease the transportation burden on local programs. In states where the training is conducted on the local level, travel distance and costs are minimized. A disadvantage with local training is that it offers minimal, if any, contact with ombudsmen from other areas.
- Frequency: Some states conduct individualized training whenever new ombudsman staff are employed. Others hold training programs at set intervals throughout the year. Although local programs have to wait until the next training to send a new employee, they also know when to target volunteer recruitment in order to be in sync with the training schedule. Some programs conduct training whenever there are enough individuals to justify convening a class.
- Timing:
  - States that utilize volunteers typically try to accommodate their schedules. If most volunteers are individuals who are employed during the day, ombudsman training is held on weekends or at night.
  - Some states have training on consecutive days, others have the sessions on a weekly or monthly basis. These decisions are based on: the ability of trainees to attend and the importance of time between training days for trainees to reflect on and apply the content before the next session.

### **Questions to Consider**

When assessing training components and methods consider the following questions.

- What are effective ways to teach the content you've identified as essential for each level of ombudsman role?
- What factual information is important to retain? Can this information be reinforced with application exercises that demonstrate how to access and use the information in ombudsman work?
- What training methods reinforce the process and approaches ombudsmen use?
- What are the indicators that an individual has mastered, or understood, the content?

- Does your training methodology emphasize the major elements you want trainees to incorporate? Example: If you want ombudsmen to always begin with the resident, do the examples, case studies, and discussion, continually emphasize this point and explain why it is essential to ombudsman work?
- Does the training include non-threatening opportunities for asking questions and receiving feedback?
- Does the training include practicing ombudsman skills?
- Does the training use a variety of methods?
- When speakers from other agencies or programs deliver part of the training content, does anyone provide information regarding how ombudsmen use or relate to this information? Example: If someone from licensing explains their role and what they expect from ombudsmen, is this followed by a discussion of the ombudsman perspective and how ombudsmen relate the information presented to residents and families?

The decision to involve representatives from other agencies or organizations in training for new ombudsmen hinges on a judgment about training time and methodology. Bringing in speakers who are not part of the LTCOP: exposes trainees to individuals who might be key resources, personalizes several “faceless” bureaucracies, and provides an unfiltered view of that agency or organization’s role. The potential disadvantage is a time trade-off—less class time to discuss the ombudsman role vis-a-vis these agencies or organizations and the ombudsman view of the role of these others.

- Is the training consistent each time it is offered? Do all trainers teach the specified curriculum? The consistency of training directly impacts the credibility of the statewide LTCOP as well as the quality of services residents and their families receive.
- Does the training utilize the components that are best suited to your program’s resources (people and funds), goals, and trainees (volunteers and/or paid staff)?
- Does the training provide opportunities for the trainer to have a sense of each trainee’s aptitude for ombudsman work? Is each trainee willing to follow the LTCOP process and policies without letting other agendas or personal values interfere or take precedence?
- Who are your trainers? What are their skills in training?
- If the trainers have never been LTCO, are they able to answer questions with an ombudsman approach, apply program policies, provide long term care examples, and integrate the ombudsman approach and ethical perspectives throughout the training? If not, how are these areas addressed?
- What do ombudsmen say about the training during and immediately afterwards?
- After six months to a year in the ombudsman role, what do ombudsmen say about the training and its ability to prepare them for their work?

- Following successful completion of the training, do ombudsmen serve residents in a way that's consistent with LTCOP policies?
- Does the LTCOP receive legitimate complaints about ombudsmen that indicate changes need to be made in the training content or methodology?

## SUMMARY

Long Term Care Ombudsman Programs have been continually revising their initial required training for new ombudsmen. Over the years, a core content has emerged that is used throughout the nation. States have been moving toward formalizing a number of hours, training topics, and training components, that are consistent requirements for everyone who wants to be an ombudsman. In spite of the positive strides in equipping individuals to serve as ombudsmen, each state needs to revisit key questions each time it re-evaluates its training. These questions include:

- What knowledge and skills are essential for an individual beginning as a long term care ombudsman? What content and skill development can wait until the new person has actual ombudsman experience and is better able to retain and use it?
- What's the most effective and achievable way of consistently introducing this knowledge and skills to individuals throughout the state?
- What type of support system, i.e. experienced ombudsmen, on-going training, consultation, is necessary to guide and reinforce new ombudsmen as they begin their work?
- Does the training and the support system equip an individual to fulfill the responsibilities of an ombudsman?

Even when states are satisfied with their training programs and process of designating ombudsmen, the Institute of Medicine's report holds challenges for programs that want to be exemplary in their caliber of service to residents. It says,

*The program maintains a reputation as one staffed by well-prepared, knowledgeable workers familiar with the latest developments and trends and generously able to help others learn its knowledge and skills. Training is conducted in a manner developed to foster and encourage the ongoing improvement and skills of every representative of the Office.*

An on-going challenge is to find ways to *generously* help others [residents, consumers, providers] learn the latest developments. This underscores the work some LTCOP are doing in affirming best practices, promoting culture change,<sup>9</sup> and in developing broad based coalitions to bring prevailing practice in line with current knowledge. Another key challenge is to meet the Institute's target regarding *every representative of the Office*.

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<sup>9</sup> *Supporting Culture Change to Promote Individualized Care in Nursing Homes*. Frank, B. National Long Term Care Ombudsman Resource Center, NCCNHR, 1424 16<sup>th</sup> St., NW, Ste 202, Washington, DC 20036, February 2000.



Unquestionably, training will continue to change in many ways. Content will be revised as current clinical knowledge and regulations change. New videos, training resources, access to the Internet, to computer networks, and methods such as video-conferencing, open horizons that are just now beginning to be tapped as resources for ombudsmen programs. Nevertheless, some elements will remain constants: the need for statewide consistency, the core content areas that are the hallmarks of ombudsman work, and the assurance that individuals called ombudsmen are equipped for that role and fulfill their responsibilities.

## RESOURCE LIST

The following resources are available from the National Long Term Care Ombudsman Resource Center at the **National Citizens' Coalition for Nursing Home Reform**, 1424 16<sup>th</sup> St., NW, Ste 202, Washington, DC 20036, 202-332-2275, e-mail: ombudcenter@nccnhr.org.

*Using Resident Assessment and Care Planning as Advocacy Tools. A Guide for Ombudsmen and Other Advocates.* Revised 1992.

*Volunteers in Long Term Care Ombudsman Programs: Training, Certification, and Insurance Coverage.* MacInnes, G. & Hedt, A. December 1999.

### Video

*Advocates for Residents' Rights: The Older Americans Act Long-Term Care Ombudsman Program.*

*Basic Complaint Handling Skills For Ombudsmen.* 1991.

### Training/Resource Manuals for Long Term Care Ombudsmen

The Center has numerous training or resource manuals, descriptions of training programs, sample tests, pre-training study guides, and related materials from various states. If you want copies of any of these or are looking for a particular type of material, contact the Center. We'll send it to you and refer you to a specific state as necessary. *As you develop or revise the training materials in your state, please send a copy to the Resource Center.*

Descriptions of resources from three states follow but these are only a sample of those available. These states were selected because their materials represent various approaches to training and they have recently revised their training materials and sent copies to the Center.

*Alaska:* This resource manual for ombudsmen was completed in January, 2000. It contains the latest statistics, federal regulatory information, and relevant clinical practice materials available at the time of publication. The manual builds on the strengths of materials from other states and includes some new sections of content as well as some graphics. It contains addresses for several Internet resources. Available on disk in Word format, each chapter contains an "alive" table of contents: by clicking on any subject, the screen shows the beginning page on that topic. The Center can also provide a hard copy if desired.

*Georgia:* This program revised its LTCO training manual in 1998. It is available in Word format. The manual contains pertinent federal and state laws and regulations as well as sections of Georgia's LTCOP policies and procedures, reporting forms, and standardized letters and forms used by ombudsmen. Following each section of content are suggested teaching methodologies and handouts.

A companion manual was developed for use by local ombudsman coordinators with volunteers. The manual, *Developing and Managing Long-Term Care Ombudsman Volunteer Programs, 1994, Adapted for Georgia's LTCOP*, contains straightforward information on all aspects of volunteer management. It also has prototype forms for use with volunteers. This manual is available in Word and in WordPerfect formats.

*Indiana:* The Indiana LTCOP Training and Certification Program and manual was developed in June, 1994. This training program has an orientation handbook that must be completed prior to attending training. There are various exercises to be completed and materials to review as part of this pre-training work. Classroom training follows and the trainee receives a self-study assignment to complete at the conclusion of the training. There are also requirements and guidelines for a two part internship: the first part is visitation in a facility for a specified number of hours, the second is working with an experienced ombudsman. Guidelines and forms are included for each section of the training and certification program. The Indiana LTCOP Manual is an older version, a precursor, to the Alaska manual.

The following resource is available from the **American Association of Retired Persons**, 601 E Street, NW, Washington, DC 20049. Contact Louie Terango, (202)434-2133, to obtain a copy.

*Developing and Managing Long Term Care Ombudsman Volunteer Programs.* Legal Counsel for the Elderly, sponsored by the American Association of Retired Persons, 1994.

The following resources are available from the National Long Term Care Ombudsman Resource Center at the **National Association of State Units on Aging**, 1225 I St., NW, Ste 725, Washington, DC 20005, 202-898-2578, e-mail: vdize@nasua.org.

*Applying Ethical Principles to Individual Advocacy.* June 1992.

*Basic Information for New Ombudsmen.* June 1996.

*Comprehensive Curriculum.* March 1992.

*Ethical Issues in Ombudsman Advocacy.* June 1991.

*Training Activities of the State Long-Term care Ombudsman Offices.* September 1988.

*What's It All About? Ombudsman Program Primer for State Aging Directors and Executive Staff.* Jan. 1996.

*Working Through Ethical Dilemmas in Ombudsman Practice.* Resource paper and training guide. 1989.

## Video

*Dispute Resolution Skills For Long Term Care Ombudsman.* Office of the California Long Term Care Ombudsman Program. Disseminated to LTCOP by the Ombudsman Resource Center.

## Video Resources from Other Sources

*Making It Home: Residents' Rights in Board and Care and Assisted Living.* Produced by the Colorado Ombudsman Program, includes a study guide. The Legal Center, 455 Sherman St., Ste 130, Denver, CO 80203, 303-722-0300.

*Nursing Home Care Plans: Getting Good Care.* AARP, Elinor Ginzler, 601 E St., NW, Washington, DC 20049, 202-434-2264, e-mail: [eginzler@aarp.org](mailto:eginzler@aarp.org).

# **APPENDIX**

## *Guidelines to Adult Learning*

# *Guidelines to Adult Learning*

*From: Train the Trainer by Susan Hosch for the  
Florida Long Term Care Ombudsman Program*

*Andragogy* is defined as the art and science of leading adult learning.

An insight into the way adults learn can help the trainer to do a better job. Research has exploded the notion that learning capacity dwindles rapidly as a person ages. It shows that adults learn in their own way and this way differs significantly from the way in which children learn.

Some of the important facts that research has uncovered about the way in which adults learn include the following:

**1. *Adults Must Want to Learn.***

Adults decide for themselves what is important and strongly resist learning anything merely because someone says they should. They learn effectively only when they have a strong inner motivation to develop a new skill or to acquire a particular type of knowledge. Their desire to learn may be awakened or stimulated by outside influences, but it can never be forced upon them.

**2. *Adults Will Learn Only What They Feel They Need to Learn.***

Adults are practical in their approach to learning. They want to know, "How is this going to help me right now?" Sometimes they can be persuaded, through wise counseling, to learn things that will help them in the clearly foreseeable future C as for example, when they expect to get immediate benefits C when the knowledge or skill they are trying to acquire will be directly useful in meeting a present responsibility.

**3. *Adults Expect Information to Be Useful Immediately.***

Adults are not satisfied with assurances that they will eventually learn something useful from a course of study. They expect results from the first training session. They have no patience with trainers who insist on a lot of preliminary background, theory and historical review. In short, material which may be meeting the trainer's needs to educate, as opposed to the trainees' needs to learn, will encounter considerable trainee resistance.

If adults are to be taught something, they must be taught simply and directly. If they decide that the training has no relevance to their personal needs, they will

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become dropouts C physically, if the training is voluntary; mentally if attendance is mandatory.

Before a trainer (or supervisor) begins teaching a trainee (or a subordinate) all the things s/he feels the trainee (or subordinate) should know, they should first find out what the trainee feels a need to learn.

### **4. *Adults Learn by Doing.***

Studies have shown that adults will forget within a year at least 50% of what they learn in a passive way. But retention of new knowledge or skills is much higher if the adult has immediate and repeated opportunities to practice or use what he has learned. It is for this reason that consideration should be given to the use of group and high participation methods of training whenever practicable.

This finding also explains why on-the-job training is often the most effective type. It also underscores the importance of timing in all types of training. If it is possible to schedule one's learning experiences so that they dovetail with actual operation responsibilities at each stage of one's career, the learner will have a chance to use what was learned before it is forgotten.

### **5. *Adult Learning Centers Around Solving Realistic Problems.***

Adults can be taught a general rule or principle, and then be shown by a series of hypothetical illustrations how it applies to specific situations. But studies show that they will learn much faster if you reverse the process. Let them begin with specific problems, drawn from actual experiences, and work out practical solutions from which principles may be deduced.

A human being can only use information when s/he can relate to what is already known. A teacher must show points of reference, or draw from the students' personal experience to illustrate the relationship between what is known and the new information. This is why the use of practical problems or examples that presently affect the learner will work better than the sole use of abstraction or theory.

### **6. *Segment Information into Manageable Portions.***

Pace the learning so that learning can occur. Learning is best when the information is communicated in small increments. Each piece must be assimilated and blended with what went before, and so is best taught in small pieces.

### **7. *Experience Affects Adult Learning.***

An adult's mental state is already pretty crowded. The learning must therefore be rational. The new knowledge must be related to, and integrated with, the accumulated results of a lifetime of learning experiences. If the new knowledge does not fit in with what the trainee already knows, s/he is powerfully disposed to reject it. In fact, past experience may actually prevent one from perceiving accurately, let alone absorbing the meaning of new data.

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### **8. *Adults Learn Best in an Informal Environment.***

Learning is a natural human process. All people could use their intelligence and would be eager to learn if it were not for the negative learning experiences that have preceded this one. Starting with this premise, the teacher will hold high expectations of the learner, but at the same time will recognize that most of us have been taught some fear or insecurities around our learning abilities.

Many adults have unpleasant memories of their school days. They will respond to adult training programs in inverse relationship to the degree they are reminded of their childhood experiences. To minimize these effects, the learning situation should be as free as possible from influences that remind the learner of other situations where learning was painful. These include tests, formality in the classroom and a disciplinary or critical attitude on the part of the teacher.

Coffee breaks, informal dress, and perhaps smoking in class, provided it doesn't infringe on or disturb others, give needed reassurance that there is nothing childish about their present engagement with the learning process. Again, establishing a collaborative environment and using group-in-action methods of training (i.e., brainstorming, role-playing, exercise, etc.) aid in achieving informality.

### **9. *Structure for Success.***

Learning experiences should be structured as one successful experience after another. One famous educator says, "No teacher should ever ask a question to which a student can possibly give a wrong answer." The difficulty of the teacher's work is increased this way, but the learner will not experience the failure.

### **10. *A Variety of Methods Should Be Used.***

People learn in different ways and at differing speeds. Consider differences in educational background, reading and speaking ability, cultural bias, and prior training.

Research has demonstrated that learning proceeds most quickly when information reaches the learner through more than one sensory channel. That is why a movie, film-strip, flip chart or other visual aid can do so much to heighten the impact of a talk or conference. The trainer who uses a scratch pad and begins drawing a diagram when they try to explain a complicated subject is displaying an intuitive grasp of this point. Other methods such as in-baskets, simulations, role-playing, small groups, etc. should also be utilized extensively.

### **11. *Repetition Improves Retention.***

An old trainer maxim says: "Tell them what you're going to say, say it, and tell them what you said." Each repetition should add a new point of reference for the same information because it is through relating to the already known that the learner assimilates



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information. Repetition of the original message also overcomes the effect of static or interference that prevented the learner from absorbing it the first time.

### **12. *Adults Want Guidance, Not Grades.***

Most adults are apprehensive about their learning capacity because they have been out of school a long time, and they have been assured repeatedly that "you can't teach an old dog new tricks." If they are confronted with tests, grades, and other devices for comparative evaluation of their progress, they may draw back from the whole experience for fear of being publicly humiliated.

At the same time, adult learners need to feel liked, accepted and approved of. They want desperately to know how they're doing, and need to know whether they are learning correctly before they can continue learning. Encouragement and praise from the teacher are crucial. This can often contradict the lack of self-confidence that a learner may carry from past experiences.

Adults tend to set exacting goals for themselves; often, they may bite off more than they can chew. They are impatient with their own errors, and easily become discouraged about their ability to learn; this means that they need as much praise as the trainer can honestly give them.