# Fall Prevention Awareness:
## Enhanced Training Curriculum for Home Health Aides

PHI Quality Care THROUGH Quality Jobs

NCOA NATIONAL COUNCIL ON AGING

With Funding from The U.S. Department of Labor Education and Training Administration

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## Acknowledgements and Permissions

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Handout 2, "Check for Safety," is from the U.S. Centers for Disease Control, http://cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf, as well as

Handout 10, "What YOU Can Do to Prevent Falls,"
http://cdc.gov/HomeandRecreationalSafety/pubs/English/brochure_Eng_desktop-a.pdf.

Handout 5, "Know Your Medications," is from Minnesota Falls Prevention,
http://www.mnfallsprevention.org/pdf/MNFP-Medications.pdf.

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# Fall Prevention Awareness

## Enhanced Training Curriculum for Home Health Aides[1]

# Introduction for Trainers

## Overview

### Training Goals and Objectives

Using the adult learner-centered training approach, the Fall Prevention Awareness training curriculum will help home health aides to reduce falls—for their clients and themselves—and minimize injury by:

- Increasing awareness of common risk factors—i.e., seeing the client through a falls prevention lens
- Enhancing observation, reporting, and communication skills to reduce those risk factors

This Fall Prevention Awareness "enhanced" training reinforces and supplements basic competencies taught in Home Health Aide (HHA) training programs. It is structured as two 4-hour workshops, but could also be taught as a full-day session.

Course materials include this Introduction for Trainers, plus detailed facilitator's guides, participants' handouts, pre/post-tests for knowledge, competency checklists, and scenarios for lab-based assessment of learning (optional).

### Why Is This Curriculum Needed?

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Unintentional falls are a threat to the lives, independence, and health of adults ages 65 and older. Every 18 seconds in the US, an older adult is treated in an emergency department for a fall, and every 35 minutes someone in this population dies as a result of their injuries.

***Why is a fall in older adults so serious?***

Statistics from the Center for Disease Control's (CDC) National Center for Injury Prevention and Control show that:

- Twenty to 30 percent of older adults who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas. These injuries can make it hard to get around and limit independent living. They also can increase the risk of early death (Alexander et al. 1992; Sterling et al. 2001).
- The risk of being seriously injured in a fall increases with age. Adults 85 and older who fall are four to five times more likely to be injured than people aged 65 to 74 (Stevens et al. 2005)
- Most fractures among older adults are caused by falls (Bell et al. 2000).
- Falls are the most common cause of traumatic brain injuries, or TBI (Jager et al. 2000). In 2000, 46 percent of deaths from falling among older adults were caused by a traumatic brain injury (Stevens et al. 2006).

Many older adults develop a fear of falling—including those who have fallen without injury and even those who have not experienced a fall. This fear alone may cause them to limit their activities, leading to reduced mobility and reduced physical fitness, which actually *increases* their future risk of falling (Vellas et al. 1997).

Much of what aides need to know in order to help prevent falls for their clients has already been addressed in the core training for HHAs—including body mechanics, changes in body systems as people age, assisting with medications, home safety, and communication skills. This enhanced training builds on previous learning, helping aides to apply what they know to preventing falls. The training also introduces new information and perspectives specific to preventing falls.

# How to Use This Curriculum

## The Content and Structure of the Curriculum

This curriculum is divided into two 4-hour sessions (including opening and closing activities, pre- and post-testing, and a break), for a total training time of 8 hours. The first session reviews the HHA's knowledge of four common risk factors for falling and introduces two new risk factors that are not usually covered in basic training—increased risk of falling after hospital

discharge and fear of falling. Traumatic brain injury, a potentially life-threatening consequence of falling, is also covered in Session 1.

The second session focuses on the application of skills to reduce risk of falling. Home Health Aides are already trained to apply guidelines for Observe, Record, and Report as a regular part of their work. In this session they apply those guidelines to case scenarios involving risk factors for falling. They also enhance their communication skills by learning to ask open-ended questions and applying this skill to fall prevention strategies. Finally, HHAs review their knowledge and skills about what to do to minimize injury when a client or the aide falls.

## Structure of the Facilitator's Guide

Some trainers may find the adult learner-centered approach to teaching challenging. (See the following section, "The Adult Learner-Centered Training Approach," for a general orientation to how the approach is applied in this curriculum.) For that reason, we have developed this detailed facilitator guide, enumerating expected learning outcomes and the steps for each learning activity.

Each session begins with summary pages describing:

- Goals of the session
- Teaching methods and time required for each activity within the session
- Supplies and handouts needed
- Advance preparations to help the learning activities run smoothly

Detailed guidelines for each activity follow the session summary. Each activity guide includes:

**Learning outcomes:** Participants should be able to demonstrate these concrete, measurable behaviors by the end of the activity. As the focus of each activity, they provide a basis for instructors to measure the effectiveness of the curriculum.

**Key content:** This section contains the basic ideas and important points to be covered during the activity. *This information is not to be read to participants* but rather should be worked into discussions as the activity unfolds. If necessary, the instructors can summarize these points at the end of the activity, but again, they should not be simply read aloud.

**Activity steps:** These steps help instructors move logically through each activity. A time estimate is provided for each activity and its components, based on the assumption that

there will be 12 to 15 participants. However, instructors should be mindful of the size of the learning group. A group larger than 15 may require more time or different groupings for the small-group work.

**Teaching tips:** Based on experiences with field-testing this curriculum, these are suggestions for optimizing particular activity steps.

## Participants' Handouts

Each facilitator's guide is accompanied by a Handouts file that includes all handouts to be used during the particular session. Instructions for use of the handouts are included in the activity steps. More information about the use of handouts is provided in this "Introduction" under the section, "General Teaching Tips."

# The Adult Learner-Centered Training Approach

This curriculum incorporates an adult learner-centered training approach, which relies heavily on interactive learning activities that engage learners in multiple ways. This approach allows trainers to meet the learning needs of trainees with a wide range of learning styles, experiences, and abilities.

Many people who are drawn to direct-care work are low-income women between the ages of 25 and 55. Many of these women have not graduated from high school; some are immigrants with limited English-language skills. On average, trainees have functional reading and math skills that range between the fourth-and eighth-grade levels.

At the core of a learner-centered educational program is problem-based learning, teaching strategies that actively engage learners in "figuring things out." Rather than mostly relying on giving information to passive learners through lectures and demonstrations, instructors facilitate learning by building on what participants already know, engaging them in self-reflection and critical thinking, and making problem situations come alive through role plays and other activities. Communication and problem-solving skills cannot be taught by merely lecturing about them; it is crucial that participants practice these skills in a variety of real and simulated situations.

To encourage participatory learning, this curriculum uses a number of teaching methods, some focused on increasing self-awareness and others on building skills through practice. The primary modes of instruction include the following:

> **Case scenarios:** Risk factors for falling and prevention skills are better learned in a reality-based context rather than as abstract concepts. Case scenarios are realistic examples used to illustrate a point or to challenge participants to devise effective solutions. This curriculum uses fictional profiles of clients to challenge participants to apply what they know to situations they may encounter in their work.
>
> **Role plays:** Role plays make case scenarios come alive as participants act out situations they are likely to encounter on the job. In this curriculum, two types of role plays are used: a demonstration role play and a practice role play. Demonstration role plays allow trainers to provide material for analysis and discussion.. During practice role plays, participants draw on prior knowledge and experience while also developing communication skills.

**Pairs/Small-group work:** Small-group work helps ensure that all participants remain actively engaged in learning. It also facilitates cooperation and team-building among participants. For small-group work, the instructor creates groups of two to five participants who sit together at a table or arrange their chairs in a small circle. Periodically changing the composition of the groups is recommended. Participants benefit from working with people with differing personalities, strengths, and weaknesses. Small groups will work most effectively if given a clear task and roles (e.g., recorder, reporter, timekeeper) and a defined time limit. Instructors can help keep participants on task by walking around the room and checking in briefly with each group.

**Interactive presentations:** Rather than using a traditional lecture format, we recommend involving participants in interactive presentations in which the instructor draws on participants' knowledge. This kind of participatory dialogue is much more engaging than a traditional lecture, wherein the lecturer provides all the information. The interactive presentation builds confidence and keeps participants interested, breaking down barriers between the teacher "expert" and the learner. One challenge is ensuring that the discussion stays focused on the topic at hand; instructors must continually guide participants back to the subject material and weave in their comments to deepen learning.

In an interactive presentation, the instructor starts by asking participants what they already know about the topic. The instructor then engages participants further by asking them to contribute their own experiences and explain what the experiences taught them about the topic under discussion. Participants are also encouraged to ask questions, and instructors provide concrete examples of how the material being taught is relevant to particular situations that participants may encounter.

## General Teaching Tips

**Planning and Preparation**

- Before teaching each session, instructors should review the activities and consider the arrangement of chairs that will work best for each. For example, activities involving role plays require a "stage" area that is easily viewed by the group. Check-ins and closings have a more intimate quality with chairs arranged in a circle. Participants can help rearrange chairs between activities.
- To keep participants engaged, interactive presentations are limited to 15 minutes or less. Facial expressions, varied voice tones, and movement by instructors will keep activities dynamic.

**Teaching Materials, Supplies, and Equipment**

This curriculum requires a flip chart pad and easel, colored markers, masking tape, pens or pencils, paper for participants, name-tags, and folders for participants. Additional supplies needed for skill demonstrations and practice labs are listed with the overview of each session.

**Flip Charts**

All flip chart pages that are used to present information should be prepared ahead of time for each session—these are listed in the "Advance Preparation" section. The suggested text is shown in the activity steps whenever a flip chart page is used. Printed words on flip chart pages should be large and clear. The suggested flip chart pages are based on a maximum of 15 lines per page, and 30 characters per line. More information than that is too hard to read and comprehend on a flip chart. Using colored markers for different concepts can also help to delineate and highlight specific points.

To keep teaching and preparation simpler and less expensive, we have chosen to use flip chart pages for teaching guides, rather than overhead projection. Instructors can choose to adapt the suggested flip chart pages to overhead projection or Powerpoint, keeping in mind the need to limit the number of words and lines in each slide.

**Handouts**

The handouts for this curriculum were specifically designed for readers with low literacy levels, or for trainees for whom English is a second language. Some handouts are meant to review concepts, while others are worksheets to be completed during activities. The general strategy is to distribute the handouts *during* an activity or *after* the activity, to reinforce the learning. Passing out materials as they are used ensures that the information taught in each activity is fresh and provides participants with a sense of accomplishment as each activity or session is completed. It also helps to ensure that the learners remain focused on the information being

conveyed in the moment, rather than reading pre-distributed handouts while the instructor is talking.

**Participants' Resource Guide**

The handouts will become important reference sheets for participants when they apply their new skills in the workplace. Thus, one desired outcome is to create a resource guide that participants can refer to after the training is completed. Every participant should be given a folder in which to keep handouts distributed for each activity.

**Dialogue Facilitation Techniques**

- Throughout the training, it is important that instructors consciously model communication skills that are the foundation for caregiving relationships in interactions with the participants. These include active listening, paraphrasing, and asking open-ended questions.
- If two instructors are co-teaching, it is often effective for one to facilitate discussion while the other writes key points on a flip chart page or overhead.
- Instructors should attempt to draw out the quieter people in the group so that everyone speaks during a discussion. More talkative participants should be encouraged to monitor their "airtime" and not be allowed to dominate discussions.
- There are several opportunities in the training for participants to share stories from personal experience. Because this is a rare pleasure for many, such conversations can take on a life of their own. The instructor should keep stories focused on the main point of the activity and watch the time so that all participants get a chance to share.
- Participants' sharing may elicit questions or issues that cannot be tackled during the activity's allotted time. In such situations, the instructor may want to track these issues in a visual way by creating a "parking lot"—an ongoing list on a flip chart page. As time and interest allow over the course of the training, these issues can be addressed.
- Participants sometimes pose questions for which instructors don't have answers. If this happens, instructors should acknowledge that the question is new to them and that they may be able to locate an answer before the next session. A willingness to research the question will demonstrate instructors' investment in participants and in the training.

## Evaluation of Learning

**Knowledge Pre/Post Tests**

A brief pre/post-test tool was designed for each session as part of the field test for this curriculum. These are attached as Appendix B. They require about 10 minutes for participants to complete, with an additional 5 minutes after the post-test to review the correct answers.

**Competency Assessment**

The Fall Prevention Competency Checklists (Handout 19) can be used as a tool to assess a home health aide's applied knowledge, skills, and attitude competency. The checklists are based on handouts that were provided to participants during this training. These checklists can be used as an assessment tool during home visits or during a "simulation assessment" as follows:

- **Competency Checklists and Home Visits**

  Using these checklists for home visits is similar to in-home assessments conducted as part of home health aide certification and/or annual competency visits. The checklists are used to determine if the aide can demonstrate an awareness of risk factors specific to the assigned client and an ability to address identified risk factors to prevent or reduce risk of falling. These checklists can be used with the aide during the RN's regular visit with a client—especially during the early visits after a case has opened. Since it is unlikely that a given client's situation will represent all risk factors covered in the competency checklists, supervisors conducting the in-home visit can also use the checklists to pose questions to the aide about other risks the clients might encounter over the period of time that she is assigned to the case.

- **Competency Checklist and Simulation Assessment**

  The Competency Checklists can also be used to assess a home health aide's retained knowledge, skills, and attitude at the training location, using a simulated "lab" environment. This optional method allows educational or supervisory staff to create a "home-like" space at the training site (with built-in risk factors) and to assess aide competencies with a simulated "client." The client's role can be played by a senior aide or other training assistant. There are two client scenarios provided with this training manual (see Appendix D).

  Each client scenario involves several visits by the HHA so that she can demonstrate her knowledge, skills, and attitudes about risk factors as the situation evolves. The evaluators observe the aide's interaction with the "client" and the home environment and ask questions about risk factors that are harder to demonstrate. Agencies who choose this optional assessment may find these competency tools useful also when conducting annual competency reviews for groups of aides.

**Workshop Evaluation by Participants**

A workshop evaluation form for each session can be found in Appendix C. This form can be used to assess participants' reaction to the training immediately upon the conclusion of each workshop.

## Course Outline

| | Activities | Time | Training Methods |
|---|---|---|---|
| **Session 1. Recog-nizing Risk Factors for Falling**<br><br>**(4 hours)** | 1.1 Welcome, Pre-test, and Introductions | 20 minutes | Individual work, pairs and large-group exercise |
| | 1.2 Workshop Overview and Orientation to Falls | 50 minutes | Interactive presentations, small-group work, and large-group discussion |
| | 1.3 Identifying and Addressing Risk Factors for Falling—Part 1 | 1 hour | Small-group work, large-group discussions, and interactive presentations |
| | 1.4 Identifying and Addressing Risk Factors for Falling—Part 2 | 1 hour and 10 minutes | Small-group work, large-group discussions, and interactive presentation |
| | 1.5 Post-test, Evaluation, and Closing | 30 minutes | Individual work and large-group exercise |

| | Activities | Time | Training Methods |
|---|---|---|---|
| **Session 2. Enhancing Skills to Address Risk Factors**<br><br>**(4 hours)** | 2.1: Welcome, Pre-test, and Agenda | 15 minutes | Individual work and presentation, |
| | 2.2: Risk Factor Review | 30 minutes | Large-group exercise |
| | 2.3: Observe, Record, and Report—Looking Through the Lens of Fall Prevention | 1 hour | Interactive presentation, small-group work, large-group reporting and discussion |
| | 2.4: Using Communication Skills To Help Reduce a Client's Risk of Falling | 1 hour | Interactive presentation with demonstration, small-group work, large-group role play |
| | 2.5: Managing Falls—Yours and Your Client's | 25 minutes | Large-group discussion, interactive presentation with demonstrations |
| | 2.6: Competency Checklists Review | 15 minutes | Interactive presentation |
| | 2.7: Closing | 20 minutes | Individual work and large-group exercise |

## References


Arizona Direct Care Worker Training Program: Principles of Caregiving Fundamentals. Section Twelve- Fire, Safety, and Emergency Procedures.

Centers for Disease Control and Prevention (CDC), Falls among older adults: An overview. National Center for Injury Prevention and Control: www.cdc.gov/ncipc/factsheets/adultfalls.htm accessed April 2, 2010.

Centers for Disease Control and Prevention (CDC). What you can do to prevent falls. http://cdc.gov/HomeandRecreationalSafety/pubs/English/brochure_Eng_desktop-a.pdf Accessed April 2, 2010.

Centers for Disease Control and Prevention (CDC). Check for safety: A home fall prevention checklist for older adults**.** (2005, accessed April 2, 2010) http://cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf

Centers for Disease Control and Prevention (CDC), Injury Prevention and Control: Traumatic brain injury**.** National Center for Injury Prevention and Control www.cdc.gov/ncipc/tbi/Signs_and_Symptoms.htm Accessed April 2, 2010.

Department of Health and Ageing (2005).The national slips and falls prevention project: Home and community care, slips and falls learning resource. Commonwealth of Australia: Publications number 3690.

Mahoney, J. Risk of Falls after Hospital Discharge. Journal of the American Geriatric Society. 1 March 1994. 42(3):269-274. http://www.mdconsult.com/das/citation/body/192989005-2/jorg=journal&source=MI&sp=31152&sid=0/N/31152/1.html?issn=

Supercourse. Fear of Falling Among Seniors: Needs Assessment and Intervention Strategies. http://www.pitt.edu/~super1/lecture/lec12801/index.htm

Tinetti, ME (2005) Modifiable impairments predict progressive disability among older persons. Journal of Aging and Health, Vol. 17, No. 2, 239-256

## Student Resources

Resources to distribute to participant learners: download from www.stopfalls.org. This is the official website of the Fall Prevention Center of Excellence:

1. Catch Yourself: Overview of strategies for decreasing falls risk
   http://www.stopfalls.org/grantees_info/files/CatchYourself.PDF

2. Preventing Outdoor Falls
   http://www.stopfalls.org/grantees_info/files/PreventingOutdoorFalls-Cicero.pdf

3. Balance and Mobility
   http://www.stopfalls.org/grantees_info/files/BalanceMobility.pdf

4. Falls and Vision Loss Part I http://www.stopfalls.org/grantees_info/files/FallsVision1.pdf

5. Falls and Vision Loss Part II
   http://www.stopfalls.org/grantees_info/files/FallsVision2.pdf

Tour the virtual home to identify and modify potential safety issues within a home.
http://homesafetycouncil.org/mysafehome/index.aspx

A community education video produced by SPU nursing students at Seattle Pacific University titled *"The Good News About Fall Prevention"* addresses a serious public health problem among older adults. http://spu.edu/depts/hsc/fallprevention/video/.

Centers for Disease Control and Prevention (CDC), Check for safety: A home fall prevention checklist for older adult. National Center for Injury Prevention and Control

http://www.cdc.gov/ncipc/pub-res/toolkit/Falls_ToolKit/DesktopPDF/English/booklet_Eng_desktop.pdf
Accessed December 23, 2008

Home Safety Council. Hands on home safety checklist.
http://www.homesafetycouncil.org/resource_center/rc_hsmchecklist_p001.pdf (note covers all ages, includes fire and poisoning prevention)