

Concurrent Session 1:

**Work-Based Learning: On the Job Training
(OJT) & Apprenticeship**

District 1199C Training & Upgrading Fund

Day 1: March 14th

Time: 10:30am- 11:30am

Facilitator: **Lyle Neumann**, TA Coach, High Impact Partners

Speaker(s): **Susan B Thomas**, Director of Industry Partnerships, District 1199C
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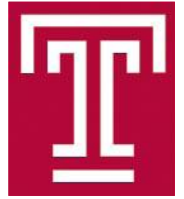
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**GREATER
PHILADELPHIA
HEALTHCARE
PARTNERSHIP**



Delaware Valley HealthCare Training and Employment Program (DVHTE)

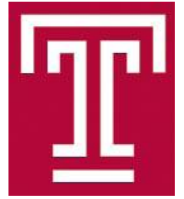
Nurse Residency at Temple University Health
System

Susan B. Thomas

<https://www.youtube.com/watch?v=hJUD1UIGWTg>



What is the DVHTE Project?



- \$4million federal grant to train nursing and health information professionals
- 177 OJT Assignments over 4 years
 - RNs – acute care at Temple – 52
 - RNs – other – 13
 - LPNs - 17
 - Medical Coders – 11
 - Medical Office - 35
 - Community Health Workers - 21
 - Data Analysts - 18
 - Community Health Worker Apprentices - 10
- Provides some tuition assistance
- Provides coaching and supportive services

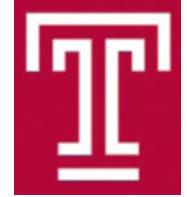


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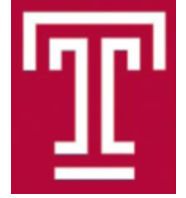
- 40 - year old Labor Management healthcare sector strategy; 18,471 trainings in 2016-17
- Governed by Board of Trustees – 50% Labor and 50% Employer Representatives
- Training in Nursing, Behavioral Health, Allied Health, Health Information, Community Health Worker and Childcare Teacher
- Serves incumbent workers and job seekers
- Facilitates Greater Philadelphia Healthcare Partnership, a healthcare IP in Philadelphia
- Temple Health is a long time partner
- Recognized nationally for the current project

Nurse Residency Program



- Willing to hire new to practice nurses annually –
 - Train in the methods and **culture** of Temple Health
 - Growing organization
 - Prepare for baby boomer retirements
- Pipeline from Northeastern School of Nursing and AA Nurses from Community College of Philadelphia
- New BS Degree Nurses including 2nd Degree entrants who are long term un or underemployed
- One Year program including OJT and classroom since 2010 with great results

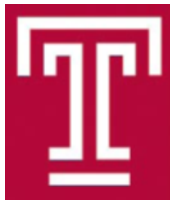
Nurse Residency Program



- Competitive starting wage and benefits; PASNAP union
- Preceptorship for 3 months
- Then Mentoring for 9 months
- Lunch and learns - biweekly
- Classroom
- Evaluation –Casey Fink and Miller



Enhanced Activity with Grant



- OJT Training Plan –
 - Job Duties to be mastered
 - Competencies to be mastered (matrix these with the job duties to assess hours spent on each per month)
- Wage Reimbursement – 50% for 6 mos. **(\$711,571)**
- Monthly reports of hours, accomplishments
- Coaching and supportive services (outside of employer)
- Tuition support of \$2000 – BSN, MSN, APNM
- Evaluation Services for Grant Participants and Others – Casey Fink and Miller

Cultural Change at TUHS

– Recruit with this in Mind



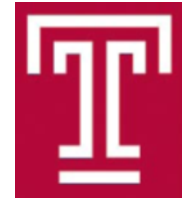
Key points:

- Standing committees within the Unit structure
- Evidence-based practice
- Quality
- Patient Falls
- Hourly rounding – need buy-in from peers

New nurses to be champions of new culture!

Recruitment

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- Temple Health HR receives tons of resumes; many new graduates want acute care and can't get it
- Direct pipeline from Northeastern School of Nursing/CCP and BS Degree Nurses
- Training Fund interviews candidates of interest to confirm they fit the grant:
 - Long Term Unemployed since 12/1/07 or underemployed
- Must be willing to do nominal paperwork
 - Benefit – **wage reimbursement**, coaching, tuition money
- Meet with candidates to enroll in grant and explain their grant benefits as well as employer's benefits.

OJT Training Plan

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- Job Duties

REQUIRED JOB SKILLS FOR OCCUPATION:
1. PERFORM PATIENT ASSESSMENT AND DEVELOP AND IMPLEMENT A PLAN OF CARE BASED ON FINDINGS.
2. DOCUMENT ASSESSMENTS, PLAN OF CARE, INTERVENTIONS AND EVALUATION IN PATIENT CHART AND COMPUTER SYSTEM.
3. ADMINISTER MEDICATIONS SAFELY, TAKING INTO CONSIDERATION THE PATIENT'S ASSESSMENT, MEDICATION INDICATIONS AND ACTIONS AS WELL AS PATIENT RESPONSE TO THE MEDICATION.
4. COMMUNICATE EFFECTIVELY TO TEAM MEMBERS THROUGH REPORT MECHANISMS, DOCUMENTATION AND MULTIDISCIPLINARY VENUES (ROUNDS, HUDDLES, MEETINGS).
5. ASSURES PATIENT SAFETY THROUGH APPLICATION OF POLICY AND PROCEDURES AND CORRECT USAGE OF PATIENT CARE EQUIPMENT.

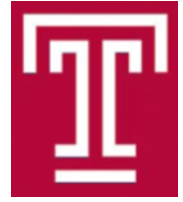
OJT Training Plan

- Competencies

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- **CRITICAL THINKING :**
 - ACTIVE LISTENING, WRITING, READING AND SPEAKING
 - COMPLEX PROBLEM SOLVING
 - LEARNING STRATEGIES FOR SELF, PATIENT, FAMILIES
 - SYSTEMS EVALUATION FOR PATIENT AND UNIT OPERATION
 - DEVELOP PLAN OF CARE
- **COMMUNICATION AND DELEGATION**
 - SOCIAL PERSPECTIVENESS
 - COORDINATION OF ACTIONS
 - MONITORING ACTIVITIES OF SELF AND OTHERS
 - NEGOTIATION

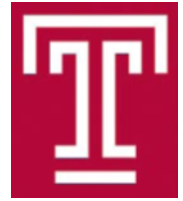
OJT Training Plan

- Competencies

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- MEDICATION SAFETY
 - SCIENCE AND MATH
 - DEDUCTIVE REASONING /CRITICAL THINKING
 - MONITORING
 - EVALUATION OF ADMINISTRATION
- TIME MANAGEMENT
 - JUDGMENT AND DECISION MAKING
 - COMPLEX PROBLEM SOLVING
 - ACTIVE LEARNING
 - MANAGEMENT OF RESOURCES

OJT Training Plan

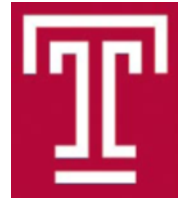
- Competencies

- UTILIZING PATIENT CARE EQUIPMENT/
PATIENT SAFETY
 - COMPREHENSION OF
POLICIES/PROCEDURES/USER MANUALS
 - SERVICE ORIENTATION
 - QUALITY MANAGEMENT
 - MANAGEMENT OF MATERIAL RESOURCES

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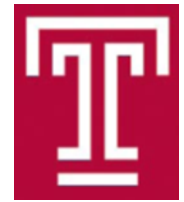
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Weekly Conference Record

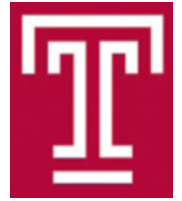


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Skill					
Ability to learn	Poor	Marginal	Good	Very Good	Excellent
Attitude	Poor	Marginal	Good	Very Good	Excellent
Conduct	Poor	Marginal	Good	Very Good	Excellent
Motivation/ Initiative	Poor	Marginal	Good	Very Good	Excellent
Quality and accuracy of work	Poor	Marginal	Good	Very Good	Excellent
Quantity of work	Poor	Marginal	Good	Very Good	Excellent
Safety practices	Poor	Marginal	Good	Very Good	Excellent
Appearance/hygiene	Poor	Marginal	Good	Very Good	Excellent
Critical Thinking	Poor	Marginal	Good	Very Good	Excellent
Communication	Poor	Marginal	Good	Very Good	Excellent
Delegation	Poor	Marginal	Good	Very Good	Excellent
Medication safety	Poor	Marginal	Good	Very Good	Excellent
Time Management	Poor	Marginal	Good	Very Good	Excellent
Utilizing patient care equipment	Poor	Marginal	Good	Very Good	Excellent
Patient safety	Poor	Marginal	Good	Very Good	Excellent
Overall Rating	Poor	Marginal	Good	Very Good	Excellent

Case Study of Current Patient Weekly



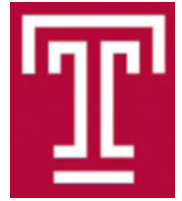
- Write a comprehensive report on a patient you are currently caring for.
- Shows skills:
 - Analysis
 - Understanding
 - Critical Thinking
 - Priority Setting

Other Training

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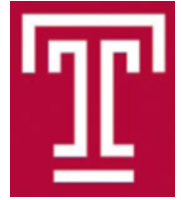
- Initial Week Hospital Orientation
- Monthly Lunch and Learns – soft skills and technical topics – updates and peer support
- Telemetry certification
- Periodic symposia – all day learning programs on focused topics such as patient safety
- Note – preceptorship to mentorship
- Research Projects – posters at graduation

Full Day Classes Bi-Monthly



- Communication and delegation
- Regulatory updates
- Patient education and relationship strategies
- Escalation policies
- Follow up and reinforcement critical thinking
- Clinical updates – key medical specialties

Who Are Our New Nurses?



- Male – 6 (12%), Female – 44 (88%)
- Age
 - 18-24 18 (36%)
 - 25-29 12 (24%)
 - 30-39 15 (30%)
 - 40-49 5 (10%)
- Ethnicity
 - Asian 6 (12%)
 - Black 3 (6%)
 - Hispanic 4 (8%)
 - White 32 (64%)
 - Native Am 1 (2%)
 - Undisclosed 4 (8%)
- Education
 - BSN 47 (94%)
 - AA/Diploma 2 (4%)
 - Undisclosed 1 (2%)

Evaluation - Miller's Model for Professionalism in Nursing

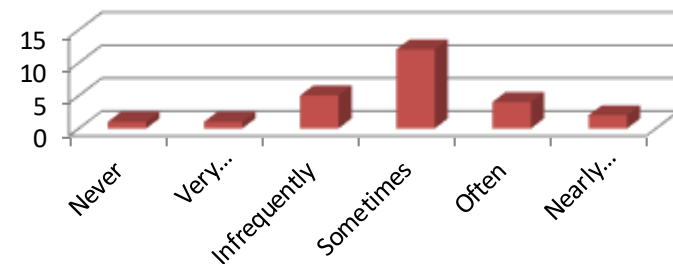


Basics

- 42 Questions – 5 point scale, self report
 - Innovation
 - Gut reaction vs data
 - Skill level in clinical practice
 - Ethical issues
 - When to notify the physician
- Result – most are in the middle on responses except high on patient connection

Sample

I will implement my innovative approaches even in clinical environments in which the physician tends to be authoritative in decision making...



Evaluation- Casey Fink (sample)

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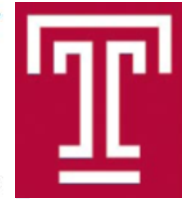
•Please answer each of the following questions by placing a mark inside the circle:

NOTE: The words student and clinic preceptor are used for those who work in school health or clinic settings.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable delegating tasks to the Nursing Assistant / Medical Assistant / support staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel at ease asking for help from other RNs in my work area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient / student care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

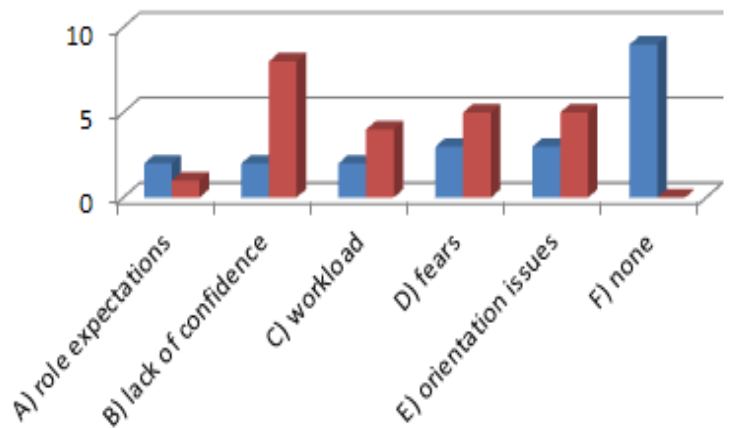
Casey Fink Transitions

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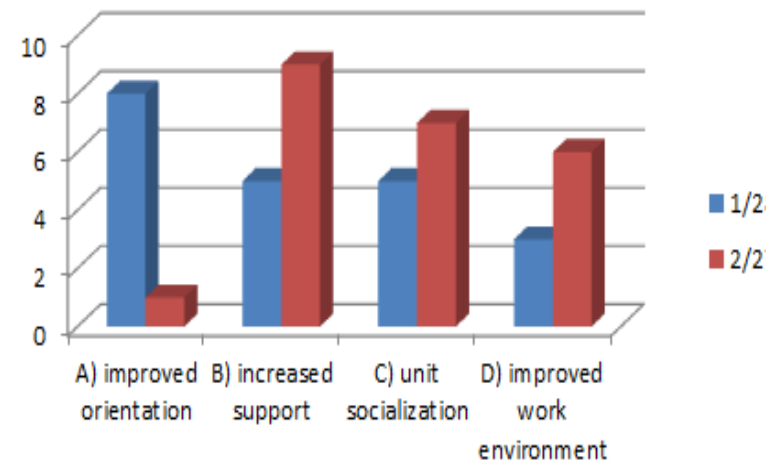


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What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?

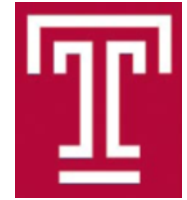


What could be done to help you feel more supported/integrated into the unit?



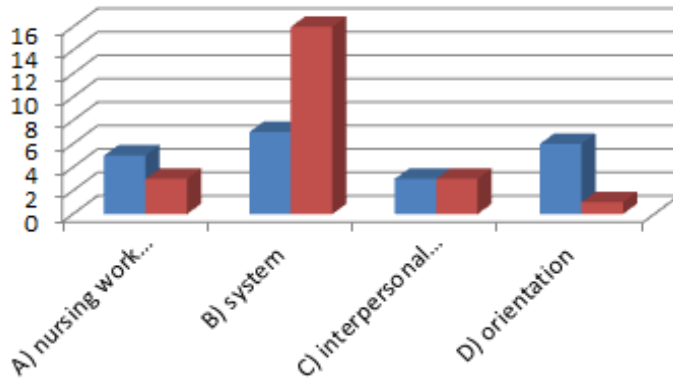
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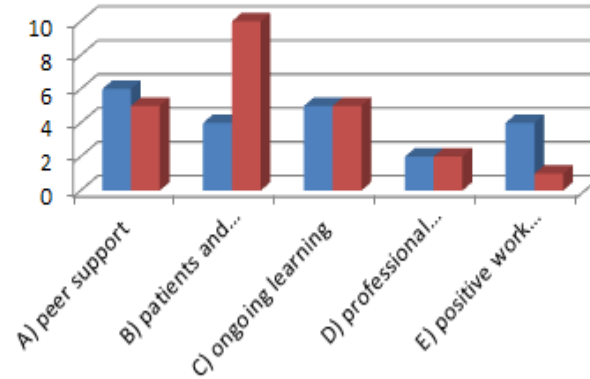


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What aspects of your work environment are least satisfying



What aspects of your work environment are most satisfying

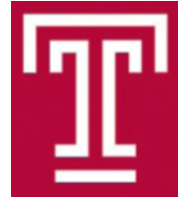


Project Evaluation

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- Questionnaires for Participants and Coaches
 - TOTAL grant completed OJTs – 119 OJTs through year 3,
 - TUHS - 50 new nurses , 11 new still in OJT, others all complete and working
 - All participants and trainers very positive
- Casey Fink and Miller for Temple Nurses –
- Ideas for the Program in Total – e.g.:
 - Review of processes – TUHS program is working well, so we have not changed it since beginning of project
 - The grant has added to the number of OJTs out there
 - Also a leg up on Apprenticeship which is in this grant and has grown tremendously at the Training Fund

Sample Participant Questions

OJT Participant Feedback

OJT Experience

On the scales below, select the answer that best describes your OJT experience.

1. During OJT, my employer's policies and procedures were clearly explained.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

2. I am satisfied with the training I received during OJT.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

3. I am satisfied with the coaching/mentoring I received during OJT.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

4. During OJT, my training/learning was the primary focus of my time at work.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

5. During OJT, I gained the real-world experience (with patients, data, etc.) that I will need to do my job successfully.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

6. During OJT, I was trained in all the tasks that I will need to perform during my employment.

STRONGLY DISAGREE DISAGREE NO OPINION or N/A AGREE STRONGLY AGREE

7. During OJT, I learned about my employer's goals, and how my job fits into them.

Where are they Now?

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- Job Placement –
 - By definition, everyone comes in to the job with a job given that the Training is OJT
- Retention –

Good selection means we have very few leave; out of 50 new nurses, only one has left.
- Career Growth – tracked for first grant ending in 2016; at least 17 out of 82 went onward and upward: 4 CCRN, 11 Preceptors, 4 grad school; opportunities for Nursing Management and specialties.

COMMUNITY HEALTH WORKER REGISTERED APPRENTICESHIP (DELAWARE VALLEY HEALTHCARE TRAINING AND EMPLOYMENT (DVHTE) PROJECT

SUSAN B. THOMAS



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- 43 - year old Labor Management healthcare sector strategy; 18,471 trainings in 2016-17
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- Training in Nursing, Behavioral Health, Allied Health and Health Information
- Serve incumbent workers and job seekers
- Facilitates Greater Philadelphia Healthcare Partnership, a healthcare IP in Philadelphia
- Philadelphia FIGHT is a workforce partner
- Recognized nationally for the current project

Philadelphia FIGHT



- A comprehensive health services organization providing state-of-the-art culturally competent primary care, consumer education, research, and advocacy for people living with HIV/AIDS and those at high risk
 - Includes family members, formerly incarcerated persons, and young people at risk
- Access to the most advanced clinical research in HIV treatment and prevention
- 3 Federally Qualified Community Health Centers.
- Direct service to 8,000 people per year
- Community outreach to approximately 10,000 and growing – new pediatric and dental practices
- **INNOVATION ORIENTED!**

Training Fund and FIGHT Partnership

- Training Fund got another round of H1B Funding
- Included a Registered Apprenticeship (RA) for Community Health Worker (CHW) at Philadelphia FIGHT
- 10 RA's over 4 years
- Grant provides funds for program supervision
- Employer incentive – wages start below market and gradually increase as hours worked and competencies grow



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So what is a Community Health Worker?

American Public Health Association definition:

- A frontline public health worker
- A trusted member of, and/or has an unusually close understanding of, the community served
- Thus can serve as a liaison/link/intermediary between health/social services and the community to facilitate:
 - access to services
 - improvement in quality and cultural competence of service
 - increasing health knowledge
 - Increasing self-sufficiency through outreach, community education, informal counseling, social support and advocacy.

What is a Registered Apprenticeship?

- An earn and learn model
- Employee spends at least 13 months on the job learning
- Gradual wage increases as competencies mastered
- May include classroom training before or during the OJT



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Why Good for Employers?

- Train employee to your specifications
- Train employee to your culture
- More structured training that might otherwise exist
- Wage savings during training period - e.g. – start at \$11 per hour and increase over time to market rate of \$15
- More loyal employees – less turnover
- Nationally recognized credential
- Possible wage reimbursement if part of a grant
- Possible supervision reimbursement if part of a grant



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Why Good for the Apprentice?

- Many potential workers lack experience and cannot otherwise get hired
- Recognized credential
- Often unemployed prefer learning on the job
- Classroom training as a foundation
- College credit for classroom training
- Encouragement and good supervision/training
- Opportunity in high growth professions



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What Does It Look Like?

- Key Components
 - List of competencies to be mastered
 - Agreement Form
 - Standards of Apprenticeship
- Present to State Apprenticeship Council for Approval – very simple if documents in order
- Receive a certificate for the particular program
- Up to employer how to document progress; we recommend OJT forms that check monthly progress



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CHW Competencies

OJT 2200 Hours:

- Orientation to Community Health Worker –
 - Intro to job and employer 90 hours
 - Technical Knowledge Overview 150 hours
 - Safety Med/Community Environment 150 hours
 - Ethical and Professional Practice 150 hours
- Networking and Advocacy 335 hours
- Health Literacy 350 hours
- Communication 350 hours
- Teaching and Supporting Others 350 hours



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Classroom Training 150 Hours – Temple U College Credit

<u>Topic</u>	<u>Classroom Hours</u>
• Role of the CHW	12
• Understanding Healthcare from a Cultural Context	6
• HIPAA and Patient Confidentiality	6
• Group Facilitation, Planning and Presentation	9
• Foundation of Communication and Interpersonal Skills	12
• Advanced Communication and Interpersonal Skills	12
• Motivational Interviewing	12
• Recognition of Health Issues (Sick and Non-Sick)	30
• Teamwork and the Healthcare Team	6
• Legal Considerations for CHWs	3
• Advocating for Patients	3
• Community Resource Asset Mapping	6
• Documentation Protocol for the CHW	15
• Professional Expectations for the CHW	<u>18</u>
TOTAL	150



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Motivational Interviewing Role Play

MI is a particular kind of conversation about behavior change

- OARS
 - Open-ended questions
 - Affirmation
 - Reflective listening
 - Summary

This tool allows for served participants to feel included in their treatment plans rather than feel led or forced to commit to something that they cannot perform or is of their own value set.*



3 Types of Service: Medical/Psycho, Social & Life Skills

- Escorts to ancillary medical appointments
- Assistance with completing necessary paperwork
- Assistance with DOT (Direct Observed Therapy)
- Assistance with insurance
- Escorts to D&A programs
- De-escalation
- Housing assistance
- SSI/Benefits
- Community & home visits



What's Working at Phila FIGHT



- 6 Community Health Worker Apprenticeships, each in a federally qualified health clinic and supervised by clinician
- All employees doing well; 2 finished and promoted and 3 just finished and ended at \$15.86 rather than \$15 per hour. One finished and left FIGHT.
- All previously unemployed, varied work experience –

One international AIDS Advocate	One was unemployed after lost a job as Assistant Teacher
One with Behavioral Health Training	One laid off as a paratransit driver
One came as a volunteer after layoff from other fields	One unemployed after having been a Recovery Coach

- Completion of 150 hour training at Temple; college credit
- All on the path to a new career with good future options!!!



Current and Future

- A 7th CHW hired in November – also LTU and a former prisoner who started volunteering at FIGHT
- 3 more to come in early 2018
- Developing a mentor guidebook for CHW
- Integral part of the care team
- ROI – significant reduction in “no shows” and increase in clients with insurance coverage (fewer write offs)

How Do You Get Started?

- Find an employer who is innovative and has funding
- Identify a position that would fill a need for the employer
- Work with the employer to develop job competencies and hours of work to accomplish
- Identify a related instruction provider (we had a great course with Temple before this started)
- Wage increments
- Submission to state/federal office – can do this without an actual apprentice but better if you have a person

Note that we did all of this **BEFORE** submitting the grant proposal



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How Do You Sustain It?

- We are leveraging several grants to allow us to continue this work – federal, state, and foundation funding
- Employer wants to continue this role given the significant cost savings (ROI)
- Working on state task force to try to get this a certification so insurers will pay for the CHWs
- Continual Refinement –
 - Switched from program manager to a line supervisor after Cohort 1
 - Mentor/supervisor training sessions
 - Complete RTI before working – we recruit out of the class which is generally long-term unemployed people.



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Contact Info

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