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<https://doi.org/10.15760/etd.1758>

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DESIGNING AND EVALUATING WORKSHOP "BRIDGES":
A TRAINING PROJECT TO UPGRADE SOCIAL SERVICES
IN LONG TERM CARE FACILITIES

by
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A practicum submitted in partial fulfillment of the
requirements for the degree of

MASTER
of
SOCIAL WORK

Portland State University
1974




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THE PROBLEM

Early in the fall of 1973, the Oregon Chapter of the National Association of Social Workers (NASW) decided to sponsor a statewide training project in cooperation with seven chapters in other Department of Health, Education and Welfare (DHEW) regions across the United States. These workshops were to comprise Stage I of a two-stage plan; they were to serve as demonstration projects. Their planning, implementation and evaluation were to be seriously reviewed and studied afterward in an attempt to devise a model, or models, for Stage II, when a great number of such workshops would be held across the nation. The training plan ensued as part of a contract between NASW and the Health Resource Administration of DHEW, and was entitled Project Provide.

The purpose of the contract was to train social work designees and consultants who are employed in Long Term Care Facilities (LTCF). The objective of the training was to initiate and/or improve appropriate social services to reduce the unmet social and human needs of residents and their families. The problem was two-fold: first, how to design such a training project to make the best use of very limited resources and yet be relevant to the state of social service practice in Oregon's LTCFs; and second, how to evaluate the learning that took place and teaching modes used.

BACKGROUND

Nursing homes, used synonymously with the term LTCF in this paper, are relatively new as a widespread phenomenon in the United States. Despite the Social Security Act of 1935, which provided federal matching funds for non-institutional cash assistance grants, matching funds to states for assistance to persons residing in public institutions were prohibited. Not until 1950 was the ban lifted on payment to public institutions. In 1956, the federal government amended the Social Security Act to assist the states in medical care for recipients, including nursing home care. After Medicare and Medicaid was passed in 1965, Titles 18 and 19 of the 1965 Amendment provided health insurance benefits for post-hospital extended care. Subsequent amendments have defined levels of care, provided for utilization review and generally upgraded the provision of care in LTCFs.

Project Provided is the latest of a series of training programs for LTCF personnel that have been funded by the Human Resources Administration of DHEW, growing out of national recognition of increased need and pressure for social services to impaired persons in such institutions. Research and experience in recent years have shown ways for restoring chronically impaired persons to functioning levels previously thought impossible, with the accompanying reduction of

mental disorders and death rates of such patients.

THE SETTING

The training project in Oregon was organized through an Ad Hoc Committee, which selected a coordinator/facilitator. In the initial planning, the latter was advised and guided by a Steering Committee comprised of NASW members, representative of PSU School of Social Work and agencies from the fields of gerontology, health, welfare, rehabilitation and government. The theme for the workshop was Bridges, to symbolize the need for erasing barriers and developing an inter-disciplinary approach in providing services for residents of nursing homes.

The original intent of Project Provide was, first, to improve the capabilities of social service designees for delivering social services in LTCFs, and to function more effectively as part of the inter-disciplinary treatment team therein; and, second, for Social Work Consultants to focus on sharpening their consultant skills to LTCFs and their abilities as staff trainers and supervisors of social service designees.

It was noted at the first committee meeting that there were hardly any Nursing Home Consultants working in that capacity at this time in Oregon since the requirement had been deleted at the federal level. A social service designee was defined as that person primarily responsible

for the social service with the LTCF. Such could range from being a social worker, on a full- or part-time basis, performing only those services...to a nurse or a Director of Nurses, Activities Director or the Nursing Home Administrator who assumed that function along with other duties.

A decision was made to open the workshop to any nursing home staff interested in participating, on the rationale that everyone there was involved to some degree in providing social services. It was thought particularly important to include Nursing Home Administrators in the target group, whether or not they served officially as social service designees. Such individuals must be convinced of the value of social services in order to promote them in the institution.

Concern was also expressed regarding the skills, knowledge and attitudes of other providers of social services outside the LTCF -- particularly the Public Welfare workers, called Adult Service workers in the agency's present organization, to participate in the training. Along with that group would be their supervisors; Volunteer Coordinators would provide the link between nursing home residents and the community in terms of volunteer services and programs. Also included in the target group were mental health workers because of their increasing involvement in consultative roles and program development for emotionally and/or developmentally disabled individuals for whom either full or

part-time nursing home care could be a viable alternative as the state hospitals are phased out.

Hence, as the committee defined the target group, it was expanded beyond the original two groups to include all employed persons likely to provide consultation and social services to residents of LTCFs. This created additional problems because of the diversity of the participants, but also enlarged the possibilities of more intensely upgrading the care provided.

It was also recognized that this approach increased the prospect of disagreement and tension between competitive agencies and interest groups (such as exists between the proprietary and non-proprietary homes). The importance of training in an inter-disciplinary team approach provided the basis for taking the risks.

PROGRAM COMPONENTS

Deciding which areas of knowledge, attitudes and skills that should be focused upon involved setting priorities. An attempt was made to assess what was currently being done at a majority of the homes, and what was not being done but should be. It was recognized that the 32-hours of training was only going to deal with a limited number of topics in limited depth. The following areas were chosen:

- (1) what it means to be an aging person;
- (2) the team approach in nursing home care;
- (3) social components of nursing home care;
- (4) mental retardation and developmental disablement;
- (5) community and volunteer services;
- (6) special topics, including protective services and psychotropic medicines.

The role of the consultant and the social service designee would be given particular attention within the scope of these broad areas.

EDUCATIONAL METHODS

A variety of teaching methods were chosen to be used in the workshop for the purpose of attempting to measure both the impact of training, and the most effective mode of teaching knowledge, attitudes and skills in relation to the different occupational groups being trained. Such methods were: lectures, discussion/panel groups, a dramatic presentation, simulation exercises, small groups -- both structured and unstructured, and a dance demonstration. A requirement of the original planning was that the training be as experiential as possible. Since the participants were so diverse in both education and experience, the aim was to provide a medium level of knowledge with opportunities for participants to practice the theoretical concepts in numerous ways.

An attempt was made also to obtain the best lecturers and skilled teachers available in the western part of the United States for the major areas of training.

EVALUATION DESIGN

At the beginning of the workshop, time was scheduled to explain the purpose and value of the evaluation forms, and time was allowed at the end of the day for their completion and collection.

The two models for evaluating the workshop are shown by Forms 1 through 3. On all forms, the participant was asked to check the occupational class to which he/she belonged, along with the proper data.

Forms 1 and 2, Parts II, are attempts to measure the impact on training (see Appendix). The participant was asked to mark his position on a continuum from weak to strong as he perceived his level of expertise in five different areas -- at the beginning of the workshop. The same effort was requested at the end, plus a number of other questions assessing particular aspects of the training, with room for comments regarding the subject best taught, omissions, most important thing learned and general remarks. A coding system was used for Forms 1 and 2 so that a comparison could be made with regard to change or sameness on the student's part at the end of the training. Part I of Form 2, also provides for rating the workshop in terms of the acquisition of a number of new, specific items (scale A), and then of general reactions (scale B).

Form 3 is the second model for evaluation. This form was passed out at the end of each day's session, and collected immediately. Ratings of the mode of teaching applicable to that day were requested, on a five-point scale from zero (none) to four (much) with regard to attitudes, knowledge and skills. For the second day, students were asked, in addition, to specify any particular skill acquired or improved that would change their way of working with people from then on.

TABLES AND FINDINGS

Out of 160 long evaluation forms (Forms 1) given to registered, full-time participants at the beginning of the workshop, 149 were returned. Of the 140 questionnaires given out at the end (Form 2) 130 were completed -- resulting in an 84% return. On the short evaluation form (Form 3) the number completed varied from day to day:

| | |
|--------------|--------------|
| 1st day: 151 | 3rd day: 144 |
| 2nd day: 171 | 4th day: 118 |

Those attending on a part-time basis (any less than the four days) were allowed to fill out the short form, along with the full-time participants.

On the long evaluation forms, it appeared feasible to separate those results into four different groups:

(1) staff members of nursing homes who are responsible for the social services within the facility;

(2) staff members of the nursing homes who were not responsible for social services within the facility;

(3) workers outside the nursing homes who were responsible for social services (at least 50% of their time) to clients in such facilities;

(4) workers outside nursing homes who were not directly responsible for social services in nursing homes.

The variables for Forms 1 and 2, Parts II, were mea-

sured on a continuum divided into 12 equal parts, ranging from 0 to 60, with tallies made around points midway in each category (2.5, 5.0, 7.5, 10.0, etc., up to 57.5). Returns of Form 2, Part I (A and B), and Form 3, were tallied according to the box checked. The short evaluation forms were separated according to days, and then into occupational classes, or positions.

For all of the evaluation forms, the mode was used as the measure of central tendency. Given the distribution of scores and the nature of the variation, the mode is a conservative measurement in this study. In cases where there was not a mode, a mean of the equal distributions was used instead, and so noted with an asterisk.

Table 1 summarizes the results of Forms 1 and 2, Parts II, in which the respondents are asked to place an X along the line to represent the degree of expertise he/she feels he/she has initially in each of five areas of social service in nursing homes as described. (See Forms 1 and 2, Appendix.)

These areas are:

- A. The Nursing Home
- B. Perceptions of Social Service
- C. What It Means To Be An Aging Person
- D. How to Meet the Needs of Aging Persons within
the Institution

TABLE 1

MODAL RESPONSES OF FOUR GROUPS ON SELF RATINGS OF
CAPABILITIES IN FIVE AREAS OF EXPERTISE

| <u>Areas of Expertise</u> | <u>Group¹</u> <u>I</u> | <u>Group²</u> <u>II</u> | <u>Group³</u> <u>III</u> | <u>Group⁴</u> <u>IV</u> |
|---------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| <u>Question A:</u> | | | | |
| Nursing Home | | | | |
| Before | 27.5 | 45.0* | 42.5 | 12.5 |
| After | 37.5 | 42.5 | 42.5 | 37.5 |
| Difference | 10.0 | -2.5 | 0 | 25.0 |
| <u>Question B:</u> | | | | |
| Social Services | | | | |
| Before | 32.5 | 32.5 | 52.5 | 42.5 |
| After | 37.5 | 42.5 | 42.5 | 42.5 |
| Difference | 5.0 | 10.0 | -10.5 | 0 |
| <u>Question C:</u> | | | | |
| The Aging Person | | | | |
| Before | 57.5 | 45.0* | 42.5 | 32.5 |
| After | 42.5 | 42.5 | 52.5 | 42.5 |
| Difference | -15.5 | -2.5 | 10.0 | 10.0 |
| <u>Question D:</u> | | | | |
| Meeting Needs in Institution | | | | |
| Before | 57.5 | 50.0* | 37.5* | 32.5 |
| After | 47.5 | 45.0* | 42.5 | 47.5 |
| Difference | -10.0 | -5.0 | 5.0 | 15.0 |
| <u>Question E:</u> | | | | |
| Community Resources | | | | |
| Before | 32.5 | 32.5 | 47.5 | 32.5 |
| After | 37.5 | 27.5 | 35.0* | 37.5 |
| Difference | 5.0 | -5.0 | -12.5 | 5.0 |

Notes: * Average of more than one mode
 A minus sign (-) indicates a lower modal
 estimate of expertise after workshop than
 before
 1 Nursing Home Staff giving social services
 2 Nursing Home Staff not giving social services
 3 Outside Staff giving social services
 4 Outside Staff not giving social services

E. Resources Within the Community

The questionnaires were separated into four groups, as noted earlier.

This form of evaluation is very subjective, and, in the first instance, the respondent's position may be taken without the realization that he/she may have the opportunity/request to repeat the exercise later on, or without giving much thought or suspicion to the possibility of being exposed to considerable new horizons or depths of knowledge. Such explanations may account for the decrease (minus) in points or expertise indicated by one or more groups on every question.

Question A: The Nursing Home. It is interesting to note that Group #3 initially had much stronger positions regarding expertise than did Group #1, but not as high as Group #2. The latter lost 2,5 points on the continuum in the end response, and Group #1 gained 10 points. Group #4, who were lowest to start with, came up to Group #1 in the end, gaining a total of 25 points.

Question B: Perceptions of Social Service. Group #3 placed themselves initially in the highest position of all, and lost 10 points at the end. Group #1 gained 5 points,

and Group #2 gained the most in expertise. Group #4 gave themselves a relatively strong position to start with, and gained nothing.

Question C: What It Means to Be An Aging Person. Here Group #1 gave themselves very high ratings and lost 15.5 points in the training. Group #2 were next in initial ratings, and lost 2.5 points. Workers outside the institution were lower to start with, and both such groups perceived big gains in the training.

Question D: How to Meet the Needs of Aging Persons Within the Institution. The same disparity happened with this area. The groups within the nursing homes started out higher and lost points, while those workers outside made gains from more modest positions.

Question E: Resources Within the Community. Group #3 started out highest and lost the most; Group #2 lost some while the remaining two groups tied with modest gains.

Table 2 shows modal responses with respect to learning, by four groups, inside and outside the nursing home, giving or not giving social service. In comparing the responses of the four groups to rating of learning (Part I - A, Form 2), Group #1 gained more, and in different areas, than those

TABLE 2

MODAL RESPONSES OF FOUR GROUPS TO NEW LEARNING
FROM 0 (NONE) to 4 (MUCH)

| <u>Question</u> | <u>Group¹</u> <u>I</u> | <u>Group²</u> <u>II</u> | <u>Group³</u> <u>III</u> | <u>Group⁴</u> <u>IV</u> |
|-----------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| 1 | 2 | 2 | 2.5* | 4 |
| 2 | 2 | 2 | 2 | 3 |
| 3 | 2 | 2 | 2 | 2 |
| 4 | 2 | 2 | 2 | 1.5* |
| 5 | 3 | 2 | 2 | 2 |
| 6 | 3 | 2 | 2 | 2 |
| 7 | 2 | 2 | 2 | 2 |
| 8 | 2 | 2 | 1 | 2 |
| 9 | 3 | 2 | 1 | 2 |
| 10 | 2 | 2 | 2 | 2 |
| 11 | 2 | 3 | 1.5* | 3 |
| 12 | 2 | 2 | 2 | 2 |
| 13 | 2.5* | 3 | 3 | 2 |
| 14 | 2 | 2 | 2 | 2 |

Notes: Questions:

1. New insights
2. New understandings
3. New ideas
4. New skills
5. New motivations
6. New feelings
7. New relationships
8. New resources
9. New ways of using resources
10. New approaches
11. New confidence
12. Renewed reinforcement
13. New knowledge
14. More detailed knowledge

* Average of more than one mode

- 1 Nursing Home Staff giving social services
- 2 Nursing Home Staff not giving social services
- 3 Outside Staff giving social services
- 4 Outside Staff not giving social services

staff not responsible for social services in the institution. Group #4 gained new learning to the same degree as #1. The lowest amount, among the four groups, of new learning was among Group #3: workers outside the institution providing social services. The only items which the latter group rated above 2 (the middle on the scale) were new insights and knowledge. Questions 8, 9 and 11 were scored below average. Perhaps these participants came to the training project more adequately educated and experienced than the others. Comparison of the responses of Group #1 and #4, although tying for highest total scores, varied in content noticeably. The outside staff not giving social service scored highest in new insights, understandings and confidence; Group #1 rated above average in the acquisition of new motivations, feelings and knowledge.

Table 3 of Evaluation Part I - B, Form 2, is concerned with general, overall evaluation of the training project. Again, the same four groups are used to rate, in questions 1 to 5, matters involving the workshop's design, scheduling and some basic premises affecting target groups and goals.

Group #4 rated the workshop the highest, followed by Groups #3 and #2; Group #1 gave the lowest score. All groups

TABLE 3

MODAL RESPONSES OF FOUR GROUPS TO QUESTIONS ABOUT PROGRAM
FROM 0 (NONE) TO 4 (MUCH)
AND RATINGS OF DAYS

| Question | Group ¹ I | Group ² II | Group ³ III | Group ⁴ IV |
|-----------|-------------------------|--------------------------|---------------------------|--------------------------|
| 1 | 2 | 3 | 3 | 3 |
| 2 | 3 | 3 | 3 | 3 |
| 3 | 2 | 2 | 2 | 3 |
| 4 | 2 | 2 | 2.5* | 3 |
| 5 1st day | 4 | 4 | 4 | 4 |
| 2nd day | 2.5* | 3 | 3 | 3 |
| 3rd day | 2 | 2 | 3 | 3 |
| 4th day | 2 | 3 | 2 | 3 |
| 6 a | 1st | 1st | 1st | 1st |
| b | 1st | 1st | 1st | 1st |
| c | 1st | 1st | 2nd | 2nd |
| d | 2nd | 1st | 1st | 1st |
| e | 3rd | 3rd | 3rd | 3rd |
| 7 yes | 35 (90%) | 13 (81%) | 29 (85%) | 32 (89%) |
| no | 4 | 3 | 5 | 4 |
| 8 yes | 37 (90%) | 13 (93%) | 30 (88%) | 40 (100%) |
| no | 4 | 1 | 4 | 0 |

Notes: Questions:

1. The workshop itself
2. Time, pace and scheduling
3. Participating and interest of others
4. Interdisciplinary approach
5. Subject:
 - 1st day -- what it means to be aging
 - 2nd day -- team approach to care
 - 3rd day -- social components of care
 - 4th day -- special topics
6. Which day did you find
 - a. most interesting
 - b. most informative
 - c. most sensitizing
 - d. most practical for work
 - e. least stimulating
7. Did you think cost of the workshop reasonable?
8. Has this been a worthwhile experience for you?

* Average of more than one mode

1, 2, 3, 4 See Tables 1 and 2

found the first day the most interesting and informative, as well as excellent for rating. Workers outside the institutions found the second day to be most sensitizing -- unlike those inside the facilities; but nursing home staffs providing social services were alone in finding the second day most practical for work. There was overwhelming agreement as to the reasonableness of the project's cost to participants, and as a worthwhile experience.

In Table 4, there was great variation in responses between occupational groups to different methods of teaching, as well as variations within the occupational groups to different methods of teaching; and variations within the occupational groups to different experiences with the same teaching methods. The latter, no doubt, reflect the effect of the personality and individual skills of the different teachers using the same methods.

Although effect on skills was included in the rating scheme for teaching methods, it was not expected to be relevant on the evaluation (Form 3) in general. The responses were erratic -- possibly for several reasons: during the organized groups of the second day, leaders varied in skill,

TABLE 4

AVERAGED MODAL EFFECTS, FROM 0 (NONE) TO 4 (MUCH),
OF TEACHING METHODS BY OCCUPATION CLASS

| Teaching Method | No. Home Admin. | Directs. of Nursing | Nurses | Soc. Srvc. Designees | PWP Adult Srvc. Wrkr. | Volunteer Coordin. | Men. Health Workers | Others | Unknown |
|---------------------------|-----------------|---------------------|--------|----------------------|-----------------------|--------------------|---------------------|--------|---------|
| Lectures: | | | | | | | | | |
| Attitudes | 2.0 | 4.0 | 3.0 | 2.7 | 2.0 | 2.3 | 3.0 | 2.5 | 3.0 |
| Knowledge | 2.0 | 4.0 | 3.3 | 3.0 | 2.8 | 3.7 | 2.3 | 2.7 | 3.3 |
| Skills | 2.0 | 4.0 | 2.0 | 2.0 | 1.3 | 2.0 | 1.2 | 2.3 | 2.3 |
| Disc./Panel: | | | | | | | | | |
| Attitudes | 2.7 | 3.5 | 3.3 | 2.1 | 2.0 | 3.2 | 3.0 | 3.0 | 2.2 |
| Knowledge | 2.7 | 3.5 | 2.3 | 1.7 | 1.3 | 2.8 | 2.8 | 2.6 | 2.6 |
| Skills | 2.0 | 3.5 | 2.0 | 1.2 | .7 | 2.0 | 2.6 | 1.7 | 1.6 |
| Drama: | | | | | | | | | |
| Attitudes | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 3.0 | 4.0 | 4.0 | 3.5 |
| Knowledge | 4.0 | 4.0 | 2.0 | 4.0 | 4.0 | 2.0 | 4.0 | 3.0 | 2.7 |
| Skills | 4.0 | 2.0 | 3.0 | 3.0 | 0 | 2.0 | 0 | 0 | 2.0 |
| Film/Slides | | | | | | | | | |
| Attitudes | 2.0 | 2.8 | 3.0 | 2.8 | 1.3 | 2.2 | 2.0 | 1.5 | 2.8 |
| Knowledge | 2.0 | 2.8 | 2.3 | 2.0 | 2.5 | 3.0 | 2.5 | 3.0 | 3.8 |
| Skills | 2.5 | 2.8 | 2.5 | 1.8 | 1.3 | 3.0 | 1.5 | 2.8 | 3.8 |
| Simulation Exercise: | | | | | | | | | |
| Attitudes | 4.0 | 3.0 | 3.0 | 2.0 | 4.0 | 3.0 | 3.0 | 3.0 | 2.5 |
| Knowledge | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 3.0 | 3.0 | 2.0 | 3.0 |
| Skills | 2.0 | 3.0 | 3.0 | .5 | 2.0 | 4.0 | 2.0 | 2.0 | 3.0 |
| Small Groups Organized: | | | | | | | | | |
| Attitudes | 4.0 | 3.0 | 2.0 | 2.5 | 2.0 | 3.0 | 3.0 | 2.0 | 3.0 |
| Knowledge | 2.5 | 2.0 | 2.0 | 2.0 | 2.0 | 3.0 | 3.0 | 2.0 | 3.0 |
| Skills | 4.0 | 2.0 | 2.0 | 1.0 | 2.0 | 3.0 | 2.5 | 2.0 | 4.0 |
| Small Groups Unorganized: | | | | | | | | | |
| Attitudes | 2.0 | 2.5 | 0 | 1.0 | 0 | 2.0 | 0 | 0 | 1.0 |
| Knowledge | 1.5 | 3.5 | 1.0 | 1.0 | 0 | 2.0 | 0 | 0 | 1.0 |
| Skills | 2.0 | 3.5 | 1.0 | 1.0 | 0 | 1.0 | 0 | 0 | 1.0 |
| Demonstration: | | | | | | | | | |
| Attitudes | 0 | 2.0 | 0 | 2.3 | 1.0 | 1.0 | 0 | 0 | 1.0 |
| Knowledge | 0 | 2.0 | 0 | 1.0 | 2.0 | 1.0 | 1.0 | 0 | 2.0 |
| Skills | 0 | 2.0 | 0 | 1.0 | 2.0 | 0 | 0 | 0 | 2.0 |

and the groups varied as to constituency (despite structuring them ahead of time as to occupational class, geographical area, etc.) Also, many participants may not have seriously differentiated between attitudes, knowledge and skills. A pattern was apparent in regard to the drama presentation and the dance demonstration: the first rated highly across the board while the latter rated very low -- reflecting again the quality of the performance.

Totalling, in Table 5, the overall modal response to the teaching methods of the workshop, it is apparent that the respondents considered that they were most affected in areas of knowledge, then attitudes, and less in skills. The lectures (despite the variation in speakers) and drama presentation were considered most effective in affecting knowledge. Films, simulation exercises and organized groups (with trained leaders) were more successful with skill-learning -- as could be expected. The unorganized small groups rated very low in all three learning areas. The discussion/panels, drama, films, small organized groups and simulation exercises were successful in affecting attitudes and so were the lectures.

TABLE 5
UNWEIGHTED MEANS OF MODAL RATINGS OF EFFECTS
OF TEACHING METHODS, ALL OCCUPATION
CLASSES GROUPED TOGETHER

| | <u>Attitudes</u> | <u>Knowledge</u> | <u>Skills</u> |
|--------------------------------|------------------|------------------|---------------|
| Lectures | 2.72 | 3.01 | 2.12 |
| Disc./Panel | 2.78 | 2.47 | 1.92 |
| Drama | 3.83 | 3.07 | 1.78 |
| Film/Slides | 2.27 | 2.66 | 2.44 |
| Simulation Exer. | 3.06 | 2.33 | 2.39 |
| Small Groups - Organized | 2.51 | 2.39 | 2.50 |
| Small Groups--- Unorganized | .94 | 1.11 | 1.06 |
| Demonstration | .81 | 1.00 | .78 |

Table 6 indicates the specific areas, by occupational class, in which skill improvement occurred. The category involving training techniques received the most mention, with particular emphasis on the simulation exercises, and especially the blind-walk. Many participants, in being led (with closed eyes) about the large, strange room full of unfamiliar objects in a disorganized pattern to get coffee and be fed some pastry, experienced new feelings of dependency and uncertainty. The other exercises -- such as lying prone on the floor (as in bed) -- helped to provide a different perspective for viewing one's world and environment. Nursing home administrators especially seemed to appreciate the value of such experiences as training techniques for their institutions.

Next, quantitatively, came improved ability to work in an interdisciplinary, team approach. On the second day, several hours were spent in staffing some vignettes (produced on video tapes with the help of professional actors) depicting common behavioral disability/problems of oldsters. Groups organized with members from different disciplines practiced staffing the cases. Many comments attested the

TABLE 6

NUMBER OF DIFFERENT IMPROVEMENTS IN SPECIFIED SKILL
AREAS BY OCCUPATIONAL CLASS

| <u>Occupational Class</u> | <u>Tng. Tech- niques</u> | <u>Working with a Team</u> | <u>Communi- cation</u> | <u>Working with Groups</u> |
|---------------------------|----------------------------------|------------------------------------|----------------------------|------------------------------------|
| N. Home Adminis. | 13 | 6 | 5 | 1 |
| Direct. of Nurses | 0 | 1 | 1 | 0 |
| Nurses | 4 | 1 | 2 | 1 |
| Soc. Srv. Designees | 3 | 0 | 0 | 1 |
| PWD Adult Srvc. Wrkr. | 4 | 9 | 6 | 1 |
| Volun. Coordinator | 3 | 1 | 0 | 2 |
| Ment. Health Wrkr. | 3 | 2 | 1 | 0 |
| Other | 4 | 1 | 4 | 0 |
| Unknown | 1 | 0 | 0 | 0 |
| Totals | 35 | 21 | 19 | 6 |

value of contributions made from such a broad diversity of workers.

Communication skills were developed by practicing alternative ways of interviewing, and new ways of examining relationships -- in small groups.

The interaction and nature of the group experiences on the second day as compared with the third day was generally noted to be different: those of the second day were organized ahead of time and training provided for the leaders. Positive experiences in group process were noted in the second day activities, and their absence, generally, in the third day.

CONCLUSIONS AND IMPLICATIONS

This section will focus on the following subjects in the order presented here: workshop design, the evaluation models, conclusions from analyzing the data, and implications for future workshops.

Because of the nature of the target group (invited participants), the effects of the training appear to be diverse. By planning for a large, heterogeneous group of trainees, more resources were available for bringing in highly skilled and expensive teachers, a wider range of subjects was presented, and yet not in the depth that would have been possible with a smaller, more homogenous group of participants. Starting with the fact that little, if any, systematic training had been done with Public Welfare workers providing social service to clients in nursing homes in the state, and the recognition that a preponderance of nursing home residents are welfare clients (and more so in the poorer, more inadequate facilities) the need for including such persons seemed obvious. Since the workshop was to focus on upgrading social service, and little had been previously done in training any nursing home personnel in this area, that need appeared obvious also. So not only were different occupational groups brought together, but those with different interests, motivations and goals as well.

They came from both urban and rural areas of the state, with considerable differences in community and technical resources, education and experience.

Because of the requirement for 32 hours of training in the contract between the sponsoring agencies, and the distances many of the participants had to travel to attend, a great deal was packed into the four days. Some days had more variety in teaching methods than others.

Two different approaches to evaluation were used. One required that the explicit listings of numerous items be rated from 0 to 4. A specific list of subjects was itemized for consideration in areas of learning, program content and teaching modes. The other model utilized a continuum from weak to strong (0 to 60) upon which each participant selected a position indicating an estimate of his expertise regarding several broad subject areas both at the beginning and again at the end of the training project.

The first evaluation model seemed superior to the second. Although clear communication at best is never easy, at least the different components being addressed seemed more definitive and specific. The areas were much more general in the second model, with greater room for subjectivity and vagueness of definition. Some participant groups apparently lost or decreased their knowledge in some subject areas in terms of their positions on the continuum at the end of the training. They most likely misestimated their beginning

position, and came to rate themselves lower in the light of the workshop experience afterward. Others, no doubt, came to the training project with a high, sophisticated level of knowledge and skills and had little to show as gain in those areas, regardless of which kind of evaluation models were used.

In analyzing the data, results fall into two general categories: impact of knowledge in specific areas, and effectiveness of different teaching methods.

There was a satisfactory percentage of returns on the long evaluation forms, 84% of those given out. The four basic divisions of participants offered an insightful means of comparing the results: all were in positions to promote or provide social service, directly or indirectly, to clients in nursing homes, from within or without the facility. Groups #1 and #2 were from within the institutions: #1 as provider of social service and #2 was not. Groups #3 and #4 were from outside long term care facilities: #3 was provider of social service to residents within the facility, #4 was not.

In general, it appears that the participants who work outside the institutions learned the most about "the nursing home," "what it means to be an aging person" and "meeting needs within the institution;" staff from within the institutions learned more about social services, and the pattern was mixed regarding community resources.

The overall rating of the workshop was at level 3 (between good and excellent) by Groups #2, #3 and #4; it was rated at level 2 (good) by Group #1. Those working outside nursing homes found the simulation exercises and small groups of the second day the most sensitizing -- perhaps because of their relative apartness from the facilities and old people -- compared to nursing home personnel. In the different kinds of skill improvements listed by some participants, it was interesting to note that nursing home administrators attached importance to training techniques, and welfare workers picked out "working as a team" more than other groups of participants. There was some indication that the participants found other methods of teaching -- such as the lectures or drama -- had impact on their skill level, along with the simulation exercises and small group activities. The impression was also received that some workers did not distinguish between attitudes, knowledge and skills.

Nursing home administrators were much affected in attitudes by the drama presentation, simulation exercises and small groups; they rated most of the teaching methods to be of average effectiveness in transmitting both knowledge, except for the drama again (which was rated high), and skills, except for the small groups (rated high also.) Nurses (including the Directors of Nurses) found the lectures and drama highly effective on attitudes and knowledge, and in general rated all the teaching methods more highly

than did the administrators. The Public Welfare workers, volunteer coordinators and mental health workers all found the simulation exercises affected their attitudes considerably. These general reactions could reflect different values, training and personal experience in their professional roles.

The efficacy of using a variety of teaching modes was indicated by the "above-average" rating for effectiveness of all the methods used except the unorganized small groups and the dance demonstration. Most likely, the low scores for these two events reflected a general lack of impact because of the low level of the teaching performance -- apart from the mode itself. Many such comments were so written on the evaluation forms.

An important implication for future practice for this kind of a training project would be the value of serious analysis of the goals desired and an assessment of the level of sophistication of the intended participants. The workshop was rated worthwhile, and generally considered successful, despite the heterogeneity of the target group. The social interaction of different occupational groups also was considered to be desirable. The large numbers of people made it harder to handle the numerous small groups in an informal, intimate fashion, but the large audience no doubt was a stimulus for lecturing and the dramatic presentation.

The value of changing pace, structure and teaching

methods was made obvious by comments on the evaluation forms comparing the days when this was done with those when it wasn't done. Physical activity and mental/emotional activities appear to be closely related, and a variety of instructors, group sizes, methods, etc., within limits, are an aid to learning.

The value of having a dynamic, outstanding keynote speaker is great for "turning people on" in an exciting way; it also may make those who follow a bit pale in comparison.

Finally, this evaluation of the workshop, Bridges, is only approximate at this point, due to time limitations. Further inferential analyses of a more sophisticated nature, in the near future, will produce a more definitive, detailed and conclusive evaluation.

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BRIDGES

THIS IS A THIRTY-TWO HOUR TRAINING PROJECT FOR THE PURPOSE OF IMPROVING SOCIAL SERVICES, CONSULTATION AND PLANNING IN LONG TERM CARE FACILITIES. IT IS MADE POSSIBLE THROUGH A CONTRACT BETWEEN THE NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC., AND THE HEALTH RESOURCE ADMINISTRATION OF THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE: PROJECT PROVIDE.

APRIL 3-4 and 16-17, 1974

Thunderbird Motel, Janzten Beach, Portland, Oregon

IT IS SPONSORED BY:

Oregon Chapter, National Association of Social Workers
and
Oregon State Mental Health Division
and
Oregon Health Care Association

Project Coordinator & Facilitator: Corrinne Williams,
Oregon Chapter, National Assoc. of Social Workers

Project Planning Consultant: Glen Dugger, Medicaide
Services Consultant, Oregon Mental Health Division

Life can only be understood backwards, but it must
be lived forwards.

--- Kierkegaard

PROGRAM

Wed., Apr. 3rd: WHAT IT MEANS TO BE AN AGING PERSON

8:15 am Registration

9:00 Welcome and Introductions:

John Hale, President, Ore. Ch., N.A.S.W.

Braxton Warner, Director, Project Provide, N.A.S.W., Washington, D.C.

Cliff Becker, Consultant, Region 10, H.E.W.

Michael Kopcho, Coordinator, Public Health Adm., Region 10, H.E.W.

9:15 Building Bridges:

Ruth Hocks, Ombudsman to Nursing Homes

Dr. J. D. Bray, Ore. Mental Health Div.

Andrew Juras, Ore. Public Welfare Div.

Dr. Edward Press, Ore. Health Div.

John Richard, Ore. Health Care Assoc.

10:00 The Evaluation Process:

Corrinne Williams, Project Facilitator

10:15 Coffee Break

10:30 Theatre of Feast

Alberto Cereghino, Director

10:45 Consultation as a Bridge:

Alice Collins, M.S.W. Consultant, Author

12:00 Lunch, Riverview Ballroom

1:15 pm Being Old in America:

Dr. Carl Eisdorfer,* introduced by Dr. John O'Brien, Institute on Aging, P.S.U.

2:15 A Discussion with Dr. Eisdorfer

Panel of Senior Citizens

2:45 Break

3:00 The Dramatic Experience of Being Old

Theatre of Feast

4:00 Announcements

* Dr. Eisdorfer's presence is made possible
by a grant from the Ore. Mental Health Div.

Wed., Apr. 3rd continued

4:45 pm No-host Cocktail Hour
6:00 Dinner, Riverview Ballroom
7:15 The Growth, Development and Adjustment of
Older Persons:
Dr. Carl Eisdorfer, introduced by Glen
Dugger, Ore. Mental Health Div.
8:15 Evaluation

Thur., Apr. 4th: THE TEAM APPROACH IN NURSING HOME
CARE

8:30 am Registration
9:00 Meetings of Assigned Groups
9:10 Film: Home for Life
10:15 Communication and Interaction, Simulation
Exercises, Age Regression and Age Progression:
Dr. Jim Lurie
12:00 Lunch, Riverview Ballroom
1:15 pm Vignettes on video-tapees depicting behavioral
problems of the elderly; staffing exercises:
Dr. Jim Lurie
2:30 Break
2:45 Programing and Feedback
3:45 Evaluation

VISITING FACULTY:

Dr. Carl Eisdorfer is Chairman of the Psychiatry Dept., Univ. of Wash. School of Medicine

Dr. Hugh James Lurie, Asst. Prof. of Psychiatry and Coord. of Continuing Educ. in Psychology, Univ. of Wash. School of Medicine

Life can only be understood backwards, but it must
be lived forwards. -- Kierkegaard

PROGRAM

Wed., Apr. 3rd: WHAT IT MEANS TO BE AN AGING PERSON

Thur., Apr. 4th: THE TEAM APPROACH IN NURSING HOME
CARE

Tue., Apr. 16th:

8:15 am Registration

SOCIAL COMPONENTS OF NURSING HOME CARE -

Dr. Theodore Koff

9:00 Impact of the Environment on the Patient

Mileu Therapy

Coffee Break

Personal Identity and Aging

1:00 pm Lunch, Riverview Room

2:15 Social Needs of the Staff in Institutions

3:30 Break

MENTAL RETARDATION & DEVELOPMENTAL DISABLEMENT

3:45 Services and the Role of the Service Coordinator:

Ben Arthur, Specialist, Support Services,
Mental Health Division

Activity Center Services:

Barbara Place, Director, Me Re Activity
Center, Gresham, Oregon

Leisure Time and Self Help Skills:

Staff of Fairview Hospital & Training Center -
Barbara Lyon - Program Coordinator
Shirley Squires - Training Assistant
Loran Tomblinson - Training Assistant

5:45 pm No-host Cocktail Hour

6:30 Dinner, Riverview Room

Geriatric Dance Therapy Demonstration:
Karen Irwin, Dance Therapist

Evaluation

Wed., Apr. 17th: SPECIAL TOPICS

8:15 am Registration

9:00 The New Law on Involuntary Commitment of
Mentally Ill Citizens:
Myron B. (Mike) Katz, Chairman, A.C.L.U.
Committee on Involuntary Commitment

10:00 Coffee Break

10:15 New Standards and Regulations for Skilled
Nursing Homes:
Michael Kopcho, Coordinator, Public
Health Administration, Region 10, HEW

10:25 Community and Volunteer Services:
Eugene Bui, Coordinator, Multnomah County
Board of Commissioners
Jo Roughton, Volunteer Coordinator, Linn
County Public Welfare Division
Father Peter Paulson, Director, North-
west Pilot Project, Portland

12:00 Lunches:
O.H.C.A. - Business Meeting
Workshop - A Model for Consultation -
Bobbie Hyerstay, Outreach Team Leader,
Lane County Mental Health Program

2:15 pm The Use and Misuse of Psychotropic Medicines:
Dr. George Larimer, Staff Psychologist,
Multnomah County Office of Probation and
Parole

3:15 Evaluation

3:30 Tying It All Together

* * * * *

VISITING FACULTY: Dr. Theodore Koff, Educator and
Executive-Director, Handmacher Jewish Nursing
Home, Tucson, Arizona

PROGRAM CONTRIBUTORS

On behalf of the Oregon Chapter of the National Assoc. of Social Workers and myself, we wish to express our appreciation to the following individuals for their help in producing this Workshop:

THEATRE OF FEAST

Alberto Cereghino, Director

Sponsored by the Bureau of Human Resources, City of Portland

Actors and Actresses:

Camilla Dezell

Gladys Tippet

Elsa Soeling

Mary Smith

Peggy Battaglia

Sally Kuhlkin

George True

Dottie Carte

Margaret Leach

Janet K. Smith

CONFERENCE STAFF

Patricia Wold

Jill Sydnor

Kathy Mitchell

Marilyn Nolan

GROUP FACILITATORS

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Ada Wilson

Mike Kopcho

Cliff Becker

Roger Olson

Ursula Tabor

Audrey Mathews

Nancy Mancini

Charles Smutz

Ted Lupper

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Coeta Stewart

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Helen Shirey, Public Welfare Div., Adult Services

M.R. Arbuckle, Public Welfare Div., Medical Assist.

Helen Colburn, Salem Convalescent Center

Ruth Hocks, Nursing Home Ombudsman

John Hale, Pres., Ore. Ch., N.A.S.W.

John Richard, Ore. Health Care Assoc.

Patricia Wold, P.S.U. School of Social Work

Shirley Coate, Kaiser Medical Care Program

Glen Dugger, Mental Health Div.

Clara Dawes, Public Welfare Div.

Mary Haight, East Multnomah Co. Public Welfare

Donna Wilkins, District Trainer, Public Welfare

Leonard Cain, PSU Institute on Aging

Ada Wilson, PSU School of Social Work, Aging Prog.

Helen Phillips, Public Welfare Div., Medical Assist.

and Betty Leonard, Faculty, PSU School of Social Work,
for getting it all started.

Corrinne Williams, Project
Coordinator & Facilitator

Part I

Phase IA

WORKSHOP: BRIDGESNo. 00112

(PROJECT PROVIDE)

Training Program for Social Service Providers
in Long-Term Care Facilities

1. SEX: ☐ Male ☐ Female 2. AGE:
3. ETHNIC ORIGIN:
- | | |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Chicano/Mexican Amer. |
| <input type="checkbox"/> Black/Afro-American | <input type="checkbox"/> Other |
4. PRESENT EMPLOYMENT
- | | |
|--|---|
| <u>Agency Auspice:</u> | <u>Hours:</u> |
| <input type="checkbox"/> Public | <input type="checkbox"/> Full time (30 hrs. or more per week) |
| <input type="checkbox"/> Private Nonprofit | <input type="checkbox"/> Part time (less than 30 hrs. per week) |
| <input type="checkbox"/> Private Profit | |
5. DURATION OF EMPLOYMENT
- No. years with present employer:
- | | |
|---|--|
| <input type="checkbox"/> Under 2 yrs. | <input type="checkbox"/> At least 10 but under 20 yrs. |
| <input type="checkbox"/> At least 2 but under 6 yrs. | <input type="checkbox"/> Over 20 yrs. |
| <input type="checkbox"/> At least 6 but under 10 yrs. | |
- No. years in present position:
- | | |
|---|--|
| <input type="checkbox"/> Under 2 yrs. | <input type="checkbox"/> At least 10 but under 20 yrs. |
| <input type="checkbox"/> At least 2 but under 6 yrs. | <input type="checkbox"/> Over 20 yrs. |
| <input type="checkbox"/> At least 6 but under 10 yrs. | |
6. What is your primary professional background?
-
7. What is your present position?
- | | |
|---|--|
| <input type="checkbox"/> Nurs. Home Administrator | <input type="checkbox"/> Adult Services |
| <input type="checkbox"/> Nurse <input type="checkbox"/> RN <input type="checkbox"/> LPN | <input type="checkbox"/> Volunteer Coord. |
| <input type="checkbox"/> Director of Nurses | <input type="checkbox"/> Trainer |
| <input type="checkbox"/> Mental Health worker | <input type="checkbox"/> Other: <input type="text"/> |
8. Are you also responsible for the social services in a long term care facility? ☐ Yes ☐ No
9. If part of nursing home staff, what is the size of your facility: no. of beds .
10. How did you learn about this training program?
- | | |
|--|---|
| <input type="checkbox"/> Via employer | <input type="checkbox"/> Mailed publicity |
| <input type="checkbox"/> NASW Chapter | <input type="checkbox"/> Mass media |
| <input type="checkbox"/> Other organizations | <input type="checkbox"/> Word of mouth |

Place an X anywhere along the line as it represents the level of expertise you feel that you have in each of the areas of social services practice in nursing homes as described below.

A. The Nursing Home

The nursing home as the setting and instrument for meeting health-related social needs of its patients: the legal, community, economic and administrative factors; patient and family characteristics; and program elements affecting the facility's operation, its service, and its effectiveness in meeting social needs.

very
strong

very
weak

B. Perceptions of Social Service

Social services as seen by the regulatory agency, administrator, Social Work Consultant, social service designee, patient, family and consumer public: the strictures, functions, viewpoints of each which affect what social needs are recognized, understood and met; achieving a comprehensive understanding of the total person.

very
strong

very
weak

C. What it Means to be an Aging Person

Physical and mental aspects; social impairments; behavioral, psychological, emotional impact of impairment; use of experiential exercises; development of empathy with the patient.

very
strong

very
weak

D. How to Meet the Needs of Aging Persons Within the Institution

Methods for assessing social service needs of individuals, their emotional states, mental and physical integrity; and techniques for improving their functioning.

very
strong

very
weak

E. Resources Within the Community

Linking the nursing home with the continuum of health care programs; increasing the use of non-LTCF-based resources for patients, and strengthening the LTCF as a community resource.

very
strong

very
weak

END OF TRAINING PROJECT EVALUATION

- A. Please rate how much you have learned in this workshop in the following areas (check 1 of the 5 boxes):

| | | None | Some | Much |
|-------------------------------------|-----|--------------------------|--------------------------|--------------------------|
| 1. New insights..... | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. New understandings..... | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. New ideas..... | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. New skills..... | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. New motivations..... | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. New feelings..... | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. New relationships..... | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. New resources..... | 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. New ways of using resources..... | 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. New approaches..... | 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. New confidence..... | 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Renewed reinforcement..... | 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. New knowledge..... | 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. More detailed knowledge..... | 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e.g. _____

- B. Please rate the following aspects of the 32-hr. program:

| | Poor | Ade- quate | Excel- lent |
|---|--------------------------|--------------------------|--------------------------|
| 1. The workshop itself..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Time, pace & scheduling..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Participation & interest of others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Interdisciplinary approach..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Subjects: | | | |
| 1st day - what it means to be aging..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd day - team approach to care..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd day - social components of care..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4th day - special topics..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Which day did you find: | | | |
| most interesting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| most informative..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| most sensitizing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| most practical for work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| least stimulating..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you think the cost of the workshop reasonable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yes no | | | |
| 8. Has this been a worthwhile experience for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yes no | | | |

Phase IB

00105

1. Place an X anywhere along the line as it represents the level of expertise you feel that you have in each of the areas of social services practice in nursing homes as described below.

A. The Nursing Home

The nursing home as the setting and instrument for meeting health-related social needs of its patients: the legal, community, economic and administrative factors; patient and family characteristics; and program elements affecting the facility's operation, its service, and its effectiveness in meeting social needs.

| | |
|--------|------|
| very | very |
| strong | weak |

B. Perceptions of Social Service

Social services as seen by the regulatory agency, administrator, Social Work Consultant, social service designee, patient, family and consumer public: the strictures, functions, viewpoints of each which affect what social needs are recognized, understood and met; achieving a comprehensive understanding of the total person.

| | |
|--------|------|
| very | very |
| strong | weak |

C. What it Means to be an Aging Person

Physical and mental aspects; social impairments; behavioral, psychological, emotional impact of impairment; use of experiential exercises; development of empathy with the patient.

| | |
|--------|------|
| very | very |
| strong | weak |

D. How to Meet the Needs of Aging Persons Within the Institution

Methods for assessing social service needs of individuals, their emotional states, mental and physical integrity; and techniques for improving their functioning.

| | |
|--------|------|
| very | very |
| strong | weak |

E. Resources within the Community

Linking the nursing home with the continuum of health care programs; increasing the use of non-LTCF-based resources for patients, and strengthening the LTCF as a community resource.

very
strong

very
weak

2. Overall assessment of the quality of the subject matter chosen:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

3. Overall assessment of the quality of teaching:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

4. Assessment of the training program planning (e.g., times selected, place selected, physical setting, etc.)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

5. What subject matter was taught best? _____

6. What subject, if any, was not included in which you are particularly interested? _____

Phase IB

-3-

7. What was the most important thing you learned as a result of this experience?

8. General comments on this training program (or this nosy questionnaire):

WORKSHOP: BRIDGESDAILY EVALUATION

Please rate the following modes of teaching, if applicable, in terms of affecting your attitudes, knowledge and skills during today's session. (Check I of the 5 boxes.)

| | None | Some | Much |
|----------------------------------|------|------|------|
| 1. Lectures | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 2. Discussion/panel groups | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 3. Dramatic presentation | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 4. Film/slides | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 5. Simulation exercises | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 6. Small group activities | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |
| 7. Demonstration (dance therapy) | | | |
| attitudes..... | | | |
| knowledge..... | | | |
| skills..... | | | |

8. Would you specify any particular skill that you acquired or improved in today's session that will change your way of working with people from now on: _____

Please check present position:

- ☐ Nursing Home Consultant
☐ Nursing Home Social Service Designee
☐ Nursing Home Administrator
☐ Nurse ☐ Director of Nurses
☐ Adult Service Worker/Supervisor, PWD
☐ Volunteer Coordinator ☐ Teacher/Trainer
☐ Mental Health Worker ☐ Other: _____

Date: April ___3rd ___4th ___16th ___17th

Comments: _____