Inservices
for
Long Term Care

Fifth Edition, for MDS 3.0

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Inservices:
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Abuse
Activities of Daily Living
Catheter Care and UTIs
Cognitive Impairment
Constipation
Falls
Feeding
Infectious Diseases
Nutrition and Hydration
Pain Care
Range of Motion
Resident Rights
Restraints
Sensory and Communication Impairments
Sexual Harassment and Professional Communication
Skin Care
Standard Precautions
Transfers and Lifts
Urinary Incontinence
Wandering
Workplace Violence

References

CD - back of book
Enhancing the Learning Experience

Many employees view going to an inservice as a dull part of their jobs. The Inservice Coordinator needs to use a lot of different resources to provide an enjoyable learning experience.

**A pleasant physical environment is vital.**
The room should be pleasant and spacious with adequate temperature and lighting. Employees who have been on their feet all day will be grateful for comfortable chairs. There should always be enough chairs for everyone. It’s best to arrange seating so everyone can hear and see, and if there is going to be discussion, so they can all hear and see one another. Turning the PA system off in the room will avoid noisy interruptions. Provide an adequate amount of notepaper and pens if they will be needed.

**The instructor’s demeanor, attitude, and approach will very much determine how employees perceive and participate in the activity.**
Giving an upbeat or snappy title to the inservice will set the mood from the beginning. If the instructor appears to be enjoying what she’s doing, participants are more likely to feel the same. Key words for the instructor’s attitude are: Cheerfulness, Humor, Enthusiasm, Respect, Creativity.

**Methods of interacting with the participants will greatly influence how much they learn and retain.**
Inservices are often scheduled between 1:00 and 3:00 p.m. This is after lunch, so staff may be sleepy once they sit down. Look for cues from the staff such as grimacing, squirming, looking bored, or yawning. Modulate your voice and movements to increase stimulation when needed. Alternate lecturing with other activities, and stop frequently for questions. Be alert to staff looking confused. If the inservice is long, giving a break is a good idea. For a very long inservice provide beverages and/or snacks. Because the participants are adults and have professional licenses or certifications, respect for their previous knowledge is essential. Share examples and case studies, and make sure the information is pertinent to the setting. Give positive reinforcement and incentives verbally or in the form of rewards such as candy. To support retention use memory aids, and summarize at regular intervals to restate the main points and theme.

**Encouraging participation increases learning.**
Sharing of the group’s experience, knowledge, and opinions will enhance the learning experience for everyone involved. Some methods of increasing participation are:
- Asking open-ended questions
- Discussion
- Role-Playing
- Debate
- Games
**Keeping the inservice on track will use the time most efficiently.**
Keep the participants focused and from going off on tangents by leading them firmly but gently back to the matter at hand. If one participant is having unusual difficulty understanding, let her know you will talk with her after the inservice to answer her questions or assist her.
The goal is to have as many employees participate as possible, but not to allow any one person to take over and dominate. Make sure there is no interrupting, that only one person talks at a time, and intervene when needed to avoid heated debate.

**Effective aids to learning use several senses and different types of learning media.**
Depending on just one form of instruction is monotonous. A stimulating learning experience will not be just lecture or video. Alternate forms of media and activities during the inservice. Use several learning aids such as Handouts, Overheads, Videos, Pictures, Diagrams, Chalk board

**Format of an Inservice**
Have the room and all of the materials set up ahead of time, and arrive early.
When participants arrive, instruct them to sign their names on the Inservice Sign-in form. They can pick up handouts and other materials then, or you can pass them out at the beginning of the inservice.
Introduce yourself and the topic, and read the basic description, objectives, and outline.
Have the participants complete the Pre-test.
Lead the inservice using the Lesson Plan and Speaking Notes. These include cues for different handouts and learning activities.
After the inservice is finished, and all questions have been answered, have the participants complete the Post-tests and the Participant Evaluation forms.

**Evaluating an Inservice**
Evaluations help to determine if:
- Goals were met and the inservice corrected the knowledge deficit
- Changes to the inservice would meet the goal better
- A different inservice would improve the outcome
- The inservice should be given more frequently

Much valuable information can be gained from evaluating an inservice. It will help determine if the learning experience met the goals and objectives identified in the learning needs assessment. Look at the learning needs assessment, and use the same data to evaluate the learning experience.

Other data used to evaluate the inservice can come from a variety of sources, including a comparison of the inservice pre-tests and post-tests, responses and ratings from the participants’ evaluation forms, and critique by other administrative nurses.

Using the Instructor’s Inservice Evaluation form in this manual will facilitate going through the steps of the evaluation process.
Learning Needs Assessment

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<th>Date / Evaluator:</th>
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<th>Knowledge Deficit:</th>
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<th>As evidenced by:</th>
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<th>Source of Information was:</th>
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<tbody>
<tr>
<td>Employee evaluations</td>
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<tr>
<td>Incident Reports</td>
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<tr>
<td>Performance Reviews</td>
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<tr>
<td>Infection Control Reports</td>
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<tr>
<td>Quality Assurance Audits</td>
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<tr>
<td>Committee Recommendations</td>
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<tr>
<td>Resident or Family Complaints</td>
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<tr>
<td>Staff Request</td>
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<tr>
<td>Survey Results</td>
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<tr>
<td>Other</td>
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It has been ___________ months since an inservice was given on this topic.

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<th>Observations:</th>
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<th>Comments:</th>
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References

General

42 CFR Part 483, CMS-1410-F, RIN 0938-AP46, Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2010; Minimum Data Set, Version 3.0 for Skilled Nursing Facilities and Medicaid Nursing Facilities

MDS 3.0 Care Area Assessment Trigger Specifications, Version 1.002, CMS, September 2010

Minimum Data Set (MDS), Version 3.0, Resident assessment and Care screening, all Item Listing, Version 1.00.6, October 2011

Minimum Data Set (MDS) 3.0, Provider User’s Guide, CMS, November 2010

NANDA’s Nursing Diagnosis: Definitions and Classification, 2003-2004

National Healthcare Quality Report, Nursing Home and Home Healthcare, developed by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, 2003

Nurse Aide Training, Office of Inspector General, OE1-05-01-00030, November 2002


RAI Version 3.0 Manual, CMS, January 2010


Standards of Clinical Nursing Practice, American Nurses Association, 1998

State Operations Manual, (SOM), .42 CFR, 483.20, CMS, October 2010

Communication


Elimination

Changes to State Operations Manual, Pub.100-07, Provider Certification, Transmittal 4, Guidance to Surveyors, Appendix PP, Tags F309 and F314, November 2004

Infection Control


Infection Control Standards for Nursing Homes, Point of Care Devices, Survey Certification Memorandum, CMS, August 2010
Guideline for Hand Hygiene in Health Care Settings, CDC, 2002

Guideline for Hand Washing and Hospital Environmental Control, CDC, 2003

Immunization of Health Care Workers: Recommendations of the Advisory Committee on Immunization (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), 46(RR-18), CDC, 1997

Methicillin-resistant Staphylococcus aureus, Hospital Infections Program, CDC, 1999


Prevention and Control of Tuberculosis in Facilities Providing Long Term Care to the Elderly, Recommendations of the Advisory Committee for the Elimination of Tuberculosis, 39(RR-10), CDC, 1990

Prevention of Varicella, Recommendations of the Advisory Committee on Immunization Practices, CDC, 1996

Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic disease, 47(RR19), CDC, 1998

Scabies in Healthcare Facilities, CDC, 1988

**Nutrition**

Center for Medicare/Medicaid Services, Department of Health and Human Services. Nutrition and Hydration Care: Fact Pac for Nursing Home Administrators and Managers. Baltimore, Maryland, 2000

New Dining Practice Standards, Pioneer Network Food and Dining Clinical Standards Task Force, August 2011


**Pain**

Pain Care Bill of Rights, American Pain Foundation, 2003


**Safety and Injury Prevention**


Information on Health Care Occupancies, NFPA, 2003

Guidelines for Preventing Workplace Violence for Health Care and Social Service
Workers, U.S. Department of Labor, OSHA, 3148-01R, 2004

Preventing Falls among Older Adults, CDC, www.cdc.gov, September 2011


**Skin Care**

Changes to State Operations Manual, Guidance to Surveyors, Appendix PP, Tags 315 and 316, June 27, 2005