Healthcare Academy®
eLearning

Assisted Living

Comprehensive Course
Outline Catalog

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Comprehensive Course Outline Table of Contents

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A Comprehensive View of Alzheimer's Disease
Copyright: April 2022
Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Describe two (2) changes that occur in the brain of a person with Alzheimer's disease (AD).
2. Identify three (3) stages of AD.
3. Identify four (4) interventions to help manage behaviors associated with AD.

Outline:

Introduction
Facts
- Facts About AD
- Facts
- Facts About AD
- The Economic Impact of AD
- Life Expectancy
Pathophysiology
- Complex Disease
- Pathophysiology
- Changes in the Brain
- Types
- Progression of AD
- The Seven Stage Model
Causes
- Causes of AD
- Potential Risk Factors

A Comprehensive View of Dementia
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 34 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Keywords: None

Objectives:
1. Identify five (5) symptoms of dementia.
2. Name three (3) types of dementia.
3. Identify three (3) stages of dementia.

Outline:

Introduction
Understanding
- Understanding Dementia
- Signs and Symptoms
- Symptoms of Dementia
- Functioning with Dementia
- Risk Factors
Causes
- Common Causes of Reversible Dementia
- Common Causes of Irreversible Dementia
Type
- AD: Changes in the Brain
- Stages of AD
- Vascular Dementia
- Vascular Dementia: Cognitive Symptoms
- Vascular Dementia: Mood Changes

- Dementia with Lewy Bodies
- DLB: Diagnosis
- DLB: Features
- Parkinson's Disease Dementia: Onset
- FTD
- FTD: Causes
- FTD: FTD
- FTD: PPA
- CJD
- CJD: Types
- CJD: Symptoms
- Korsakoff Syndrome
- Korsakoff Syndrome Symptoms
- Down Syndrome
- Huntington's Disease
- Normal Pressure Hydrocephalus
- Brain Injury
- Mixed Dementia
- Mixed Dementia: Symptoms
- Mild Cognitive Impairment

Summary

Abuse, Neglect, and Exploitation: Mandatory Reporter
Copyright: R8_02.28.2023_SME
1.0 Contact Hour(s)

Author: Mary DaCorta, MSW, LCSW

Ms. DaCorta has provided medical social services in hospice and long-term care settings for more than 25 years. For the last 14 years she has provided social service support in a highly rated skilled nursing facility committed to excellence. She has provided presentations on advance care planning, ongoing supervision, and education of social workers and social service interns on advance directives.

Keywords: Mandatory Reporter

Objectives:
1. Identify three (3) types of abuse.
2. Identify three (3) signs of electronic abuse.
3. Select two (2) ways to prevent maltreatment of a vulnerable adult.

Outline:

Introduction
Definition
-   Incidence of Elderly and Vulnerable Adults
-   Definition of Vulnerable Adult
-   Abuse Prevention Laws
-   Providing Protection
-   Homelike Environment
-   Dependence on Caregivers
-   Consequences

Types
-   Types of Abuse
-   Response
-   Psychological Abuse
-   Mental Abuse
-   Examples of Psychosocial Harm
-   Institutional Abuse
-   The Older Americans Act Amendments

Abuse
-   Unintentional Abuse
-   Physical Abuse
-   Verbal Abuse
-   Sexual Abuse

Neglect
-   Therapeutic Conduct
-   Neglect
-   Self-Neglect
-   Abandonment

Financial
-   Financial Abuse

Involuntary Seclusion
-   Involuntary Seclusion

- Infection Control Precautions and Involuntary Seclusion
- Secured or Locked Units

Electronic Abuse
- Facility and State Responsibilities
- Occurrences Among Staff
- Privacy
- Delivery of Personal Care and Services
- Abuse Prohibition: Social Media
- Surveyor Interviews

Reporting
- Procedures
- Training on Abuse Prohibition
- Reporting
- Protection of Individuals
- Allegation of Abuse
- Carrying Out Policies and Procedures
- Requirements
- Section 1150B Social Security Act (the ACT)
- State Survey Agency Responsibility: Review of Facility Policies and Procedures
- State Survey Agency Responsibility
- Survey Agency to Determine Compliance
- Reporting to the Nurse Aide Registry
- Mandatory Reporting
- Reporting

Summary
- Prevention: IRIS

Abuse Prevention in Persons with Dementia
Copyright: R3_12.29.2023_SME
0.5 Contact Hour(s)
Author: Mary DaCorta, MSW

Ms. DaCorta has provided medical social services in a variety of treatment settings for more than 25 years and with more than 15 years in the nursing home setting. She has served as Abuse Designee and Grievance officer in a 180-bed long-term care facility.as well as being the provider of ongoing trainings on the prevention of abuse and resident rights for social workers, interns and new staff.

Reviewer: Asa Morin, MSW, LICSW, LNHA, CPM, CDS

Asa Morin is a Licensed Nursing Home Administrator and Certified Dementia Specialist who has been working in long-term care for over 10 years. She serves as a compliance officer in a 130-bed nursing home where she completes abuse education and investigations for the facility.

Objectives:
1. Select three (3) reasons that persons with dementia are more likely to be abused.
2. Identify five (5) types of vulnerable adult abuse.
3. Identify five (5) ways in which the caregiver can manage stress as a part of abuse prevention.

Keywords: Abuse Reporting, Caregiver Stress

Introduction
Overview
- Mandate
- Victims
- Adult Protective Services
- Other Organizations
- Reporting Allegations of Abuse or Crimes Against the Elderly in LTC facilities.
- Perpetrators
- High Risk Individuals
Types of Abuse
- Types of Abuse
- Warning Signs
Caregiver Stress
- Association of Abuse with Caregiver Stress
- Caregiver Stress
- Depression Among Caregivers
- Physical Condition
- The Effects of Stress
- Other Factors
- Tips for Avoiding Caregiver Stress
Other Perpetrators
- Family and Friends
Seclusion
- Involuntary Seclusion
- Infection Control Precautions and Involuntary Seclusion
- Secured or Locked Units
Reporting
- Privacy

- Surveyor Interviews
- Procedures
- Training on Abuse Prohibition
- Ongoing Oversight and Supervision
- Reporting
- Protection of Individuals
- Allegation of Abuse
- Reporting
- Other Staff
- Follow Up

Summary

Active Shooter Incident Planning
Copyright R1_04.07.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University where he teaches students how to counsel victims of events, such as an active shooting. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Reviewer: Marcia C. Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College and Jersey College.

Keywords: None

Objectives:
1. Identify three (3) unique challenges for healthcare facilities (HCFs) regarding active shooter incidents.
2. Select three (3) signs of a potential volatile situation.
3. Identify the three (3) word strategy in dealing with an active shooter in an HCF.

Introduction

Active Shooter
- Hospital Shootings
- Healthcare Facilities
- Planning for Emergencies
- Active Shooter
- Barriers and Challenges
- The Victims
- Motives of Active Shooters
- Being Human
- Policies
- Reporting Systems
- Communication During a Shooting Event
- Prevention
- Communication Following a Shooting Event

Run, Hide, Fight
- Run, Hide, Fight
- Run
- Hide
- Fight
- Run, Hide, Fight Video

Administrators
- Administrator Role in an Active Shooter Event
- Emergency Management Plan
- A Community Approach
- Incorporating a Plan

Summary

Activities of Daily Living (ADLs): Providing Personal Care Services
Copyright: R6_12-19-2022_SME
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives
1. State three (3) care activities that are considered an activity of daily living.
2. List three (3) changes in a person's condition that should be reported to the nurse.
3. Select two (2) goals of care when assisting an individual with activities of daily living.

Outline:

Introduction
- Objectives and Learning Outcomes
- Navigation
- Introduction
- Quality of Care

Definition
- Activities of Daily Living (ADLs)
- Documenting ADLs

Overview
- Assistance
- Procedures
- Precautions

Hygiene
- Personal Hygiene
- AM Care
- Morning Care
- Afternoon Care
- PM Care

Bathing
- Bathing
- Assisting Procedures
- Order of Bathing
- Bathing Guidelines
- Refusal to Bathe

Grooming
- Hair Care

- Oral Hygiene
- Report Oral Problems
- Denture Care
- Shaving
- Fingernails
- Foot Care
- Diabetic Foot Care
- Special Considerations
- Back Rubs
- Dressing
- Choices
- Appearance

Skin Care
- Skin Care

Peri Care
- Perineal Care
- Incontinence

Changes
- Changes in Condition
- Significant Changes
- Interacting
- Report Observations
- Guidelines After Procedures

Summary
- Summary

Activities Programming: Person-Centered Approaches
Copyright: R4_10.06.2023_SME
1.0 Contact Hour(s)(s)

Author: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 35 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. Currently a Dementia Care Specialist, she is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living

Keywords: Mental illness, dementia, trauma-informed care, younger residents, Isolation, behavioral health, pain, diversity

Objectives:
1. Define four (4) characteristics of a good activity program.
2. Identify four (4) forms of activity programs.
3. Select three (3) activity adaptations to meet participant needs.

Introduction
- A Day in the Life of a Resident

Definition
- Definition
- Choice
- Activity Planning
- Activity Program
- Activities Promote
- Federal Regulation: F679
- Regulatory Considerations
- Program of Activities
- Programs
- Person Appropriate Activities
- Person-Centered and Appropriate Activities

Types
- Activity Characteristics
- Cultural Change Facilities
- Welcoming a New Resident

Assessment
- Person-Centered Assessments
- Activities Department

Care Planning
- The Ongoing Activities Program
- Activity Goals
- Althea's Care Plan
- Activities

Adaptions
- Situations that Require Adaptations
- Residents on Isolation Precautions
- Psychological Impact of COVID 19
- Visual Limitations
- Hearing Limitations
- Physical Limitations
- Hand Limitations
- Dementia: Abilities
- Dementia: Senses
- Residents with Dementia
- Mental Illness: Abilities
- Mental Illness
- Principles for Behavioral Problems
- Five Rs Approach
- Communication or Language Barriers
- Terminally Ill
- Pain
- Varying Sleep Patterns
- Short Stay Residents
- Younger Residents
- Diverse Culture or Ethnic Backgrounds
- Trauma-Informed Care
- Trauma-Informed Care: Facts

Summary

Acute and Chronic Wounds

1.5 Contact Hour(s)(s)

Copyright: R4_12.08.2023_SME

Author: Karen Miller, RN, BSN

Ms. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long-Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Keywords: Pressure Injury

Objectives:
1. Identify four (4) skin injury classifications.
2. List four (4) skin injury characteristics that signal poor healing.
3. Identify three (3) components of a skin injury assessment.

Introduction
- The Interprofessional Team
- Introduction to Acute and Chronic Wounds: Causes and Characteristics

Healthy Skin
- Healthy Skin

Healing
- Wound Healing Process

Terminology
- Common Wound Care Terms
- Skin Injury Classifications

Classification
- Acute Surgical Injury: Heal by Primary Intention with Durable Closure
- Partial Thickness Injury by Acute Trauma: Healing by Primary Intention with Dressing
- Partial Thickness Injury by Acute Trauma: Healing by Primary Intention without Dressing
- Chronic Skin Injury
- Chronic Skin Injury: Heal by Secondary Intention
- Chronic Injury: Heal by Tertiary Intention – (Delayed Primary Closure)

Assessment
- Introduction to Skin Injury Assessment
- Skin Injury Assessment
- Physical Assessment: Location
- Physical Assessment: Drainage
- Physical Assessment: Edges
- Physical Assessment: Peri-Wound Skin

- Physical Assessment: Wound Base
- Physical Assessment: Size
- Physical Assessment: Size
- Physical Assessment

Skin Tears

- Skin Tear

Pressure Injuries

- Introduction to Pressure Injuries
- Pressure Injury Prevention
- Pressure Injury Definition
- Introduction to Pressure Injury Staging
- Stage 1: Pressure Injury
- Stage 2: Pressure Injury
- Stage 3: Pressure Injury
- Stage 4: Pressure Injury
- Unstageable Pressure Injury
- Deep Tissue Pressure Injury (DTPI)
- Is This a Pressure Injury
- Ruling Out Pressure Injury

Infections

- Non-Sterile Wounds
- Clinical Signs and Symptoms of Wound Infection

Ulcers

- Introduction to Lower Extremity Skin Injuries
- Venous Skin Injuries
- Arterial Skin Injuries
- Neuropathic Foot Injuries
- Neuropathic Foot Injury Examples

Treatment

- Dressing Changes

Summary

Addressing Spiritual Distress in Healthcare
Copyright: R2_11.11.2022_SME
1.0 Contact hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives

1.   Identify three (3) techniques in offering spiritual care.
2.   Identify three (3) signs of spiritual distress.
3.   Identify three (3) ways of consoling a person experiencing spiritual distress.

Introduction
-   Disclaimer
Background
-   The Need for Spiritual Care in the Healthcare Profession
-   Desire for Spiritual Care
Landscape
-   Religious Belief and Spirituality Descriptors
-   Spiritual Diversity
-   Spiritual Self-Awareness
-   Honoring the Individual's Spirituality
-   Case Study
Spiritual Assessment
-   Barriers to Communication
-   Benefits of Spiritual Assessment Tools
-   FICA Spiritual History Tool
-   Incorporating Spiritual Assessment Tools into Caregiving
Spiritual Care
-   Providing Spiritual Care
-   Active and Reflective Listening
-   The Four Do Nots of Active Listening
-   Spiritual Care for All
Spiritual Distress
-   Recognizing and Addressing Spiritual Distress
-   The Commonness of Spiritual Distress
-   The Extensiveness of Spiritual Distress
-   The Impact of Spiritual Distress
Indicators of Spiritual Distress

- Defining Characteristics of Spiritual Distress
- Listening for Spiritual Distress
- Depression Versus Spiritual Distress

Addressing Spiritual Distress
- Consolation and Sensing
- Consolation Through Conversation
- Consolation Through Spiritual Resources
- Consolation Through Sensing

Outside of Hospice Care
- The Need for Interdisciplinary Team
- Challenges
- Addressing Spiritual Distress Outside of Hospice Care

The Adaptability of Hope
- Impact of Hope
- Interventions to Hope
- The Varieties of Hope

Self-Care
- Self-Care
- Organizational Strategies for Self-Care
- Personal Strategies for Self-Care

Advanced Directives
Copyright: April 2022
0.5 Contact Hour(s)

Author: Mary DaCorta, MSW, LCSW

Ms. DaCorta has provided medical social services in hospice and long-term care settings for more than 25 years. For the last 14 years she has provided social service support in a highly rated skilled nursing facility committed to excellence. She has provided presentations on advance care planning, ongoing supervision, and education of social workers and social service interns on advance directives.

Keywords: None

Objectives:

1. List two (2) advance directives.
2. Distinguish the differences between the living will and durable power of attorney (DPA) for healthcare.
3. Identify eight (8) considerations when making advance care decisions.

Outline:

Introduction
Overview
- Definition
- Control
- Why Advanced Directives?
Types
- Overview
- Living Will
- Living Will Lists Medical Care Choices
- Durable Power of Attorney for Healthcare
- DNR
- POLST
Additional Info
- Legality
- State to State
- Expiration and Revocation
- Advance Directive Review
- Individuals Without an Advance Directive
- Summary

Advanced Pain Management in the Long-Term Care Setting

2.0 Contact Hour(s)

Author: Sarah O'Shea, PharmD, RPh

Sarah graduated from Mercer University College of Pharmacy in 2015 and is currently employed as a pharmacist at Northside Hospital in Atlanta, Georgia. Sarah worked as a staff pharmacist in the main hospital pharmacy before transitioning to a unit-based position where she serves as the clinical pharmacist for women's surgery. She assists the nursing staff on the floor with medication related questions or problems, ensures patient medication profiles are appropriate, and enters medication orders for that unit. Prior to working as a pharmacist, Sarah spent seven years as a hospital pharmacy technician, helping her bridge the gap between pharmacist and technician responsibilities in the hospital, and better informing her mentorship role for both junior pharmacists and pharmacy technicians.

Keywords: regulatory, substance use disorder, prescribing controlled substances, FL, opioid, pain patch

Objectives
1. Select two (2) processes of pain screening and pain assessment in the long-term care setting.
2. Identify two (2) non-pharmacological pain management interventions.
3. Identify two (2) pharmacological interventions to manage pain.

Introduction
Definitions
- Pain in LTC
- Definition of Pain
- Truths and Misconceptions About Pain
- Barriers to Treatment
- Types of Pain
- Chronic Pain
- Results of Untreated Pain

Statistics
- Prevalence of Pain in Adults Over the Age of 65
- Prevalence of Pain in LTC

Barriers
- Effects of Unrelieved Pain
- Barriers
- Key Points

Strategies
- Management
- Components of Pain Management

Screening
- CMS Guidance and Strategies
- Additional Learning
- Regulatory Considerations
- Goals

- – Recognizing Pain
- – Screening Versus Assessment
- – Pain Recognition
- – Team Effort
- – Pain Management is Collaborative
- – Screening for Pain
- – Descriptors for Special Populations
- – Non-Verbal Descriptors

Assessment
- – From Screening to Assessment
- – Pain Assessment
- – Location of Pain
- – Pain Scales
- – Questions to Evaluate

Documentation
- – MDS Documentation
- – MDS Documentation
- – Documentation Outside of MDS

Pain Plan
- – Pain Management
- – Setting Goals
- – Key Approaches
- – Non-Pharmacological Interventions
- – Impact of Communication on Pain
- – Age Related Changes
- – Pharmacological Interventions Stepwise Guidance
- – Pharmacological Interventions Stepwise Guidance
- – Tips
- – Routes of Administration
- – Non-Opioid Analgesics
- – Opioid Risk
- – Opioid Analgesics
- – Opioid Side Effects
- – Florida-Specific Opioid Considerations
- – Respiratory Depression
- – Opioid Analgesics
- – Pain Plan for Persons with Substance Use Disorders
- – Beers List Analgesics Risk of Toxic Side Effects
- – Adjuvant Medications
- – Adjuvant Medications
- – Surgical Interventions
- – The Question of Cannabis
- – The Question of Cannabis
- – Recap Key Pain Management Strategies

Monitoring
- – Reassessment and Monitoring

Ageism
Copyright: R2_10.20.2023
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kim Hipkiss, RN, BSN

Kim is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Keywords: Person-centered Care

Objectives:

1. Identify two (2) common cultural practices in society that promote ageism.
2. Name two (2) common ageist beliefs concerning the older adult.
3. Select three (3) aspects of elderspeak which are demeaning to the older adult.

Introduction
Definition
- Definition
- Ageism
Societal Views
- Attitudes Toward Aging
- Staying Young
Types
- Self-Inflicted Ageism
- Ageism in the Workplace
- Reverse Ageism
- Ageism in the Media
- Ageism in Healthcare
- Elder Speak
Scenarios
- Solutions

- Scenarios
- Scenario: Mr. Lewis
- Scenario: Mrs. Jones
- Scenario: Mr. Gaines

Person Centered
- Person- Centered Care

Summary

Alzheimer's Dementia: Creating Routines
Copyright: April 2022
1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP

Deanna Hodges, OTR/L, ATP, Dementia Care Specialist Deanna has been practicing occupational therapy for over 35 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Reviewer: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) changes in the brain that are seen in Alzheimer's disease.
2. List four (4) ways to assist an individual with Alzheimer's disease with activities of daily living.
3. Identify three (3) techniques that facilitate communication with an individual who has Alzheimer's disease.

Outline:

Introduction
Definitions
- Alzheimer's Disease
- Dementia
- Other Dementias
- Alois Alzheimer
Pathophysiology
- Brain Abnormalities
- Brain Abnormalities: Disorders

Risk Factors
- Causes of Alzheimer's Disease: Unknown
- Risk Factors

Symptoms
- Stages of AD
- Life Expectancy and AD

Activities
- Guidelines for Routines
- Daily Routines
- Strategies to Manage Daily Routines
- Urinary Incontinence

Problem Solving
- Behavioral Changes
- Stressors
- The 5 Rs
- Wandering Interventions

Communication
- Communication
- Demonstrate Acceptance Through Body Language
- Validate the Person
- Socialization Serves a Purpose

Summary

Alzheimer's Disease
Copyright: R12_12.09.2022_SME
1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP

Deanna has been practicing occupational therapy for over 37 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care, skilled nursing facilities and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Keywords: None

Objectives
1. Recognize the pathological definition of Alzheimer's disease.
2. Identify three (3) behavioral changes seen in Alzheimer's disease.
3. Select three (3) interventions to deal with behaviors associated with Alzheimer's disease.

Outline:

Introduction
- Objectives and Learning Outcomes
- Navigation
- Introduction

Impact
- Impact of Alzheimer's Disease
- Cost of Alzheimer's

Pathophysiology
- Pathophysiology of AD
- Complex Disease
- Changes in the Brain
- Types of AD
- Seven Stage Framework

Risk Factors
- Known Risk Factors
- Potential Risk Factors
- Epidemiology
- Genes Associated with Development of AD

Diagnosis
- Research
- New Diagnostic Guidelines
- Guidelines
- Differentiating AD
- Tools for Diagnosing AD
- Biomarkers
- Neuroimaging
- Cerebrospinal Fluid and Blood Proteins

Current Treatment
- Treatment

Alzheimer's Disease and Related Disorders 1-Hour Curriculum
Copyright: R4_02.03.2023_SME
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. As the Director of Education at a 180-bed long-term care facility, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Keywords: FL Department of Elder Affairs

Objectives:
1. Define three (3) terms associated with dementia.
2. State two (2) causes and diagnosis of Alzheimer's Disease/Related Disorders (ADRD).
3. Identify three (3) characteristics associated with ADRD.
4. Select two (2) communication strategies for use with residents experiencing AD/ADRD.

Outline:

Introduction
What's In a Name
- Introduction to Alzheimer's Disease
- Definition
- Memory Loss
- Definition of Dementia
- Diagnosis of Dementia
- Risk Factors
- Reversible Dementias
- Signs

Etiology and Diagnosis
- How the Brain Works
- How the Brain Works
- Brain Changes AD
- Brain Tour
- Diagnostic Criteria

What Can I Expect
- Affects
- AD Cognitive Changes
- Orientation Loss
- Language Losses in AD
- Language Losses in AD
- Stages of Dementia
- Mild or Early Stage
- Moderate or Middle Stage
- Severe or Late Stage

Talk to Me
- ADRD Challenges
- Communication Strategies
- Elderspeak
- Being Present
- Setting the Tone

Summary
- Summary

Alzheimer's Disease and Related Disorders 3-Hour Curriculum
Copyright: April 2022
3.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Keywords: None

Objectives:
1. State causes and diagnosis of Alzheimer's Disease/Related Disorders (ADRD)
2. Identify common behaviors associated with residents with ADRD.
3. Recognize causes of common behaviors and strategies for managing challenging behaviors.
4. Select strategies for promoting ADLs for residents with AD or ADRD.
5. Determine appropriate group and individual activities for residents with ADRD.
6. Discuss benefits of building a therapeutic environment through modification of the physical environment, schedules and routines and staff approaches.
7. Relate causes of stress for caregivers.
8. Recommend techniques for managing stress.
9. List family Concerns when caring for a loved one with AD/ADRD.
10. Ethical Issues in ADRD Care.
11. State the ethical principles and approaches to care: autonomy, beneficence, and justice.

Outline:

Introduction
Definitions
- Definitions
- Similar Symptoms but not ADRD
- Signs of Delirium
- Brain Changes: What Causes AD?
- Diagnosing Alzheimer's
- Stages of Dementia

Common Behaviors
- Behaviors
- Common Behaviors: Hoarding
- Caregiver Interventions to Address Hoarding
- Hoarding Interventions
- Common Behaviors: Rummaging
- Caregiver Interventions to Address Rummaging
- Rummaging Interventions
- Common Behaviors: Wandering

- Wandering Interventions
- Common Behaviors: Paranoia
- Caregiver Interventions to Address Paranoia
- Paranoia Interventions
- Care Interventions to Manage Agitation
- Agitation Interventions
- Restraints
- Case Study
- Behavioral Changes: All behavior has Meaning
- Physical and Verbal Outbursts
- Medication
- Triggers
- Reframe the Issue
- Residents Rights: Systematic Care Approach
- Gather Information for Resident-Centered Care
- Recognizing Behavior
- Problem Solving Approach
- "ABC" Framework
- Resident-Centered Strategies

Bed Bath Beyond
- Bed, Bath, and Beyond
- Interventions
- Problem Solving Approach: Quick Tips
- Communication: Avoid Elderspeak
- Communication Techniques
- It's All in the Approach
- Bathing Strategies
- Individualized Interventions
- Grooming Strategies
- Dressing Strategies
- Feeding Strategies
- Toileting and Incontinence
- Toileting and Incontinence Care Strategies
- Personal Care Strategies
- Communication Strategies

Engage Me
- Activities Promote
- Benefits of Engaging
- Principles of Engaging Residents
- Person-Appropriate Activities
- Activities for Individuals or Groups

Therapeutic
- Therapeutic Environment
- Meeting the Resident's Needs
- Impacts on Mood
- Physical Environment
- Make Environment Predictable and Constant
- Staff Interactions
- Interpretive Guidelines

Caregiver Stress
- Caregiver Stress

- Causes of Stress for Facility-based Caregivers
- Common Caregiver Problems
- Effects of Uncontrolled Stress
- Mental Expressions of Grief
- Grief
- Kubler-Ross Stages of Grief
- Responses to a Resident's Death
- Dealing with Caregiver Grief
- Caregiver Stress

Family Issues
- Special Concerns of Families: Mild Stage
- Special Concerns of Families: Moderate Stage
- Special Concerns of Families: Late Stage
- Grief: Related to Changes in Family Relationships
- Losses at Each Stage
- Offering Resources for Families
- Resources

Ethical Issue
- Principles
- Ethical Dilemmas
- Ethical Issues in Dementia Care
- Ethical Approach to Dementia Care
- Resident's Rights
- Case Study: Mrs. Smith
- Case Study: Mrs. Setzer
- Case Study: Mr. Roberts

Summary

Alzheimer's Disease: The Facts
Copyright: R4_12.29.2024_SME
0.5 Contact Hour(s)
Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, Staff Development specialist, instructor, and clinical professor. In her role as Director of Education of a 180-bed long term care facility she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and person- centered caregivers.

Reviewer: Emily Briggs, OTR/L, RAC-CT, PAC Certified Independent Trainer

Emily has been practicing occupational therapy for over 20 years. She is the co-founder and principal of Empowering Care Partners, a company providing training and consulting to individuals living with dementia and their care partners who support them, including family members, dementia care professionals, and organizations. Emily also provides occupational therapy services in Assisted Living and Independent Living communities. Prior to that, she served as the Director of Clinical Compliance for a skilled nursing company, in regional clinical and director of rehabilitation roles for skilled nursing facilities (SNFs). In each role, Emily has focused on clinical programming and mentorship of students, new grads, and those new to the SNF setting. She has also been involved in the planning and training for addressing regulatory updates and payment model changes. Emily holds an Independent Trainer Certification with Teepa Snow's Positive Approach to Care (PAC) and provides training to care partners of all levels in the care of those living with dementia. She is also a certified Resident Assessment Coordinator (RAC-CT) and provides training to therapists and nurses on documentation to support coding of the Minimum Data Set (MDS) for accurate reimbursement. Emily is a member of the American Occupational Therapy Association (AOTA) and was part of their Leadership Development for Middle Managers Class of 2016. She has also served AOTA on a variety of Technical Expert Panels and Advisory Groups.

Objectives:
1. Identify three (3) symptoms of Alzheimer's disease.
2. Choose two (2) risk factors for Alzheimer's disease.
3. Select two (2) methods used for diagnosing Alzheimer's disease.

Keywords: Person-Centered Care

Introduction
- Alzheimer's Disease
- Changes
- Cause of Dementia
- Facts and Figures

Changes
- Onset and Progression of Alzheimer's Disease
- Changes in the Brain

Signs and Symptoms
- Memory Problems
- Signs and Symptoms
- Symptom Evaluation
- Mild Stage
- Moderate Stage
- Severe Stage

Causes
- Cause of AD
- Risk Factors Associated with AD
- Modifiable Risk Factors
- Other Risk Factors Associated with AD

Diagnosis
- Diagnosis of Alzheimer's Disease
- Causes of Confusion
- Planning

Treatment
- Treatment of Alzheimer's Disease
- Cholinesterase Inhibitors
- Behavioral Symptoms
- Looking for New Treatments

Person-Centered Care
- Person-Centered Care Principles

Support
- Support for Families and Caregivers
- Caregiver Support
- Summary

Anatomy and Physiology of the Cardiovascular System
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify four (4) anatomical structures of the normal heart.
2. Identify the two (2) main coronary artery systems.
3. List the three (3) major formed elements in blood.

Outline:

Introduction
Structures
- Anatomy and Physiology
- The Heart
- Descriptors of the Heart
- The Right and Left Sides
- Chambers of the Heart
- Tissue Layers
- Valves
- Cardiac Valves
- The Electrical System
Coronary Arteries
- The Coronary Arteries
- The Left Main
- The Ramus or Intermediate Artery
Blood
- Blood Components
- Red Blood Cells
- Anemia
- Signs and Symptoms of Anemia
- White Blood Cells
- Platelets
Summary

Antipsychotic Medications
Copyright: April 2022
1.5 Contact Hour(s)

Author: Sarah O'Shea, PharmD, RPh

Sarah graduated from Mercer University College of Pharmacy in 2015 and is currently employed as a pharmacist at Northside Hospital in Atlanta, Georgia. In her role in main pharmacy, Sarah is tasked with complete pharmaceutical support for all hospital units, managing the transition from unit-specific pharmacy support during the day to a more centralized staff pharmacy support model overnight. Prior to working as a pharmacist, Sarah spent seven years as a hospital pharmacy technician, helping her bridge the gap between pharmacist and technician responsibilities in the hospital, and better informing her mentorship role for both junior pharmacists and pharmacy technicians.

Keywords: Medication safety

Objectives:

1. State two (2) indications for use of antipsychotic medications.
2. Identify three (3) adverse effects of antipsychotic medications.
3. List three (3) guidelines for use of antipsychotic medications in the older adult.

Outline:

Introduction
Antipsychotics
- Typical vs Atypical Antipsychotics

Indications
- Indications and Conditions Treated with Antipsychotics
- Dosage Considerations
- Indications and Conditions Treated with Atypical Antipsychotics
- Consideration of the Underlying Cause of Behaviors

Typical vs Atypical
- Mechanism of Action of Typical Antipsychotics
- Initial Clinical Effects of Typical Antipsychotics
- Dosing Effects
- Bridging to Control Symptoms
- Potency

Consequences
- Adverse Effects

Considerations
- Nursing Considerations: Adverse Effects
- Nursing Considerations: Drug Specific
- Adjuncts to Antipsychotics
- Monitoring the Effects
- Age Related Changes in the Distribution of Medications
- Comorbidities and Age-Related Side Effects
- Mortality Rates and FDA Warning
- Black Box Warning
- CMS Efforts to Improve Dementia Care

Arthritis and the Older Adult (Nursing Assistants)
Copyright: June 2022
0.5 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS 2

Dr. Brittany Phillips is a board certified Orthopedic Certified Specialist (OCS) physical therapist through the American Physical Therapy Association (APTA). Her clinical experience covers a wide array of diagnoses, including neurology, oncology, and pelvic rehabilitation. In addition to being an orthopedic specialist, Dr. Phillips holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. Beyond her role as a clinician, Dr. Phillips serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students, is a two time finalist for the Florida Clinical Instructor of the Year and is an adjunct professor teaching anatomy and physiology to healthcare students.

Keywords: None

Objectives:
1. Select two (2) symptoms of osteoarthritis compared to rheumatoid arthritis.
2. Select two (2) pieces of adaptive equipment appropriate for individuals with arthritis.
3. Identify three (3) pain intervention strategies for older adult with osteoarthritis.

Outline:

Introduction
- Disclaimer
- Arthritis: Defined
- Statistics
- How to Determine if Pain is From Arthritis

Osteoarthritis
- Osteoarthritis: Defined
- Signs and Symptoms
- Medical Interventions
- Types of Knee Braces
- Knee Brace Assistance
- Common Knee Brace Errors
- Common Knee Brace Complications

Rheumatoid
- Rheumatoid: Defined
- Signs and Symptoms
- Joint Protection Strategies

Gout
- Gout: Defined
- Gout: Signs and Symptoms
- Medical Intervention

Summary
- Summary

Assisting with Self- Administered Medication

Author: Wendy Mohlman, MS-RN, C-AL, CNE

Wendy Mohlman, MS-RN, C-AL, CNE, has dedicated her nursing career to serving older adults in long-term care and hospice, as well as spending over ten years in assisted living and memory care as a wellness director, corporate regional clinical director, and compliance nurse. While working in compliance, Wendy conducted investigations related to clinical concerns, developed state-specific mock-survey tools and performed audits to prepare ALFs for their annual surveys. She spent much time providing education related to best practices for ALF leadership and staff. Passionate about education, Wendy published an article related to end-of-life education and training for ALF caregivers. She holds a master's degree in Gerontology from the University of Utah College of Nursing and is pursuing a doctorate in nursing education. She has taught pre-licensure nursing students at a local nursing college and obtained a certification as a nurse educator. She is serving as the Assisted Living Clinical Manager for Healthcare Academy.

Objectives:
1. Identify two (2) key concepts when assisting with self-administered medication.
2. Select two (2) tasks involved in assisting with self-administered medication.
3. Choose two (2) concerns when assisting with self-administered medication.

Introduction
Background
- Introduction
- Regulations and Medications

Introduction
– Medication Assistance in ALFs

Case Study
– Introducing Mr. Beck
– Assisting Mr. Beck

Self-Administer
– Examples of Assistance with Self-Administration of Medications

Safe-Practices
– Safe Medication Practices
– Understanding Regulation, Policies and Procedures
– Conversations, MARs and Service Plans

Reporting
– Identifying Concerns
– Reporting Concerns
– Changes in Condition

Summary

Back Safety for All Staff
Copyright: April 2022
0.5 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Keywords: Ergonomics

Objectives:

1. List two (2) risk factors for back injury in the healthcare setting.
2. Select two (2) actions to prevent back injury in the workplace.
3. Identify two (2) types of equipment modifications that can be utilized to assist with job tasks.

Outline:

Introduction
Background
- Statistics
- Greatest Risk for Back Injury
- Non-Clinical Risk for Injury
- Back Safety: Remote Workers
Risk
- Pathophysiology
- Work-Related Hazards
Prevention
- Proper Lifting Guidelines
- Strategies to Prevent Injury
- Utilizing Equipment
- Assistive Equipment
Summary
- Summary

Behavioral Emergencies in the LTC Setting
Copyright: April 2022
1.0 Contact Hour(s)

Author: Nancy Slattery BSN, RN

Nancy has over 38 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. She has developed continuing education programs for clinical staff related to mental health and addiction. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool as well as assisted with completion of a two-part depression training course. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as a subject matter expert for all teams regarding behavioral health workflows and clinical content.

Keywords: None

Objectives:
1. Identify five (5) steps in a behavioral safety plan.
2. Describe three (3) elements of a behavioral risk assessment.
3. List five (5) warning signs that may signal a behavioral health emergency.

Outline:

Introduction
Definition
-   Overview of Mental Health in the Elderly
-   Definition of Behavioral Health Emergencies
-   Violent Behavior
-   Federal Regulations
-   Regulatory Requirements

Mental Health Crisis
-   Suicidal and Homicidal Ideation
-   Suicidal Ideation
-   Homicidal Ideation
-   Aggression, Agitation and Abuse
-   Dementia
-   Medical Conditions
-   Management
-   Delirium
-   Assessment Tool
-   Strategies

Risk Factors
-   Potential Triggers
-   Barriers
-   Barriers to Identification of Risk Factors

Warning Signs
-   Predictions of Violence
-   Assessment
-   Assessment Tools

- Assessment Tools for Depression and Anxiety
- Risk Assessment
- Recognize At-Risk Individuals

Intervention
- Early Recognition
- Evaluation
- Techniques to De-escalate a Crisis
- Emergency Plan
- Elements of an Emergency Crisis Plan
- Components of a Safety Plan

Prevention
- Training
- Ethical Treatment
- Environmental Safety
- Behavioral Management Techniques: Environmental

Scenario
- Example of an Intervention
- Success
- Summary

Behaviors: Medications and Interventions

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:
1. Identify three (3) cognitive abilities impaired as a result of Alzheimer's disease.
2. Determine three (3) behavioral symptoms of Alzheimer's disease.
3. Select four (4) interventions to help minimize behavioral problems for a person with Alzheimer's disease.

Keywords: Person-centered Care, Person-centered Strategies, Communications, Medications

Introduction
Overview
- Overview of Dementia
Consequences
- Signs of Dementia
- Consequences of Dementia Cognitive Losses
- Psychiatric Symptoms
Associated Behaviors
- Behaviors
- Reasons Behind the Behavior
- Aggression
- Environment
- Factors
- Evaluate
- Medications That May Contribute to Behaviors
- Questions
- Documentation and Reporting
- Promote Success
- Acknowledge Feelings
Management
- Behavior Management of Disturbances
- Mealtime
- Dealing with Confusion or Aggression
- Alternate Interventions
- Interventions
Pharmacology
- Pharmacologic and Non-pharmacologic Interventions
- Specific Symptoms
Summary

Bloodborne Pathogens
Copyright: R5_11.30.2023
0.5 Contact Hour(s)
Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, Staff Development specialist, instructor, and clinical professor. In her role as Director of Education of a 180-bed long-term care facility she developed, implemented, and evaluated competency-based staff education focused on infection prevention and control to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and person- centered caregivers.

Keywords: Infection Prevention and Control, HIV, Hepatitis

Objectives:
1. Identify the three (3) most common viruses a healthcare worker can be exposed to on the job.
2. Select the four (4) types of bloodborne pathogens.
3. Choose three (3) ways to prevent the spread of bloodborne pathogens.

Introduction
Bloodborne Pathogens
Viruses
-   Viruses
-   Hepatitis B (HBV)
-   Hepatitis C (HCV)
-   HIV
Prevention Plan
-   Preventing the Spread
-   The Risk of Transmission
-   Exposure
Summary

Body Positioning Basics
Copyright: R1_06_09_2023_SME
0.5 Contact Hour(s)

Author: Kim Hipkiss, RN, BSN

Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Keywords: N/A

Objectives:
1. Select eight (8) purposes of body positioning.
2. Identify three (3) basic body positions.
3. Choose two (2) safety considerations associated with positioning.

Outline:
Introduction
Purpose
– The Need for Repositioning
– Positioning Defined
– Risk Factors
– Reasons for Body Repositioning
Positions
– Three Basic Positions
– Sitting Fowlers Position
– Back Lying Supine Position
– Side-Lying (Lateral) Position
Benefits
– Comfort
– Positioning for Comfort
– Positioning in a Chair
– Prevention of Skin Breakdown
Safety
– Positioning Safety
– Repositioning When Sliding
– Fall Protection
Documentation
– Documentation of Repositioning
Application
– Apply Your Knowledge
– Apply Your Knowledge
– Apply Your Knowledge
– Summary

Cardiac Assessment: Nurses
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Recognize four (4) abnormal findings on a cardiac assessment.
2. Describe three (3) laboratory findings indicative of cardiac abnormality.
3. Identify six (6) diagnostic studies that are used to evaluate cardiac function.

Outline:

Introduction
Review Anatomy
- Anatomy of the Heart
- Pericardium
- Chambers of the Heart
- Valves
- The Heart
- Blood Supply
- Conduction System
History
- History
Inspection
- Physical Examination
- Inspection
- Findings
Palpation
- Landmarks Used in Palpation
- Palpation
- Palpation Rate
- Common Sites for Palpation
- Abnormal Findings
Percussion
- Percussion
Auscultation

- Auscultation
- Dysrhythmia
- Normal Heart Sounds
- Deviations
- Blood Pressure
- Systolic Blood Pressure
- Pulse Pressure

Diagnostic Studies
- Laboratory

Noninvasive Studies
- Noninvasive Studies

Invasive Studies
- Invasive Studies

Cardiac Medications: Improving Heart Efficiency
Copyright: R6_09.22.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN
Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Medication safety, Medical error prevention

Objectives:
1. Identify three (3) indications for use of anti-platelet agents inhibitor medications.
2. State three (3) signs and symptoms of major side adverse effects of anti-thrombotic anticoagulant medications.
3. Select two (2) indications for the use of morphine.

Introduction
- Blood Clotting
- Anti-Thrombotic Agents

Platelet Inhibitors
- Blood Clotting Pathway
- Platelet Inhibitors
- Classifications
- Indications
- Indications
- Antiplateley Therapy
- Side Effects
- Adverse Effects
- Considerations

Anticoagulants
- Anticoagulants
- Warfarin
- Warfarin: Adverse Effects
- Warfarin: Vitamin K
- Warfarin: Blood Testing
- Heparin
- Heparin: Delivery
- Direct Oral Anti-Coagulants
- Direct Oral Anti-Coagulants: Use
- Direct Thrombin Inhibitor
- LMWH

Morphine
- Morphine

-   Side Effects
-   Nursing Precautions

Summary

Cardiac Medications: Managing Blood Pressure
Copyright: R5_09.22.2023_SME
1.0 Contact Hour(s

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Medication safety, Preventing medical errors, Medication administration

Objectives:
1. State three (3) indications for use of angiotensin-converting enzyme inhibitors (ACE inhibitors).
2. Identify three (3) adverse effects of Angiotensin II receptor blockers (ARBs).
3. State three (3) indications for use of beta-blockers.

Introduction
-   Management

ACE Inhibitors
-   Ace Inhibitors
-   Examples of ACE Inhibitors
-   Actions
-   Adverse Effects and Reactions
-   Drug and Other Interactions
-   Nursing Considerations

ARBs
-   Angiotensin II Receptor Blockers (ARBs)
-   Actions
-   Indications
-   Adverse Effects
-   Drug and Other Interactions
-   Nursing Considerations

Beta Blockers
-   Beta Blockers
-   Indications
-   Types of Beta Blockers
-   Beta Blocker Receptors
-   Adverse effects
-   Drug and Other Interactions
-   Black Box Warning

Calcium Channel
-   Actions

- Angina
- Calcium Channel Blockers
- Adverse Effects
- Drug and Other Interactions
- Nursing Considerations

Summary

Cardiac Medications: Preventing Cardiac Complications
Copyright: R6_09.22.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify three (3) indications for use of anti-platelet agents.
2. State three (3) signs and symptoms of major side adverse effects of anti-thrombotic medication.
3. Select two (2) indications for the use of morphine.

Outline
Introduction
- Blood Clotting
- Anti-Thrombotic Agents

Platelet Inhibitors
- Blood Clotting Pathway
- Platelet Inhibitors
- Classifications
- Indications
- Indications
- Antiplateley Therapy
- Side Effects
- Adverse Effects
- Considerations

Anticoagulants
- Anticoagulants
- Warfarin
- Warfarin: Adverse Effects
- Warfarin: Vitamin K
- Warfarin: Blood Testing
- Heparin
- Heparin: Delivery
- Direct Oral Anti-Coagulants

- Direct Oral Anti-Coagulants: Use
- Direct Thrombin Inhibitor
- LMWH

Morphine

- Morphine
- Side Effects
- Nursing Precautions

Summary

- Summary

Caregiver Stress

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:
1. Predict three (3) ways a healthcare worker will be impacted by stress.
2. Detect three (3) ways healthcare organizations contribute to stress in the workplace.
3. Select the merits of three (3) things that can be done in the healthcare setting to promote reduction of workplace stress for staff.

Outline:

Introduction
Definition
- Definition of Stress
- Acute or Chronic Stress
- Positive Stress
- The Body and Stress
Causes of Stress
- The Healthcare Setting
- Healthcare Environment
- Care Delivery Systems
Effects of Stress
- Effects of Stress
- Physical Effects
- Psychological Effects
- Workplace Factors
Risk Factors
- Demographic Factors
- Cultural Factors
- Stress in the Workplace
Management
- Addressing Stress
- The Key to Managing Stress
- Managing Stress: Personal Characteristics
- Managing Stress: Workplace Characteristics
- Managing Stress: Social Networks
Summary

Caring for the Person with Developmental Disabilities

Copyright: January 2022

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Person-centered care, Communication, Traumatic brain injury

Objectives:

1. Identify three (3) strategies for managing challenging behaviors among adults with developmental disabilities.
2. Select three (3) environmental modifications that may help to address behaviors among adults with developmental disabilities.
3. Choose three (3) possible complications of a traumatic brain injury.

Outline:

Introduction
Definitions
- Developmental Disability
- Definitions
History
- History
- Laws
- Rights
Goals for Care
- Goals for Care
Challenges
- Challenges
Care
- Care
- Communication
- Activities of Daily Living
- ADLs: Service Plan
- ADLs: Goals
- ADLs: Job Limitations
- Adaptive Equipment
- Computer Programs
- Therapeutic Environment

Challenging Dementia-Related Behaviors: Care and Interventions for Individuals Living with Dementia
Copyright: R3_12.09.2022_SME
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: None

Objectives:
1. Identify three (3) common triggers for dementia-related behaviors.
2. List four (4) strategies to minimize behaviors associated with dementia.
3. Select two (2) communication techniques to use with the person living with dementia.

Outline:

Introduction
- Objectives
- Navigation
- Introduction

Definition
- Overview
- Behaviors

Behaviors
- Behavior is Communication
- Common Behaviors: Wandering
- Caregiver Interventions: Address Wandering Behavior
- Common Behaviors: Hoarding
- Caregiver Interventions: Address Hoarding
- Common Behaviors: Rummaging
- Caregiver Interventions: Address Rummaging
- Common Behaviors: Paranoia
- Caregiver Interventions: Address Paranoia
- Common Behaviors: Agitation
- Caregiver Interventions: Address Agitation
- Recognizing Behavior

Problem Solving
- Problem Solving Approach
- Person-Centered Strategies
- Quick Tips

Communication
- Communication
- Share Interventions

Caregiver Stress
- Caregiver Stress
Case Study
- Case Study
Summary
- Summary

Change Management
Copyright: April 2022
1.5 Contact Hour(s)

Author: Diane Hinds BA, MA, Ed. D

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises. Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University. Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Keywords: None

Objectives:
1. Recognize two (2) impacts of change.
2. Identify two (2) appropriate responses to change.
3. List one (1) way to communicate change initiatives.

Outline:

Introduction
- Change is Difficult

Definition
- Types of Changes
- The Phenomenon of Change
- If Change Is Inevitable, Why Is It So Hard?
- Why Change Can Be So Difficult to Achieve
- Common Images of Change
- Images of Change
- Truths About Change
- Truth #1 Expanded

- Mental Models
- Immunity to Change
- Addressing Immunity to Change
- Truths about Change
- Speed of Change
- Growth of Knowledge

Phases
- Reaction to Change
- Impact of Change
- Results of Change
- Predictable Patterns of Change
- Ending Stage: Denial
- Neutral Zone Resistance Part 1
- Neutral Zone: Part 2

Chronic Kidney Disease
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Choose two (2) clinical manifestations of chronic kidney disease.
2. Identify three (3) nursing considerations when caring for an individual with chronic kidney disease.
3. Select three (3) potential complications of dialysis.

Outline:

Introduction
- Statistics

Definition
- Definition
- GFR
- Markers of Kidney Damage

Function
- Anatomy
- Anatomy and Physiology
- Filtration, Absorption, and Secretion
- Changes with Aging
- Risk Factors

Diagnosis
- Diagnosis
- Diagnostic Studies
- Stages of CKD

Symptoms
- Symptoms

Treatment
- Management
- Diet
- Diabetes

Nursing Care
- Nursing Considerations

- Medication Effects and Side Effects
- Monitor Laboratory Results
- Anemia
- Nutritional Needs and Restrictions
- Guidelines
- Low Protein Diets
- Fluid Restrictions
- Monitoring for Signs of Fluid Overload
- Pulmonary Edema: Chronic
- Pulmonary Edema: Sudden Onset

Dialysis
- Dialysis
- Hemodialysis
- AV Fistula
- AV Graft
- AV Fistula or Graft: Complications
- Post-Hemodialysis Monitoring
- Peritoneal Dialysis
- Types of Peritoneal Dialysis
- Peritoneal Dialysis Complications
- Nursing Considerations
- Lab Considerations

Case Studies
- Case Study: Mrs. Griffin
- SBAR
- Case Study: Mrs. Griffin
- Case Study: Mrs. Griffin
- Case Study: Mrs. Griffin
- Case Study: Mr. McCarthey
- Case Study: Mr. McCarthey

Summary

Chronic Obstructive Pulmonary Disease (COPD)
Copyright R1_01.27.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Respiratory disease, chronic condition, patient-care

Objectives
1. Describe five (5) common signs and symptoms of COPD.
2. Select two (2) important concepts in the care and treatment of the person with COPD.
3. Identify three (3) changes in status that would indicate a need to notify the physician.

Outline:

Introduction
Definition
- Introduction to COPD
- Chronic Bronchitis
- Incidence of Chronic Bronchitis
- Emphysema
Causes
- Three Primary Causes of COPD
- Cigarette Smoking
- Other Irritants
- Genetic Disorders
Signs and Symptoms
- Symptoms
- Early Warning Signs
- Symptoms of Chronic Bronchitis
- Symptoms of Emphysema
- Progression of COPD
Diagnosis
- History and Physical
- Pulmonary Function Testing
- X-Rays and CAT Scans
- Other Tests
Care Guidelines
- Goals
- Treatment of COPD
- Avoid
Notify Physician
- Progression of the Disease

Clinical Hospice: Concepts of Care
0.5 Contact Hour(s)
Copyright: R3_10.31.2023_SME

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end of life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: None

Objectives:
1. List three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary team (IDT).
3. Identify three (3) common ethical issues in end-of-life care.

Introduction
- Concepts of Hospice Care: Three Dimensions
- Concepts of Hospice Care: Family and Caregivers

The Role of Hospice
- Rights
- The Role of Hospice
- Considerations
- Responsibilities
- Expert Holistic Approach

The IDG
- The Interdisciplinary Group (IDG)
- IDG Care

Quality of Life
- Quality of Life
- Quality of Life: Meaning
- Quality of Life: Focus
- Control of Pain

Dimensions
- Physical Dimension
- Psychosocial Dimension
- Spiritual Dimension
- Hospice Approach to Care

Clinical Hospice: Cultural and Spiritual Considerations
Copyright: R2_11.28.2022_SME
1.0 Contact hour(s)

Author: Marc A. Markell, Ph.D., CT

Marc Markell is a professor at St. Cloud State University. He earned a Ph.D. in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods and strategies for students with special needs, behavior management, human Relations, and grief and loss education. He also supervises student teachers. Marc teaches graduate level courses Psychology of Lesbian, Gay, Bisexual, Transgender. Has written three books, several chapters, and many articles on issues related to diversity, oppression, grief, and academics.

Keywords: None

Objectives:
1. List two (2) purposes of cultural rituals and customs.
2. List three (3) forms of spiritual care in hospice programs.
3. Identify the difference between cultural competence and cultural humility.

Outline:

Introduction
- Disclaimer
Considerations
- Introduction
What is Culture?
- Culture: Definition
- Addressing Rituals and Concerns
- Impacts
Components
- Race and Ethnicity
- Gender
- Generations
- Age
- Religion and Spirituality
- LGBTQ
- Cultural Humility
- Statement of Human Rights
Cultural Groups
- African Descent
- Cultural Competence
- Concepts
- Self-Assessment
Cultural Competency
- Cross-Cultural Communication
- Cultural Assessment Models
- Providing Culturally Awar and Sensitive Care
Diversity
- Spirituality
- Religion

Spiritual Care
- Spiritual Care
- Management of Spiritual Issues and Spiritual Suffering
- Hospice Program
- Providing Spiritual Care
- Addressing Spiritual Care
- Components of Spiritual Care
- Spiritual History and Assessment
- Assessment Tools
- FICA Spiritual History Tool
- The HOPE Tool
- Spiritual Concerns
- Compassionate Presence

Summary
- Summary

Clinical Hospice: Death, Dying, and Bereavement
Copyright: R3_10.20.2023_SME
1.0 Contact Hour(s)

Author: Ginny Crockett-Maillet, RN, MSN

Ginny has more than 39 years of nursing experience in women's health, oncology care and cancer navigation, hospice and palliative care and clinical nursing education. She has a Master of Science in Nursing from Walden University with a specialty in Nursing Education in addition to her advance practice training as a Women's Health Nurse Practitioner. Ginny has also attained advanced training and certification on hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium) as well as training on end-of-life care for the dementia patient through the Alzheimer's Association. She has served as Associate Nursing Faculty at the graduate level serving as clinical instructor in the Family Nurse Practitioner program for Walden University and as Affiliate Faculty in the Bachelor of Science Nursing program at Colorado Christian University where she taught courses on hospice and palliative care, maternal childcare, and community health nursing. Ginny served as educator on hospice and palliative care to more than 700 physicians, RNs, and a variety of health care providers for 3 years while at Pathways Hospice. While at Pathways Hospice, she was also responsible for the creation of educational tools and outreach for health care professionals at local assisted living and long-term care facilities. Ginny has also served as Clinical Nurse Educator at Cheyenne Regional Medical Center where she was responsible for development of educational courses for all nursing staff and developed and taught the LPN-IV certification course for all LPN staff. Ginny is a published author on the role of Nurse Practitioners in oncology care and patient navigation and hereditary breast cancer syndromes. Ginny is a member of the Northern Colorado Nurse Practitioner Coalition, Hospice and Palliative Nurses Association and the Oncology Nursing Society where she served as Co-editor of the Breast Cancer Group newsletter for two years.

 Reviewer: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie has served as a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: None

Objectives:
1. Identify three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary group (IDG).
3. Identify three (3) common ethical issues in end-of life care.

Introduction
Signs and Symptoms
- End of Life
- Family Support and Guidance
- Facing Death
- Impending Death
- Preparing Family and Friends

- Natural Occurrences
- Educating Family
- Approaching Death
- Signs and Symptoms

Interventions
- Normal Progression of Dying and Interventions
- Cultural and Religious Considerations

Role of the Hospice Professional
- Determination of Death: Death Pronouncement
- Postmortem Care
- Physical Changes After Death
- Support

Bereavement and Grief
- Grief and Bereavement
- Loss Mourning and Grief
- Grieving
- Manifestations of Grief
- Factors that Impact the Grieving Process
- Bereavement Interventions
- Bereavement Plan
- Bereavement Services
- The Grieving Period

Summary

Clinical Hospice: Definition, Referral, and Reimbursement
Copyright: April 2022
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: palliative care

Objectives:

1. State two (2) criteria for hospice eligibility.
2. Select three (3) functions of the hospice interdisciplinary team.
3. Identify two (2) types of hospice discharges.

Outline:

Introduction
Hospices
- Hospice Care
- History of Hospice
- Who Receives Hospice Care?
- Medicare Costs for Hospice Care
- Hospice Length of Stay (LOS)
- Hospice Services
- Covered Hospice Services
- The Benefits for Skilled and Assisted Living Facilities
- The Differences Between Hospice and Home Care
- Reimbursement for Hospice Care
- Part D Payment for Drugs
- Levels of Hospice Care
Definitions
- Palliative Care
- Features of Palliative Care
- A Year or Less to Live
- Comfort Care
Interdisciplinary Team
- The Hospice Team
- Interdisciplinary Team Tasks
- Initial Certification
- Recertification

-    Hospice Benefit Periods

Eligibility

-    Who is Eligible for Admission to Hospice?
-    Question
-    Common Diagnoses
-    Ten Steps to Better Prognostication
-    Barriers to Hospice Admission
-    Hospice Tools
-    Local Coverage Determination (LCD)
-    Adult Failure to Thrive and Debility
-    Primary Diagnosis

Clinical Hospice: Documentation for Capturing Eligibility
Copyright: April 2022
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: None

Objectives:

1. Choose three (3) documentation tips used to support hospice eligibility.
2. Identify three (3) regulatory documentation requirements contained in the Hospice Conditions of Participation (CoP).
3. Identify two (2) elements required in hospice documentation to support the need for a higher level of care.

Outline:

Introduction
Overview
- Hospice Clinical Documentation
- Painting the Picture of Eligibility
Regulatory
- Certification of Terminal Illness
- Supporting Clinical Documentation
Admission
- Hospice Services
- Questions
- Local Coverage Determination
- Assessment Tools
- Supporting Documentation
- Comprehensive Assessments
- Plan of Care
- Responsibilities
Eligibility
- Comparison Charting
- Areas of Focus
- Documentation of Changes
- Documentation Observation
- Recertification

- Eligibility of On-Going Hospice Services
- Comparative Documentation

Documentation
- IDG Role
- IDG Plan of Care Review
- Coordination of Services
- POC: Residing in a SNF

Physician and Nurse
- Required Certification of Terminal Illness

Level of Care
- Levels of Hospice Care
- Documenting Need for Higher Level of Care
- Continuous Home Care
- GIP Documentation
- GIP Documentation of Symptom Management
- IDG: Documentation

Summary

Clinical Hospice: Effective Communication Skills for End-of-Life Care
Copyright: R3_11.10.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie has served as a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: POLST, MOLST, Person-Centered Strategies

Objectives:

1. Select three (3) non-verbal attending skills.
2. Identify three (3) steps to apply when communicating difficult content.
3. Identify three (3) best practices for initiating and discussing end-of-life decisions with individuals and family members.

Introduction
Communication
- Compassionate Communication
- Guidelines
- Research
- Discussing End of Life Care

Empathy
- Guidelines
- Attending Skills
- Following Skills
- Attentive Silence
- Reflecting Skills
- Guidelines for Improving Reflective Listening
- Overview of Effective Communication Skills

Conversations
- Difficult Conversations
- Communicating Bad News
- Acknowledgement
- Steps to Apply
- Additional Models
- Ask Tell Ask
- NURSE Tool
- SPIKES Protocol
- SOLER Strategy

- COMFORT Model

Barriers and Challenges
- Barriers and Challenges
- Barriers to Communication
- Solutions
- Effective Communication

Advance Directives
- End of Life Communication
- Advance Care Planning
- Life Sustaining Treatments Documents
- Current Changes in Advance Care Planning Forms
- Individual State Advance Directive Forms
- States Advance Directive
- Individuals Best Interest
- Case Study

Summary

Clinical Hospice: Ethical Issues at End-of-Life
Copyright R3_11.17.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Apply four (4) universal ethical principles.
2. Prioritize the four (4) stages of the SFNO framework for problem-solving.
3. Identify three (3) healthcare documents that are important to have at the end-of-life.

Introduction
Ethical Principles
- Ethics Defined
- Fundamental Ethical Principles
- Other Ethical Principles
Ethical Issues
- Ethical Issues within Clinical Practice
- Ethical Situations
- Documents
- Ethical Dilemmas
Problem Solving
- Ethical Problem Solving
- Professional Standards and Codes
- Questions
- Communication: Ask-Tell-Ask Method
- Resources
- Ethical Knowledge
- Case Study
Summary

Clinical Hospice: Management of Pain and Other Symptoms
Copyright: R3_10.20.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Person-centered care

Objectives:

1. List three (3) patient rights regarding pain management.
2. Identify four (4) factors that influence a person's pain perception.
3. List three (3) approaches to administration of correct pain medication.

Outline:

Introduction
Symptoms
- Principles Of Symptom Management at End of Life
- Management and Relief of Pain
- Pain: Definition
- Uncontrolled Pain
- The Pain Care Bill of Rights
- Perception of Pain
- Pain as the 5th Vital Sign
- Opioid Use
- CDC Guidelines
- Issues in Pain Management
Interventions
- Pain Interventions
- Addressing Potential Side Effects of Opioid Analgesics
Barriers
- Barriers for Healthcare Professionals
- Societal Barriers for Individual and Family
- Barriers: Healthcare System
- Barrier: Assessment of Pain
- Pain Assessment Tools
- Types of Pain
- Pain Descriptors

Therapies
- Non-Pharmacologic Pain Interventions
- Pain Control

Symptom Management
- Other Symptom Management
- General Symptoms
- Dyspnea
- Anorexia-Cachexia Syndrome (ACS)
- Constipation
- Diarrhea
- Nausea or Vomiting
- Fatigue
- Anxiety, Agitation, and/or Depression
- Delirium

Summary

Clinical Hospice: Overview
Copyright: April 2022
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology.

Keywords: None

Objectives:

1.   Name two (2) goals of hospice organizations.
2.   Identify two (2) settings in which hospice care is provided.
3.   List the four (4) levels of hospice care.

Outline:

Introduction
History and Philosophy
-   Hospice Definition
-   Philosophy
-   Statistics Hospice Care
-   Hospice Organization Goals
-   The IDG
CMS Coverage
-   Where is Hospice Care Provided
-   Levels of Hospice Care
-   Overview Recipients of Hospice Care
-   Primary Diagnoses in Hospice Care
-   Hospice Medicare Benefit and Regulations
Eligibility
-   Referral Process
-   Centers for Medicare and Medicaid Services
-   Examples of CoPs for Registered Nursing
-   Hospice Benefit Payment for Services
-   Hospice Revocation
-   Medicare Coverage of Hospice Care
-   Hospice Discharge
Scales
-   Prognostication Screening
-   Palliative Performance Scale
-   Functional Assessment Staging Tool
-   FAST Case Study

- New York Heart Association
- ADL Assessment
- ADL Scoring
- Local Coverage Clinical Status

Summary

Clinical Hospice: The Interdisciplinary Group's Role
Copyright: Copyright: R3_10.27.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives
1. List three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary team.
3. Identify three (3) common ethical issues in end-of-life care.

Introduction
Purpose and Role
- Purpose and Role of the IDG
- Develop Goals
- Optimal Care
- Care and Services
- Hospice Conditions of Participation
- Comprehensive Assessment

Team Structure
- Roles and Responsibilities
- Identifying Needs of the Individual
- Services and Responsibilities
- Role of the Hospice Aide
- Role of the Hospice Social Worker
- Pastoral Care or Chaplains
- Chaplain or Pastoral Care
- Pharmacists
- Pharmacists Coordinate Pharmacotherapy
- Bereavement Coordinator
- Volunteer Services

Plan of Care
- Plan of Care (POC)
- Coordinator of POC
- Steps in Establishing a POC
- Content of the POC
- Review of the POC
- Key Points

Summary

Clostridioides *difficile*: For Nurses
Copyright: R4_10.27.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Infection Prevention and Control

Objectives:

1. Identify four (4) risk factors for Clostridioides *difficile.*
2. Identify three (3) clinical manifestations for Clostridioides *difficile* infection.
3. Identify two (2) necessary precautions to prevent the spread of Clostridioides *difficile* infection.

Introduction
- The Digestive Tract
- Introduction
- Clostridioides difficile

Definition
- When Organisms Multiply
- Environment
- Infections

Causes
- Toxin A and Toxin B
- Toxins That Destroy Cells

Mode of Transmission
- Transmission
- Preventing the Spread of Infection
- High-Risk Resident Care Activities

Risk Factors
- Risk Factors

Clinical Manifestations
- Symptoms

Diagnosis
- Diagnosis
- Laboratory Testing

Treatment
- Antibiotic Therapy
- Fluid and Electrolyte Monitoring
- Use of Monoclonal Antibodies

Clostridioides *difficile*: Information for Nursing Assistants
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Infection Prevention and Control

Objectives:

1. Identify four (4) risk factors for Clostridioides difficile.
2. Identify three (3) clinical manifestations for Clostridioides difficile infection.
3. Identify two (2) necessary precautions to prevent the spread of Clostridioides difficile infection.

Outline:

Introduction
- Clostridioides difficile
- C.diff
- What's In a Name?
- Infection
- Those Affected with C. diff

Symptoms
- Symptoms

Causes
- Environment
- Disease Process
- Strains of C. diff

Risk Factors
- Risk Factors

Nursing Assistant Role
- Precautions
- Stool Documentation
- Collecting Stool Samples

Preventing Spread
- Preventing the Spread of Infection
- Infection Control Guidelines

Outbreak
- Outbreak Control

Summary

CMS Hand in Hand Training Series for Nursing Homes
Copyright: April 2022
5.0 Contact Hour(s)

Author: Centers for Medicare and Medicaid Services (CMS)

CMS Hand in Hand: Module 1: Understanding the World of Dementia: The Person and the Disease

1.	What is Dementia?
2.	Types of Dementia
3.	Understanding Persons with Dementia

CMS Hand in Hand: Module 2: Being with a Person with Dementia: Listening and Speaking

1.	Why Dementia Causes Changes in Communication
2.	Communicating with Persons with Dementia
3.	More than Words

CMS Hand in Hand: Module 3: Being with a Person with Dementia: Actions and Reactions

1.	I Want to Go Home
2.	Actions and Reactions: Why?
3.	Actions and Reactions: Ways to Respond
4.	Brainstorming

CMS Hand in Hand: Module 4: Being with a Person with Dementia: Making a Difference

1.	Meeting Persons with Dementia Where they Are
2.	Strengths and Abilities
3.	Still There: Connecting with Persons with Dementia
4.	Each Person Makes a Difference

CMS Hand in Hand: Module 5: Preventing and Responding to Abuse

1.	What is Abuse?
2.	Recognizing Abuse
3.	Signs of Abuse
4.	Actions and Reactions: Understanding How Abuse Happens
5.	Preventing Abuse
6.	Responding to and Reporting Abuse

Coaching
Copyright: April 2022
1.0 Contact Hour(s)

Author: Dr. Diane Hinds

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises. Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University. Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Keywords: None

Objectives:

1. Describe three (3) benefits of coaching.
2. Describe three (3) differences between coaching and managing.
3. Explain the five (5) main steps in coaching process.

Outline:

Introduction
Coaching
- Define Coaching
- Typical Coaches
- Coaches
- Opportunities for Coaching
- Benefits of Coaching
- Study

Distinguishing
- Distinguish Coaching from Managing
- Differences

Phases
- Phases of the Coaching Process

Process
- Process Steps
- Step 1
- Step 2
- Step 3
- Step 4
- Step 5

Standard

- Standards of Excellence
- Effective Coaching Program

Summary

- Transferring Learning to Everyday Life

Cognitive Impairment: Advanced
Copyright: R5_12.15.2023_SME
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has incorporated person-centered care concepts for persons with cognitive impairments into orientation, skills evaluations, and on-going training. Linda is an approved FL trainer for the NH curriculum through the FL Department of Elder Affairs and a certified dementia practitioner.

Reviewer: Emily Briggs, OTR/L, RAC-CT, PAC Certified Independent Trainer

Emily has been practicing occupational therapy for over 20 years. She is the co-founder and principal of Empowering Care Partners, a company providing training and consulting to individuals living with dementia and their care partners who support them, including family members, dementia care professionals, and organizations. Emily also provides occupational therapy services in Assisted Living and Independent Living communities. Prior to that, she served as the Director of Clinical Compliance for a skilled nursing company, in regional clinical and director of rehabilitation roles for skilled nursing facilities (SNFs). In each role, Emily has focused on clinical programming and mentorship of students, new grads, and those new to the SNF setting. Emily holds an Independent Trainer Certification with Teepa Snow's Positive Approach to Care (PAC) and provides training to care partners of all levels in the care of those living with dementia. Emily is a member of the American Occupational Therapy Association (AOTA) and was part of their Leadership Development for Middle Managers Class of 2016. She has also served AOTA on a variety of Technical Expert Panels and Advisory Groups.

Keywords: Sexually Inappropriate Behavior, Person-center Care, Depression, Medications

Objectives
   1. Recognize two (2) cognitive losses associated with dementia.
   2. Identify two (2) behaviors exhibited by an individual with progressive cognitive impairments.
   3. Select three (3) strategies to manage behaviors associated with cognitive impairment.

Introduction
   - Definition
Background
   - Effects of Dementia
   - Treating Dementia
   - Symptoms of Dementia
   - The Onset of Dementia
   - General Care Guidelines
Communication
   - Communication Strategies
   - Communication Changes
   - Communication Interventions
   - Communication to Decrease Confusion
Environment
   - Safety Guidelines
   - Environmental Conditions

Behaviors
- Behaviors
- Negative Behaviors: Causes
- Negative Behaviors: Managing
- Managing Negative Behaviors: Environment
- Interventions
- Psychotic Disorders: Interventions
- Medication Factors
- Wandering Interventions
- Having a Plan in Place
- Restlessness and Disorientation
- Rummaging Through or Hiding Things
- Aggressive Hostile Behavior
- Interventions for Aggression
- Impulsive and Unpredictable Behaviors
- Interventions
- Sundowning and Sleep Problems
- Signs of Catastrophic Reactions
- Causes of Catastrophic Reactions
- Resisting Care
- Sexually Inappropriate Behavior
- Sexually Inappropriate Behavior: Interventions
- Sexually Inappropriate Behavior: Documentation
- Depression
- Depression: Behavioral Symptoms
- Depression: Non-pharmacologic Approaches

Pharmacology
- Medications
- Symptoms Treated with Medications
- Antipsychotics

Legal Considerations
- Vulnerable Adults

End Stage
- End-Stage Care Discussion
- Palliative Care Goals
- Facts and Figures

Summary
- Summary

Common Disorders in the Older Adult
Copyright: June 2022
0.5 Contact Hour(s)

Author: William Phillips, AGACNP-BC, MSN, CCRN, MBA, MA

William Phillips has been a practicing nurse in healthcare for many years. He started his career in clinical research, working on multiple NIH sponsored clinical trials in ophthalmology. From there, he went on to participate in educational research with the University of North Florida. Mr. Phillips worked as a nurse in the neurology intensive care unit before going on to receive his nurse practitioners in adult critical care. He currently works as a nurse practitioner in the medical ICU at Duke University Hospital.

Keywords: None

Objectives
1. Select two (2) signs and symptoms of a stroke.
2. Identify two (2) symptoms of worsening sepsis.
3. Select the three (3) precautions of a hip replacement.

Outline

Introduction
- Disclaimer
- Common Disorders

Stroke
- What is a Stroke?
- BE FAST
- How Does a Stroke Affect Caregiving?

Hip Replacement
- What is a Hip Replacement?
- Why Do Individuals Get a Hip Replacement?
- Hip Precautions
- Signs of Blood Clot or Infection

Sepsis
- Sepsis
- Signs and Symptoms of Sepsis
- What to Do?

Heart Failure
- What is Heart Failure?
- Complications of Heart Failure
- How Heart Failure May Affect Care

Parkinson's
- What is Parkinson's Disease?
- Signs of Parkinson's Disease
- How Parkinson's Disease May Affect Care

Psychosocial
- Alzheimer's Disease and Dementia
- How Alzheimer's Disease and Dementia May Affect Care
- How to Communicate with an Individual With Alzheimer's Disease or Dementia

Summary
- Summary

Communication Basics
Copyright: April 2022
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify two (2) physical barriers to successful communication.
2. Identify two (2) psychological barriers to successful communication.
3. Identify three (3) strategies for successful communication.

Outline:

Introduction
- Objectives and Learning Outcomes
- Navigation
- Introduction to Communication

Importance
- Definition
- Categories of Communication
- The Purpose of Communication
- Benefits of Good Communication

Anatomy
- Anatomy
- Partners in the Process
- Encoding and Decoding
- Communication is Constant
- Communication is Irretrievable
- Communication is a Partnership

Barriers
- Communication Barriers

Strategies
- Successful Communication Strategies
- Setting the Stage
- Practice Clarity
- Focused Engagement
- The Power of Non-Verbal Communication

- Making Non-Verbal Communication an Ally
- Listen to Understand
- Genuine Transparency

Summary

Compassion Fatigue
Copyright R1_01.27.23_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: Caregiver stress, Burnout

Objectives
1. Identify two (2) causes of compassion fatigue for healthcare workers.
2. Identify three (3) symptoms of compassion fatigue for healthcare workers.
3. Identify three (3) ways health workers can prevent compassion fatigue.

Outline:

Introduction
Definitions
- Introduction
- Compassion Fatigue
- Related Terms
- Interplay of Compassion Satisfaction, Fatigue, and Resilience
Causes
- Emotional Demands
- Factors
- Other Factors
Symptoms
- Symptoms
- Severe Outcomes
- Systemic Compassion Fatigue
Prevalence
- Statistics
- Real Testimonies
Prevention
- Replenishment
- ABC's of Prevention
- Awareness
- Balance
- Connections
- Professional Quality of Life (ProQOL)
- Score
- Healthcare Supervisors
Treatment
- Self-Care

Conflict Management
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises. Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University. Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Keywords: None

Objectives:

1. Identify two (2) causes of negative conflict.
2. Recognize two (2) styles of dealing with conflict.
3. Describe two (2) effective methods to resolve conflict.

Outline:

Introduction
Definition
- Introduction
- Effective Methods of Addressing Conflict
- Definition of Conflicts
- Differences of Opinions
- Factors of Conflict
- Reasons Why We Choose to Care or Not About the Difference
- Conflict is Neutral
- Attributes of Conflict
- Positive Attributes of Conflict
- Healthy Conflict Focus
- Negative Attributes of Conflict
Causes
- Factors That Can Escalate Conflict
- Ladder of Inference
- Adaptation
- Assumptions
- Character Flaw Thinking
- Right and Left Column

- True Opinions
- The Blind Spot
- Coalitions
- Needing to Win
- Communication Breakdowns
- Where Communication Can Fail

Styles

- Styles of Dealing with Conflict
- Avoiding Style
- Avoid: Cooling Off Period
- Acknowledge the Avoiding Style
- Accommodating Style
- Accommodate: Avoid Taking Advantage
- Compromising Style
- Collaborating Style
- Collaboration: Set Boundaries
- Controlling Style
- Control: Low Empowerment
- Control

Resolution

- Effective Methods to Resolve Conflict
- Give in or Hold Your Ground
- Active listening Skills
- Active Listening: Clarify and Restate
- Active Listening: Stay Neutral
- Active Listening: Summarize
- Providing Constructive Feedback
- Opening the Discussion
- Principled Negotiation
- Stage 1: State Positions
- Stage 2: Identify Interests
- Stage 3: Identify BATNA
- Stage 4: Brainstorm Options
- Stage 5: Evaluate, Develop Best Option
- Negotiating at an Uneven Table
- Myth of Democracy
- Position and Privilege
- Uneven Table: Acknowledging the Conflict

Situations

- Intervening in Conflicts Between Others
- The Facilitator
- Mediator
- Arbitrator
- Intervening
- Approach One
- Approach Two
- Transfer Learning

Congestive Heart Failure (CHF)
Copyright: R1_01.27.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Cardiac disease, chronic condition, patient-care

Objectives:
1. Identify three (3) common causes of congestive heart failure (CHF).
2. Describe five (5) common signs and symptoms of CHF.
3. Describe three (3) important concepts in ongoing care for persons with CHF.

Introduction
Definition
- Statistics

Classifications
- The Heart
- Primary Function
- Congestive Heart Failure
- Heart Failure
- Systolic and Diastolic Failure
- Classification of CHF

Causes
- Diseases Affecting CHF
- Common Causes of CHF

Signs and Symptoms
- Signs and Symptoms

Diagnosis
- Diagnosing CHF
- Physical Examination
- Diagnostic and Laboratory Tests

Treatments
- Medications
- Lifestyle Changes
- Surgery

New Medical Devices
- New Medical Devices

Care Guidelines
- Care Guidelines

Notify Physician
- Progression of the Disease

Coronavirus Disease (COVID-19)
Copyright: R9_07.01.2023_SME
1.0 Contact Hour(s)(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Objectives:
1. Identify two (2) symptoms of coronavirus (COVID-19).
2. Select three (3) strategies for preventing the spread of COVID-19 in the long-term care (LTC) setting.
3. Select two (2) control measures when COVID-19 has been identified in a healthcare setting.

Key words: Facility Assessment

Outline:

COVID-19
- Introduction
- Current Understanding
- Evolving Disease
- Background
- Transmission
- Symptoms
- Contagious

Plan
- General Prevention
- Implications for LTCFs
- Local and State Public Health Recommendations and Regulations
- Review Existing Plans
- Communication Plan
- Communication
- Resources
- Training Needs

Act
- Facility-Specific Strategies to Prevent the Spread of COVID-19
- Evaluate and Test
- CDC Guidelines
- Clinical Criteria
- Evaluate and Test
- CDC Guidelines
- Clinical Criteria
- Evaluate and Test Staff
- Vaccines

- Variants

Follow up
- Notification
- Facility-Specific Strategies if COVID-19 Enters the Facility

Summary

COVID 19: PPE Guidance for Use
Copyright: R3_08.03.2022_ SME
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Keywords: None

Objectives
1. State two (2) types of face masks used in the long-term care (LTC) setting when working with COVID-19 positive individuals.
2. Identify three (3) considerations when selecting personal protective equipment (PPE).
3. Select two (2) strategies for correct use of PPE when working with COVID-19 positive individuals.

Outline
Introduction
- Disclaimer
- Updates
Definition
- Introduction
Purpose
- Transmission
- Types of PPE
- Order of Applying and Removing PPE
- Hand Washing During COVID-19 Pandemic
Masks
- Masks: Understanding the Difference
- CMS Interim Guidance
- Types of Masks
- N95 Specifications
- Best Practices
- Fit Testing
- Donning an N95 Mask
- Donning and Doffing Surgical Face Mask
- N95 Respirator Precautions
- Disposal
Eye Protection
- Use of Eye Protection
- Type of Eye Protection
- Extended Use of Eye Protection
- Cleaning and Disinfecting Eye Protection
- Storing Eye Protection
Gown
- Gown Use

Cultural Competence
Copyright: May 2022
2.0 contact hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Key words: Person-centered Care, veteran, gender, Sexual orientation

Objectives
1. Identify two (2) religious beliefs that may affect how a person views healthcare.
2. Choose three (3) ways to show a veteran that their service and experiences are valued.
3. Select two (2) goals of culturally competent care for those with developmental disabilities.

Outline
Introduction
- Disclaimer
- Culture Overview
Definitions
- Culture Defined
Regulations
- Regulations
Differences
- Disparities in Healthcare
- Diverse Population
- Ethnicity
- Cultural Difference
- Aspects of Culture
- Immigrants
- Refugees
Competence
- Cultural Competence
- Competence Goals
- Person-Centered Care
Self-Assessment
- Cultural Self-Assessment
- Personal Reflection
- Cultural Humility

Awareness
- Families
- Awareness

Communication
- Language
- Communication
- Nonverbal Communication
- Family
- Working with Families

Diversity
- Religion
- Major Religions
- Religious Objects
- Sexual Orientation
- Transgender
- Questioning
- Sexual Orientation
- Veterans
- Veterans: Culture
- Veterans: Experiences
- Veterans: Pain
- Veterans: Services
- Intellectual Disability: Goals for Care
- Intellectual Disability: Rights
- Intellectual Disability: Challenges
- Mental Disorders

Decision Making
- Decision Making
- Scenarios

Staff
o Staff: Prejudices
o Staff: Actions

Summary
o Summary

Cultural Competency Basics
Copyright: May 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Person-centered care

Objectives:
1. Identify three (3) things that individuals within a cultural group may have in common.
2. Choose three (3) special religious objects that might be used by individuals.
3. Select three (3) methods to make communication person-centered.

Outline
Introduction
- Opening
- Disclaimer
- Characteristics of Culture
- Goals

Regulations
- Regulations

Examples
- Ethnicity
- Family

Religion
- Religion
- Religion: Practices
- Religion: Beliefs
- Religion: Objects

Awareness
- Cultural Humility
- Awareness
- Gender Identity
- Sexual Relationships
- Ageism
- Elder Speak
- Veterans
- Mental Illness
- Mental Illness: Guidelines
- Disability

Communication

Customer Service Strategies
Copyright: April 2022
0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. List three (3) benefits of good customer service.
2. Identify three (3) customer expectations customers for long-term care staff.
3. List three (3) ways respect can be shown to customers in long-term care.

Outline:

Introduction
Customer Service
- Overview
- The Ripple Effect
- Benefits of Good Customer Service
- Customer Expectations
- Positive Attitude Case Study
- Caring Service
- Complete Honesty
- High Quality
- Genuine Respect
- Stellar Ethics
- Beautiful Aesthetics
- Measuring Customer Service
- Customer Service Responsibility
- Customer Service Experience
- Empower Yourself
Strategies
- Your Customers
- Defining Customer Service
- Implementing Customer Service Strategies
- Positive Attitude
- Complete Honesty
- High Quality
- Genuine Respect
- Stellar Ethics2

- Beautiful Aesthetics
- Tips for Improving Customer Service

Summary

Death, Dying, and Postmortem Care
Copyright R4_10.22.2022_SME
1.0 contact hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: None

Objectives:
1. 1.Name the five (5) stages of grief.
2. Identify three (3) common fears about death.
3. List three (3) physical changes that occur during the dying process.

Outline
Introduction
-   Disclaimer
Dying Process
-   The Dying Person
-   Goals
-   Examining Feelings
-   Spirituality
Grief Process
-   The Five Stages of Grief
Fears
-   Fears about Death
Caregiver's Role
-   Roles of the Healthcare Team
Pain Relief
-   Pain Relief at the EOL
-   Interventions
-   Pain Relief Methods
-   Pain Medications
Preparing
-   Preparing the Family
-   Comfort Measures
Postmortem Care
-   Postmortem Care Procedure
-   Postmortem Changes
-   Comfort Care
-   Documentation
-   Transporting
-   Support
-   Summary

De-escalating Aggressive Behaviors in Long-Term Care
Copyright May 2023
0.5 Contact Hour(s)

Keywords: de-escalation, aggression, agitation, cognitive impairment, dementia, Alzheimer's, mental health, behavioral health, safety, workplace violence, behaviors

Objectives:
1. Identify two (2) examples of aggressive behavior.
2. Select two (2) triggers that may lead to a person to aggressive behavior.
3. Choose two (2) ways to stay safe while de-escalating a situation.

Author: Margaline (Maggie) Lazarre, APRN

Margaline (Maggie) Lazarre is an advanced practice registered nurse (APRN) with over 30 years of nursing experience. She is certified in gerontology and currently practices in the area of geriatric psychiatry. She has a passion for nursing, aging, and is committed to educating nurses to improve their performance in caring for their geriatric patients.

Wendy Mohlman, MS-RN, C-AL, CNEn

Wendy Mohlman, MS-RN, C-AL, CNEn, has dedicated her nursing career to serving older adults in long-term care, mental health, hospice, assisted living facilities, and Memory Care. She worked on the forensics unit at a state hospital, and the Utah Neurological Institute on the geriatric-psych unit. She is a contributing author of training videos (produced by the University of Utah) for both staff in long-term care and caregivers to people living with Alzheimer's disease and other related dementias. She holds a master's degree in Gerontology from the University of Utah College of Nursing. She is serving as the Assisted Living Clinical Manager for Healthcare Academy.

Introduction
Background
- About this Course
- Aggressive Behaviors in Long-Term Care
Case Study
- Introducing Mrs. Dane
- Examples of Aggression
Triggers
- Examples of Triggers
Warning Signs
- Warning Signs
- Anger Brewing: Mrs. Dane
The Approach
- De-Escalation: How to Communicate
Communication
- De-Escalation: How to Communicate
Emergency
- Safety is the Priority
Example
- De-Escalating Mrs. Dane
Confusion
- Trigger Identified: Confusion

Dehydration Prevention
Copyright: R3_09.22.2023_SME
0.5 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kendal Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Keywords: None

Objectives:

1. Identify (3) risk factors for dehydration in the older adult.
2. State (3) potential consequences of dehydration in the older adult.
3. Identify (4) interventions to help prevent dehydration for the older adult.

Introduction
- Federal Regulations
Requirements
- Changes in the Older Adult
- Water is Vital
- Normal Fluid Intake
- Intake and Output
Risk Factors
- High Risk
- Risk Factors
Dangers
- Kidneys
- Dehydration
Prevention
- Prevention
- Documentation
- Special Considerations
- Caffeine
- Daily Questions

- Report Concerns
- Healthy Staff

Summary

Diabetes Basics
Copyright R1_01.27.2023_SME
1.0 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Masters of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Chronic conditions, Patient-care

Objectives
1. Identify five (5) signs and symptoms of diabetes.
2. Select three (3) treatment options for a person with diabetes.
3. Identify four (4) conditions that would indicate a need to notify the physician.

Outline:

Introduction
Definition
- Definition
- Anatomy of Diabetes
- Elevated Blood Sugar

Types of Diabetes
- Types of Diabetes

Causes
- Causes of Diabetes

Signs and Symptoms
- Signs and Symptoms

Diagnosis
- Diagnosis
- ADA Screening Recommendations

Treatment
- Treatment Options
- Insulin
- Insulin Delivery
- Insulin Types
- Oral Medications
- Transplantation

Care Guidelines
- Care Interventions
- Diet
- Exercise
- Monitoring Blood Sugar

Diabetes Care
Copyright: April 2022
1.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) risk factors for diabetes.
2. List three (3) health complications associated with diabetes.
3. Identify three (3) nursing interventions to support diabetes management.

Outline:

Introduction
Overview
- An Epidemic
- Diabetes Mellitus
- Direct and Indirect Costs
Types of Diabetes
- Types of Diabetes
Symptoms
- Symptoms of Diabetes
Pathophysiology
- Metabolism
- Insulin
Risk Factors
- Risk Factors for Diabetes
Diagnosing
- Diagnosis Considerations
- Blood Glucose Levels
- ADA Diagnosis
- Testing Asymptomatic Individuals
Complications
- Chronic Complications
- Hyperglycemia
- Hypoglycemia
- Chronic Complications
Diabetes Care
- Prediabetes
- Team Approach

- Key Components of Care
- Foot Care
- Glucose Monitoring
- Testing with Glucose Meter
- Diabetes Care with Technology
- Ketone Testing
- Medication
- Types of Insulin
- Characteristics of Insulin
- Insulins
- Insulin Delivery Methods
- Oral Medication
- Injected Medication
- Medical Nutrition Therapy (MNT)
- Goals of MNT
- Nutritional Therapy
- Exercise
- Exercise Recommendations
- The Role of the Diabetes Educator

LTC
- Managing Diabetes in the Older Adult
- Goals for Long-Term Care
- Preventing Hypoglycemia
- Controlling Hyperglycemia
- Transition of Care: Risk Factors
- Transition of Care: Lack of Communication
- Transition of Care: Improving Communication
- Transition of Care: Medication Review

Summary

Diets in Long-Term Care: All Staff
Copyright R3_12.13.2023
0.5 Contact Hour(s)

Keywords: N/A

Objectives:
1. Identify three (3) reasons for initiating a therapeutic diet in the long-term setting.
2. Apply two (2) diet modifications to a scenario.
3. Choose (4) types of texture modified diets.

Author: Author: Lois Platt, RN, MS
Ms. Platt has recently retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She also worked many years in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a diploma in nursing for Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kendall Kennedy, MS, RDN
Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida and in an acute-care hospital in St. Thomas, VI. In addition to clinical work, Kendall provides nutrition counseling via telehealth for outpatients. While working in LTC, she helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Introduction
Reasons
- Therapeutic Diet Defined
- Therapeutic Diet
Types
- Common Therapeutic Diet Types
- High Protein Diet
- Double Protein Diet
- Diabetes
- Therapeutic Diets
- Carbohydrates
- Current Thinking on Diabetic Diets
- Sodium Restricted Diet
- Sodium Diet: High Blood Pressure
- High Blood Pressure Diets
- High Cholesterol
- Low Cholesterol Diet
- Low Fat Diet
- Celiac Disease

Diversity and Inclusivity: Creating a Healthy Workplace
Copyright: R1_08.25.2023_SME
1.0 Contact hour(s)

Keywords: N/A

Objectives:

1. List five (5) identities that mark a diverse population.
2. Choose four (4) ways to promote inclusion in the healthcare setting.
3. Identify three (3) ways healthcare workers (HCWs) can reduce control biases.

Author:
Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Outline:
Introduction
-   International Movement
-   Diversity and Inclusion

Definitions
-   Definition
-   Unconscious Bias
-   Unconscious Bias
-   Biases
-   Stereotypes
-   Anti-Racist
-   Cultural Humility
-   Active Bystander
-   Microaggression
-   Under-represented Minority
-   Intent Versus Impact

Diversity
-   Identities
-   Embracing Diversity
-   Case Study: Kayla

Inclusion
- Diversity and Inclusion
- Categories Showing Inclusion
- Heard and Supported

Benefits
- Success of the Organization
- Healthier Workplace
- Emotional Wellness

Application
- Self-Awareness
- Intentional Experience
- Cultural Humility
- Recognize Your Power

Case Studies
- Legal Case
- Case Study: Habib
- Case Study: Renee
- Summary

Diversity, Equity, and Inclusion for Managers
Copyright: December 2022
2.0 Contact Hour(s)

Author: Karen Scott, MBA, SPHR

Karen has over 20 years of experience in human resources and executive level management. As a Human Resource Director at an executive level for multiple organizations she has operated in a generalist role. The majority of her career has been spent in healthcare and manufacturing. She has created policies, conducted investigations, responded to discrimination complaints, and advised on action steps to creating effective policies. As a HR Generalist, her areas of expertise extend to strategic planning, human relations, benefits, policy creation, leadership development, compensation and change management. Her unique experience, often as the sole point of HR contact, has led to considerable experience developing diversity initiatives, training management on culture and inclusion and navigating policy to have equal outcomes.

Keywords: None

Objective
1. Identify two (2) traits of inclusive leaders.
2. Identify three (3) concepts that affect inclusion in the workplace.
3. Select three (3) responsibilities of managers when creating an environment that supports diversity and inclusion.

Outline:

Introduction
- Opening
- Disclaimer

Background
- Introduction
- Be the Change
- Topics Covered

Overview
- Introducing DEI in the Workplace
- Exploring DEI in the Workplace: Culture
- How Culture Affects Communication
- How Far Diversity Extends
- History and Its Importance
- DEI Overview

Concepts
- Introduction to DEI Terms and Concepts
- Definition of Diversity
- Diversity
- Definition of Inclusion
- Inclusion in a Work Environment
- Definition of Equity
- Equality vs. Equity
- Barriers to Inclusion
- Bias
- Conscious or Explicit Bias
- Unconscious or Implicit Bias
- The Impact of Bias

- Self Evaluation of Bias
- Characteristics
- Decisions
- Steps to Overcoming Bias
- Understanding Types of Unconscious Bias
- Types of Bias
- Oher Important Concepts

Environment
- Employee's View of Inclusion
- Learning Culture
- Challenge for Leaders
- Benefits of Diversity and Inclusion

Strategies
- Strategies for Creating an Inclusive and Diverse Environment
- Key Components of an Inclusive Workplace
- Responsibility
- Inclusive Leadership Behaviors
- Starting the Process
- Creating a DEI Environment
- Actions

Bias
- Bias
- LGBT + Elders
- LGBT Persons of Color
- Resources

Scenarios
- Scenario: Amy
- Scenario: Sandy and Pam
- Scenario: ABC Company
- Scenario: Morning Meeting at a Long-Term Care Facility

Summary
- Summary

Domestic Violence: Advanced
Copyright: R3_11.04.2022_SME
2.0 Contact hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Rate the four (4) most disturbing signs of domestic violence.
2. Comment on three (3) components of screening for the presence of domestic violence.
3. Prioritize the top three (3) ways to assist victims of domestic violence.

Outline:
Introduction
- Disclaimer
- Domestic Violence
- Victims of Domestic Violence
- Healthcare Professionals and Domestic Violence
Scope
- Domestic Violence Does Not Discriminate
- Intimate Partner Violence (IPV) Homicides
- Domestic Violence and Children
Vulnerable Populations
- Vulnerable Populations
- Teens
Legal Aspects
- Referral Agencies
- Documentation
- The Cost of Domestic Violence
Definition
- Definition of Domestic Violence
- Forms of Abuse
- Symptoms of Abuse
- Isolation
- Labeling the Behavior as Abuse
- Power and Control
Types
- Types of Domestic Violence
Characteristics

Domestic Violence Information for Healthcare Workers
Copyright: R2_07.28.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. He did further graduate studies in Mathematics at N.C. State University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Since 2018 he has authored many curricula related to spiritual care, leadership, and ethics for the Healthcare Academy. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment. During his career as a spiritual leader and counselor he has had the honor of working with victims of abusive relationships and recognizes the value in knowing how to respond.

Keywords: None

Objectives
1. Identify two (2) statistics regarding the prevalence of domestic violence.
2. Identify three (3) victims of domestic violence.
3. Apply three (3) warning signs of domestic violence to a case scenario.

Definition
- Domestic Violence Terms
- Domestic Violence Defined
- The Victims

Prevalence
- Violence Against Women
- Violence Against Men
- Domestic Violence: State Reports in the U.S.

Types
- Forms of Domestic Violence
- Physical Violence
- Sexual Violence
- Stalking
- Psychological or Emotional Violence

Symptoms
- Statements That Indicate Domestic Violence
- Characteristics of an Abuser
- Domestic Violence Myths

Communication
- Reporting
- Brianne's Story
- Role of the Healthcare Worker
- Resources
- Summary – Journey to Safety and Peace

Ebola Virus Disease
Copyright: April 2022
1.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

This content has been taken directly from the Ebola information on the Centers for Disease Control website. This content has been organized for customers of Healthcare Academy and placed into a learning lesson by Judy Hoff, RN, BSN, MA, PhD. Judy has over forty years of content development experience and has attended numerous seminars on adult learning practices. Judy is currently the CEO and the Lead Nurse planner for Healthcare Academy.

Keywords: None

Objectives:

1. Identify three (3) ways Ebola virus disease (EVD) can be transmitted.
2. Identify three (3) required PPE precautions to take when caring for a person with EVD.
3. List two (2) environmental precautions while caring for a person with EVD.

Outline:

Introduction
History
- Ebola Virus Disease
- Discovery of EVD
- Original Outbreaks
- Origin
- Identifying a Host
Transmission
- Transmission
- Persistence of the Virus
- Disinfection
Signs & Symptoms
- Symptoms of EVD
- EVD Recovery
Prevention
- Prevention
Diagnosis
- Diagnosing
- Exposure
Treatment
- Treatment
- Antiviral Drugs
Summary

Effective Communication for Leaders
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years of experience in organization development, human resources, and executive level management. Her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Keywords: None

Objectives:

1. Identify three (3) common communication barriers.
2. List three (3) factors that are unique to communication from leaders.
3. Describe three (3) essential leadership communication skills.

Outline:

Introduction
- Communication
- Communication Skills
- Course Content

Components
- Components

Communication
- The Essential Key
- Communicate Vision
- Influence
- Explain Why
- Appropriate Exchange
- Delegating Tasks
- Match Tone and Content

Barriers
- Barriers

Skills for Leaders
- Skills for Leaders
- Waiting to Talk
- Face-to-Face
- Good Listeners
- Listening Techniques
- Know the Audience
- Plan the Message
- Opening Remarks

- Link Message to Vision or Goal
- Upward Communication
- End with a Summary

Non-verbal Message
- Non-Verbal Communication
- Elements of Non-Verbal Communication

Meetings
- Meetings
- Agenda
- Communication During Meetings
- Employee Behaviors

Presentations
- Presentation
- Plan for Success
- Presentation Tips
- Use of Technology

Written
- Written Documents
- Preparing Written Documents
- Creating Well Written Documents

Summary
- Effective Communication
- Transferring Learning

Emergency Preparedness and Environmental Safety
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: Disaster, COVID-19, Emergency Temporary Standard, Lock Out-Tag Out, Safety Data Sheets

Objectives:

1. Identify three (3) safety focus areas in the long-term care setting.
2. Select four actions to promote environment safety in a long-term care facility.
3. Identify three disasters that are covered in an emergency preparedness plan.

Outline:

Introduction
Purpose
- Environmental Safety
- Environmental Safety Defined
- Safety Defined
Regulatory
- Regulatory Oversight
Environmental
- Culture of Safety
- Components of Environmental Safety
- Introduction to LOTO
- Energy Sources
- Overview
- Plan
- The Seven Steps
- Sources of Information About HAZMATs
- Sixteen Sections of the SDS (Employee Right to Know Act)
- SDS Sheet
- SDS Sheet Scenario One
- SDS Sheet Scenario Two
- Your Responsibility Using the SDS
- SDS References
- Globally Harmonized System (GHS)
- Identifying Pictograms
- Six Key Elements For Labeling Hazardous Chemicals
- Electrical Sources in the Healthcare Setting
Emergency Preparedness
- Emergency Preparedness Requirements

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- Disaster Manual
- Surveyor Focus Areas
- Core Elements of Emergency Preparedness
- Interpretive Guidelines

ETS (Emergency Temporary Standards)
- Establishment of ETS
- COVID Hazard Assessment
- Elements of the ETS
- What Does the ETS Require?
- Leadership Need-to-Know
- Resources For ETS

Summary

Emerging Diseases: Monkeypox
Copyright: September 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Infection prevention and control

Objectives
1. Choose two (2) symptoms of monkeypox.
2. Identify two (2) ways that monkeypox can be spread.
3. Select three (3) strategies to prevent the spread of monkeypox

Outline:

Introduction
- Disclaimer
- Introduction
- Spread

Transmission
- Transmission
- Skin-to-Skin Contact
- Intimate Contact
- Transmission to Symptoms
- Unknowns
- Risk Factors

Identifying
- Incubation Period
- Signs and Symptoms
- Rash
- Complications

Treatment
- Antiviral
- Isolation
- Treat Symptoms
- Treatment

Prevention
- Vaccination
- Vaccines
- Prevention

Summary
- Summary

Emotional Intelligence
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed.D

In addition to education, she has worked in human resources and organization development for over 30 years. She has been in management and executive level leadership positions for over 20 years. She has taught in the classroom and online for 20 years, mostly at the graduate level, as adjunct faculty at the University of St. Thomas, Concordia University, and St. Catherine's University. In addition, she has prepared and delivered numerous programs for clients in business, healthcare, education, service agencies, and non-profit organizations in her capacity as Director or Organization Development at MRA.

Reviewer: Don Gordon, BS, MDiv, Dmin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify four (4) different types of intelligence.
2. Select the three (3) components of internal-focused emotional intelligence.
3. Identify two (2) components of social-focused emotional intelligence.

Outline:

Introduction
Definition
- Welcome
- Definition
- History of Emotional Intelligence Research
- Gardner's Multiple Intelligences
- Mayer-Salovey Caruso Emotional Intelligence Test (MSCEIT)
- Concepts of Emotional Intelligence
- Characteristics of Intelligence
- Types of Intelligences
- Emotions Are Intelligence
- Relation to Other Talents
Components
- Components of Emotional Intelligence
- Self-Awareness
- Leadership Competencies for Self-Awareness
- Self-Management

- Leadership Competencies for Self-Management
- Self-Motivation
- Leadership Competencies for Self-Motivation
- Social Focus Social Competence
- Social Awareness
- Leadership Competencies for Social Awareness
- Relationship Management
- Leadership Competencies Related to Relationship Management
- EQ and Ethics

Developing EQ
- Nature or Nurture Argument
- Practice Tuning In to Your Emotions
- STDA Protocol
- STDA Protocol Example
- Practice Picking up Cues
- Reframe the Situation
- Avoid Assumptions Ask Questions
- Tension Reducing Questions
- Learn From Mistakes

Leadership
- Benefits
- Emotional Intelligence Tests

Summary

Employee Retention
Copyright April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Dr. Diane Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years of experience in organization development, human resources, and executive level management. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field and conducted research regarding employee retention in long-term care facilities.

Keywords: None

Objectives:

1. Name three (3) common causes for employee turnover in the long-term care (LTC) industry.
2. List three (3) strategies designed to improve employee retention.
3. Identify two (2) total rewards benefits that can help improve retention.

Outline:

Introduction
Employee Retention
- Retaining Employees
- Turnover Rates
- Low Unemployment
- Changing Values
- Ineffective Supervision
- Reasons to Stay
LTC Retention
- LTC Rates
- Reasons to Quit LTC
- Factors
- Increasing Employee Retention
Identify Reasons
- Identify Reasons
- Finding Reasons
- Finding Patterns
- Employee Profiles
- Selection
Strategies
- Ten Strategies
- Employment Brand
- Recruiting and Selection Tools
- Behavioral-Based Interviewing
- Realistic Job Profile
- Onboarding

- Transition to Practice
- Manager Training
- Effective Communication
- Feedback
- Goal Setting
- Conflict
- Bullying
- Impact from Bullying
- Rate Supervisor
- Recognition
- Total Rewards
- Financial Rewards
- Career Development
- Flex Benefits
- Work and Life Balance
- Mentoring
- Mentors
- Buddies
- Culture
- Inclusivity

Summary
- Transfer Learning

Employee Turnover: Identifying the Reasons
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Dr. Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. Her areas of expertise include human resources, strategic planning, coaching, team building, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting, and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has provided consulting and training services for several organizations in the healthcare field and conducted research regarding employee retention in long-term care facilities. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University where she has taught graduate level courses in human resources, strategic planning, leadership, change management and other related courses. She is the author of, Think It. Do it. Lessons from Visionaries Who Brought Their Ideas to Life.

Keywords: Retention

Objectives:

1. List two (2) methods designed to identify reasons employees terminate
2. Identify two (2) guidelines for exit interviews.
3. Identify two (2) guidelines for surveys of current employees.

Outline:
Introduction
Impact
- Crisis in LTCFs
- Understaffed
- HCW Stress
- HCW Responses
- The Face of HCWs
- Shortages

Gather
- Impact
- Investigate Trends in Turnover
- Methods
- Determining Patterns
- Processes
- Examine Turnover Rates

Exit
- Exit Interviews
- Best Practices for Exit Interviews
- Confidentiality

Questionnaires
- Guidelines
- Terminated Employee Questionnaire

Survey
- Survey Current Employees

- Best Practices for Effective Survey
- Announcing a Survey
- Confidentiality
- Survey Questions
- Questions
- Incentive

Action
- Follow Through with Action
- Case Study: Taking Action
- Gathering Information
- Asking for Input

Summary

Ethics for Long-Term Care
Copyright: R1_10.13.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: Ethical dilemmas, Advance directives, Informed consent, End-of-life

Objectives:

1. Apply four (4) universal ethical principles.
2. Prioritize the four (4) stages of the SFNO framework for problem-solving.
3. Identify three (3) healthcare documents that are important to have at the end-of-life.

Introduction
Definition
– Definition of Ethics
– "Ethics" Versus "Morals"
– History of Ethics
– Guidance for Healthcare Workers
– Ethics Versus Law
– Ethics Versus Religion
– Case Study
Regulatory
– Ethical Mandates for LTC
– Regulatory Considerations and Ethics
Long-term Care
– LTC Climate
– The Best Interest of the Resident
– Patient Care Partnership
– Common Ethical Conflicts in LTC Facilities
– Ethics Committee
– A Successful Ethics Committee
Team Members
– Ethical Challenges for Nurses
– Ethics in Nursing
– Nursing Code of Ethics
– ANA Code of Ethics for Nurses
– Provisions
– Ethical Considerations for the NHA

Expected Changes with Aging
Copyright: March 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Choose three (3) physical changes expected with aging.
2. Select two (2) care interventions to help those with declining physical abilities.
3. Identify three (3) losses older adults may have experienced.

Outline:

Introduction
- Category of Older Persons
- Aspects of Care

Physical Changes
- Physical Changes
- Changes in the Hair
- Changes in the Skin
- Heat Stroke: Symptoms
- Heat Stroke: Emergency Care
- Sensory Changes
- Changes in Taste and Smell
- Changes in Vision
- Safety with Vision Deficits
- Changes in Hearing
- Hearing Loss: Signs and Symptoms
- Hearing: Assistance
- Changes to the Heart
- Changes in the Lungs
- Signs of Aspiration
- Changes in the Musculoskeletal System
- Changes to the Gastrointestinal System
- Supporting Gastrointestinal Changes with Aging
- Changes to the Urinary System
- Incontinence

Psychological Changes
- Recall and Learning

Fall Management
Copyright: R7_12.09.2022_SME
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives
1. Identify two (2) environmental risks that may contribute to a person falling.
2. Select three (3) intrinsic factors that may contribute to a person falling.
3. Identify three (3) strategies to reduce the risk of an individual falling.

Outline:

Introduction
- Objectives
- Navigation
- Introduction

Incidence
- Definition
- Impact of Falls

Extrinsic
- Intrinsic and Extrinsic Factors
- Environmental Factors

Intrinsic
- Intrinsic Factors
- Fear and Embarrassment
- Caregiver Interventions
- Holistic Approach

Restraints
- History: Restraints
- Resident Rights
- Guidelines
- Chemical Restraints

Devices
- Mechanical Supports
- Appropriate Use of PSDs
- Safety Measures
- Protocols
- Documentation

- Alarms

Prevention
- Fall Prevention

Care
- Fall Considerations: Know Who is at Risk
- Fall Considerations
- Fall Considerations: Identify High Risk Times

Program
- IDT Approach
- Roles
- Reporting System
- Consciousness Raising
- Program Evaluation
- Post-Fall Event Protocols
- Post-Fall Protocols

Summary
- Summary

Fecal and Urinary Incontinence Basics: C.N.A.
Copyright: R2_10.17.2022_SME
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify two (2) ways that incontinence may affect quality of life.
2. Identify two (2) risk factors for incontinence.
3. Select two (2) treatment options for urinary incontinence.

Outline:

Introduction
- Opening
- Disclaimer
- Introduction

Urinary Anatomy
- Urinary Bladder

Causes
- Changes with Aging
- Causes
- Diabetes
- Physical Limitations

Risks
- Risks
- Dermatitis
- Urinary Tract Infections
- Social Isolation

Types
- Types of Urinary Incontinence
- Functional Incontinence

Treatment UI
- Scheduled Toileting
- Prompted Voiding
- Bladder Retraining
- Skin Care

GI Anatomy
- Anatomy of the Bowel

- GI Tract

Causes: FI
- Causes of Fecal Incontinence

Treatment: FI
- Bowel Training
- Treatment of Constipation
- Fecal Impaction
- Treatment

Quality of Life
- Quality of Life

Summary
- Summary

Fecal and Urinary Incontinence Overview
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1.   Identify two (2) ways that incontinence impacts older adults.
2.   Identify two (2) risk factors for incontinence.
3.   Select two (2) treatment options for urinary incontinence.

Outline:
Introduction
-    Purpose
Background
-    Physical Implications
-    Background
-    Economic Impact
AP: Urinary
-    Anatomic Structures
-    Urinary Bladder
-    Urethra
-    Lower Urinary Tract
-    Voiding
-    The Role of the Nervous System
-    Types of Incontinence
Etiology
-    Changes with Aging
-    Etiology
Treatment
-    Treatment
-    Surgery
AP: Fecal
-    The Colon
-    Fecal Incontinence
-    Types of Fecal Incontinence
-    Diarrhea
-    MDS 3.0: Section H, Bowel and Bladder
Etiology

Feeding and Eating Assistance
Copyright: R2_10.27.2023_SME
0.5 Contact Hour(s)

Author:
Britta Fortson, M.A. CCC-SLP

Britta has been a Speech Pathologist for 20 years. Her mission is to help other healthcare practitioners grow professionally through continuing education. Mrs. Fortson has had professional experience working with patients from birth to 100+. Her areas of expertise are dementia and Alzheimer's, dysphagia, documentation for adequate reimbursement and documentation for Medicare requirements. Mrs. Fortson takes a special interest in cognitively impaired elderly patients and reducing falls through an interdisciplinary approach. Other topics she covers include: palliative care, dysphagia with an emphasis on Vital Stimulation, aphasia treatment and diagnosis, reading comprehension and the role of the Speech Pathologist and reducing adverse behaviors in dementia patients. In addition, she is a clinical fellow supervisor and has supervised over 15 clinical fellows and speech pathology students in the past 8 years. In this role, she has observed patient treatment sessions and evaluations and has reviewed medical documentation for Speech Pathologists to ensure they are well prepared for the complexity and demands of working in their career roles.

Reviewer:
Samantha Newcomb, MSN, RN

Samantha has 13 years of nursing experience working with older adults in long term care settings. Samantha has held positions of clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, patient safety, and patient care standards for long term care for adults. Samantha is an advocate for patients receiving competency-based training in the long-term care setting.

Objectives:
1. Identify two (2) types of individuals that may benefit from feeding assistance.
2. Select three (3) infection control considerations associated with feeding assistance.
3. Choose two (2) positioning considerations to promote safety during feeding.

Introduction
Dining Process

- Dining Process
- Focus Areas

Rights
- Rights
- Fine Dining Experience

Safe Feeding
- Safe Feeding
- Annual Facility Inspection
- Considerations for Modifications
- Choking
- Clean Up
- Feeding Skills Checklist

Behaviors
- Problem Behaviors
- Promote Independence
- Considerations for Persons with Dementia
- Medical Diagnosis's and/or Conditions
- Feeding or Eating Considerations
- Dysphagia
- Signs of Aspiration
- Tips for Providing Assistance
- Assisting the Person with Swallowing
- Assisting Persons with Strength Issues

Adaptive Devices
- Assistive Devices
- Adaptive Devices

Summary
- Summary

Fire Safety
Copyright: June 2022
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Reviewer: Crystal Stivers, LPN, RAC-CT

Motivated by her dedication to the well-being of the geriatric population, Crystal received her LPN license from Arkansas State University in 2012. After the first few years working as a Charge Nurse in Skilled Nursing Facilities (SNF), she was promoted to MDS coordinator. As the facility MDS coordinator her focus was learning all aspects of the RAI process (MDS) including attending the PDPM training presented by the American Health Care Association. Among her many responsibilities, she actively contributed to the facility's QA and infection control programs. Within four years, Crystal was promoted to assistant director of nursing where she has expanded her experience in the long-term care setting by ensuring facility compliance to federal and state regulations. A member of the Arkansas Nursing Home Nurses Association, Crystal is a resident assessment coordinator certified as well as a Dementia Well-being Specialist.

Keywords: None

Objectives:

1. Identify four (4) components of a facility fire plan.
2. List five (5) steps of the RACER procedure.
3. Select four (4) staff responsibilities during a fire or fire drill.

Outline:

Introduction

- Opening
- Disclaimer
- Fire Statistics

Fire Plan

- Fire Plan
- Life Safety Code

Type

- Fire Sources in Nursing Homes
- Fire Triangle
- Additional Information on Oxygen

RACER

- The RACER Procedure
- Rescue
- Alarm
- Contain or Control Fire
- Containing Smoke
- Types of Fire Extinguishers
- The PASS Procedure
- Training Video
- Sprinklers

Evacuation

- Evacuation
- Horizontal Relocation
- Vertical Relocation
- Elevators
- Medical Records

Drills

- Special Considerations
- Fire Drills
- Summary

Gastroesophageal Reflux Disease (GERD)
Copyright R1_01.27.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Chronic conditions

Objectives:
1. Identify two (2) risk factors associated with GERD.
2. Describe three (3) signs and symptoms associated with GERD.
3. Identify one (1) non-pharmacologic and pharmacologic treatment of GERD.

Outline:

Introduction
Definition
  − Definition
Pathophysiology
  − Pathophysiology
  − Pathophysiology
Causes
  − Causes
Risk Factors
  − Risk Factors
Signs and Symptoms
  − Signs and Symptoms
Diagnosis
  − Diagnosis
  − Diagnostic Testing
Treatment
  − Progression of Treatment
Complications
  − Complications
Summary
  - Summary

Hand Hygiene
Copyright: R6_09.15.2023
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN
Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented infection control standards and practices for long-term care during new employee orientation and annual federal training, promoting a culture of safety for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Reviewer: Samantha Newcomb, MSN, RN
Samantha has 13 years of nursing experience working with older adults in long term care settings. Samantha has held positions of clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, safety, and care standards for long term care for adults. Samantha is an advocate for persons receiving competency-based training in the long-term care setting.

Keywords: Infection Prevention

Objectives:
1. State two (2) benefits of hand hygiene.
2. List three (3) key points where hand hygiene should be performed.
3. List two (2) ways to practice hand hygiene.

Why
- Introduction
- Hand Hygiene
- Components of Hand Hygiene
- Regulatory Expectations
- Risk Factors
- Poor Compliance with Hand Hygiene

When
- Five Moments of Hand Hygiene
- Environmental Surfaces
- Circumstances Requiring Hand Hygiene
- Hand Hygiene Options

How
- Definition of Hand Hygiene
- CDC Guidelines
- Alcohol-Based Hand Sanitizers Versus Washing Hands with Soap and Water
- Hand Washing Techniques
- Hand Sanitizer Use
- Hand Hygiene Technique Errors
- Hand Hygiene Related Irritant Contract Dermatitis

Communication
- Culture of Safety
- Summary

Hearing Loss and the Older Adult
Copyright: June 2022
0.5 Contact Hour

Author: Cynthia Paulk, MS, CCC-SLP, CBIS

Cynthia Paulk works as a Speech Language Pathologist and is certified by the American Speech-Language and Hearing Association (ASHA). She treats a diverse population, including speech and hearing, voice, swallowing, and neurological conditions (cognition, brain injury, stroke, Parkinson's). She also holds a certification as a Brain Injury Specialist emphasizing cognitive rehabilitation with patients demonstrating head injury and neurocognitive changes. She is also LSVT LOUD certified and provides specialized speech and voice treatment of patients with Parkinson's disease. Ms. Paulk recently extended the LSVT Loud certification to include a Loud for Life certification which is an ongoing voice exercise group servicing patients who have completed the LSVT Loud treatment course. Ms. Paulk currently works as an Outpatient Speech Language Pathologist for Brooks Rehabilitation and a Clinical Supervisor for Jacksonville University.

Key words: Person-centered

Objectives:
1. Identify three (3) types of hearing loss common in the older adult.
2. Identify five (5) common signs of hearing loss.
3. Identify three (3) communication strategies to use with persons who are hearing impaired.

Outline:

Introduction
- Disclaimer
- Hearing Loss and Older Adults

Ear Anatomy
- Dynamic Process of Hearing
- Outer Ear
- Middle Ear
- Inner Ear

Hearing Loss
- Hearing Loss: Defined
- Hearing Loss: Causes
- Hearing Loss: Types
- Hearing Loss: Degrees
- Sounds
- Hearing Loss: Prevalence
- Hearing Loss: Signs

Impact:
- Quality of Life

Communicating
- Identification and Management
- Devices
- Communication Strategies
- Active Listener Strategies
- Communication Strategies
- Communication Services

Summary

Heimlich Maneuver
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. As a certified BLS CPR instructor through the American Heart Association, Linda has shared the proper technique for the Heimlich maneuver to countless staff members. She has witnessed the Heimlich maneuver in practice and knows the value of this skill in saving lives.

Keywords: None

Objectives:

1. State two (2) purposes of abdominal thrusts.
2. List five (5) warning signs indicating a blocked airway.
3. List four (4) steps in using abdominal thrusts.

Outline:

Introduction
-   Introduction
-   Implications for LTC Setting
Risk Factors
-   Risk Factors: Age
-   Foreign Body Airway Obstructions (FBAO)
-   The Heimlich Maneuver
Purpose
-   Associated Risks
-   Anatomy
Signs
-   Warning Signs
Steps
-   Take Action
-   Anatomy
-   Recommended Steps From AHA
-   Heimlich Maneuver Demonstration
-   Follow Up After a Choking Event

High Alert Medications
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers

Reviewer: Janet Chambers, MSN, RN-BC, CDP, CADDCT

Janet Chambers has worked in healthcare for over 18 years. She has served the geriatric population in multiple capacities such as, rehab unit nurse, clinical care manager, supervisor, clinical instructor, assistant director of nursing, and presently, nurse educator. She currently serves as director of staff development for a 280-bed skilled nursing facility. She considers herself a life-long learner and utilizes every opportunity to use her knowledge to empower nursing staff with a goal of improving the care for the elderly.

Keywords: None

Objectives
1. Identify three (3) groups of high-alert medications commonly used in long-term care facilities.
2. Name four (4) adverse effects of HAMs.
3. Apply two (2) best practices related to administration of HAMs in the long-term care setting

Outline:

Introduction
Background
- Background
- Terminology
- Statistics Related to Medication Errors and Adverse Events
- Medication Errors and the Older Adult
- Polypharmacy
- Polypharmacy Risks
High Alert Meds
- HAMS and Safety Initiatives
- NPSGs
- Initiatives to Reduce ADE Related to HAMs
- Medications Associated with Adverse Drug Events
- The National Action Plan for ADE Prevention
Risks
- Risks and Side Effects for the Older Adult Associated with Selected HAMs
- Antithrombotic Medications: HAM for Primary and Secondary Prevention or Treatment of Thrombus
- HAMs: Anticoagulants and Antiplatelets
- Anticoagulants and Antiplatelets
Best Practices
- Best Practices for Antithrombotics: Establish Protocols
- Clinical Alert
- ISMP

HIPAA and HITECH for Managers
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based and person-centered care staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Keywords: Social media

Objectives:

1. State the two (2) main rules under the HIPAA Act.
2. State two (2) penalties for HIPAA violations.
3. List three (3) instances when PHI is acceptable to be disclosed.

Outline:
Introduction
-   Introduction
Components
-   HIPAA Privacy and Security Rules
-   Key Points about the Security Role
-   HIPAA Enforcement Rule
-   Privacy Rule on PHI
-   HITECH
Covered Entities
-   Covered Entities
-   Business Associates
-   Special Considerations for Covered Entities
Guidelines
-   HIPAA Compliance for Disclosure of Residents' PHI
-   HIPAA Compliance for Electronic Communication
-   HIPAA Compliance and COVID-19
Disclosures
-   Authorization for Disclosure
-   Psychotherapy Notes
-   De-Identification of Health Insurance
-   Minimum Necessary
Compliance
-   HIPAA Breach Notification Rule
-   Risk Assessment Steps
-   Submitting a Notice of Breach
-   HIPAA Breach Notification Rule
-   HIPAA and Social Media
-   HIPAA Compliance Officer
Penalties

- Failure to Comply with Privacy Rule

Cybersecurity
- e-PHI Security
- Best Practices

Summary

HIPAA and HITECH: Essentials for All Staff
Copyright: April 2022
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: Cybersecurity, Compliance

Objectives:

1. Identify the two (2) main rules associated with HIPAA.
2. List three (3) guidelines for sharing personal health information (PHI).
3. Identify two (2) cybersecurity guidelines for maintaining HIPAA compliance.

Outline:

Introduction
-   Introduction

Components
-   HIPAA Privacy and Security Rules
-   HIPAA Enforcement Rule
-   Privacy Rule and PHI
-   Health Information Technology for Economic and Clinical Health (HITECH)

Guidelines
-   HIPAA Compliance for Disclosure of Residents' PHI
-   HIPAA Compliance for Electronic Communication
-   HIPAA Compliance and COVID-19

Compliance
-   HIPAA Breach Notification Rule
-   Submitting a Notice of Breach
-   HIPAA and Social Media
-   HIPAA Compliance Officer

Cybersecurity
-   Responsibility
-   Cybersecurity
-   Passwords
-   Using Public Wi-Fi
-   Cybersecurity at Work
-   Online Safety

Summary

HIV and the Older Adult
Copyright: R2_10.6.2023_SME
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of long-term care as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. In her role as a of Education at a 180-bed long-term care facility she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates.

Reviewer: Kim Hipkiss, RN, BSN

Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Keywords: Bias, Inclusivity, Discrimination, Stigma

Objectives:

1. List three (3) transmission/risk factors associated with HIV/AIDS.
2. Identify three (3) prevention challenges associated with HIV for older adults.
3. Identify three (3) ways HIV presents itself that is unique to older adults.

Introduction
HIV/AIDS
- The Graying of the AIDS Epidemic
- HIV Video: Know the Risks and Facts
- Case Study: Ann
- National Statistics
- Misperceptions
- Knowledge Deficit in the Older Adult
- Case Study: Ann
- Misdiagnosed
- Physical Considerations
- Psychological Considerations
- HIV/Age-Related Stigma
- HIV/AIDS Discrimination
- Strategies Against Bias

Transmission
- HIV Transmission Categories
- Ways HIV is Not Spread
- Risk Behaviors in Older Adults
- Ann's Unfolding Case Study

- Symptoms Early in HIV Disease
- Symptoms that Present Late in HIV

Implications

- Ann's Unfolding Case Study
- Myths and Stereotypes
- AIDS Presentation in the Older Adult
- Opportunistic Infections and Cancers
- Video: Grace
- Implications for Care
- Medication Adherence
- Safe Work Practices
- HIV Screening
- Testing: Those Over the Age of Fifty
- Case Study: Ann
- HIV Education Material Specific to Women
- The Prevention Message
- Recommendations for the Future
- Global Effort
- Assumptions
- Resources

Summary

Hospice Delivery of Care: Regulation and Compliance
Copyright: R2_10.28.2022_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: None

Objectives
1. Describe three (3) elements of hospice care.
2. Identify three (3) hospice regulations.
3. Identify four (4) required hospice interdisciplinary team members.

Outline

Introduction
- Opening
- Disclaimer
Concept of Care
- Specialized Care
- Goal of Care
- Hospice Interdisciplinary Group (IDG)
- Care Shift: Curative to Palliative
Regulatory
- Hospice History
- Determining Eligibility
- Medicare Hospice Benefit
- Benefits Periods
- Certification of Terminal Illness
- Election of Care
- Revocation
- Discharge
- Discharge for Cause
- Levels of Care
Compliance
- Federal and State Regulations
- Accreditation
- Face-to-Face Encounter
- Quality Reporting
- Quality Assessment and Performance Improvement

- IHI Methodology
- QAPI Responsibilities
- OIG Workplan
- Summary of Issues

IDG
- Hospice Team
- Bereavement Assessment

Plan of Care
- Written POC
- Residing in LTC
- Coordinated POC
- POC Updates
- Hospice IDG Meeting
- Summary

Housekeeping Basics
Copyright R1_01.06.2023_SME
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: COVID, infection control, standards, survey

Objectives:
1. List two (2) safety-related measures to consider when cleaning a person's room.
2. State two (2) infection control measures to consider when cleaning a person's room.
3. List two (2) things that must be reported after cleaning a person's room.

Outline:

Introduction
Preparing
- Information for Housekeepers
- Responsibility
- Hand Hygiene
- Infection Control
- Plan Your Day
- Check Your Supplies
- Information on Safety Data Sheets
Steps
- Policies and Procedures
- Order for Cleaning a Room
- Entering the Room
- High Touch Areas
- Cleaning the Bathroom
- Guidelines
- Mopping a Floor
- Dusting Furnishings
- Linen
- Laundry
Survey
- Survey
Awareness
- Annual Inspection Focus
- Communication
Summary

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)
Copyright: R6_08.11.2023_SME
1.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as an Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify two (2) transmission-based risk factors associated with HIV and AIDS.
2. Identify two (2) treatment guidelines for HIV and AIDS.
3. Select two (2) implications for healthcare workers relative to HIV and AIDS.

Outline:

Introduction
Pathophysiology
- Human Immunodeficiency Virus "HIV"
- HIV Virus
- Pathophysiology of HIV 3
- Symptoms
Global Impact
- HIV Related Deaths
Transmission
- Transmission and Risk Factors
Testing/Diagnosis
- Testing and Diagnosis
- Medical History
- Laboratory tests
- AIDS-Defining Illnesses
- Infections Associated with HIV and AIDS
- AIDS-Defining Cancers
- Other problems associated with HIV and AIDS
Treatment Options
- Antiretroviral Therapy
- CD4 Counts and Viral Loads
- Antiretroviral Therapy
- Injectable Medications
- Medication Adverse Effects
- Opportunistic Infections
- Ongoing Monitoring of Treatment
- Vaccine

Living with HIV
- In-Home Testing
- State Reporting Requirements
- Psychosocial Impact
- WHO's Five C's of Consent

Healthcare Setting
- Statistics
- Risk of Infection
- Likelihood of Transmission
- Defenses
- Standard Precautions
- Exposure Control
- Guidelines

Care
- Care of the Individual with HIV and AIDS
- Care
- Plan of Care

Summary
- Caregiver Stress
- Coping with Stress
- Summary

Human Immunodeficiency Virus (HIV): The Basics
Copyright: R2_11.17.2023_SME
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

 Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Reviewer: Kim Hipkiss, RN, BSN

 Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures, including those specific to infection control, for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years

Keywords: None

Objectives:

1. Identify the two (2) most common ways HIV is spread from one person to another.
2. List the three (3) stages associated with HIV infection.
3. Select three (3) precautions healthcare workers should take when treating HIV-infected persons

Introduction
What is HIV?
- Human Immunodeficiency Virus
- The Origins of HIV
- Statistics
Spread of the Virus
- How HIV is Spread
- Ways HIV is Not Spread
Symptoms
- Symptoms
Diagnosis
- Tests
Treatment
- Antiretroviral Therapy (ART)
- Adapting ART
Healthcare Setting
- Working in Healthcare
- CDC Recommendations
Summary

Human Trafficking
Copyright R2_06.02.2023_SME
2.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.
Keywords: Trauma Informed Care

Objectives:
1. Identify two (2) types of human trafficking in the United States.
2. Identify five (5) warning signs of potential human trafficking.
3. List three (3) practices healthcare workers can engage in interventions to assist victim of human trafficking.

Outline:

Introduction

Definition
- Human Trafficking
- Definition
- Trafficking Victims Protection Act
- Trafficking Victims Protection Act
- TVPA: Prosecution Framework
- Statistics by State
- Trafficking Victims Protection Act (TVPA)

Federal Laws
- Federal Laws

Types
- Types of Human Trafficking
- Risk Factors
- Sex Trafficking Venues
- Top Ten Industries of Labor Trafficking
- Forced Labor
- Child Labor
- Child Soldiers
- Debt Bondage
- Involuntary Servitude

Victims
- Profiling
- Risk Factors
- Victims

- LGBTQ+
- Populations
- Preventing Escape
- Reasons for Not Telling

Red Flags
- Red Flags
- General Indicators of Human Trafficking
- General Indicators of Human Trafficking
- Labor Trafficking Indicators
- Sex Trafficking Indicators
- Common Work and Living Conditions
- Other Considerations When Gathering the Medical History
- Common Ailments Reported
- Poor Mental Health or Abnormal Behavior
- Lack of Control
- Medical Issue
- Developmental Health
- Life Expectancy for Victims of Human Trafficking

Traffickers
- Potential Traffickers
- Trafficker and Victim Commonalities

Role
- SOAR
- Raising Awareness
- Miranda's Story
- Jody: The Healthcare Worker's Story
- Support for Miranda
- How This Story Ends
- Documentation
- Complex Needs

Support
- Support
- Providing Support
- Victims of Human Trafficking
- Trauma-Informed Care
- Screening Questions
- Steps to Prepare
- The Victim's Safety
- Mandatory Reporting
- Referral
- Immediate Emergency

Resources
- National Resources
- Goals of the National Human Trafficking Hotline
- Reporting
- Additional National Services
- Summary

Infection Control Precautions

Copyright: R2_9.29.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small critical access hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on medical-surgical and intensive care units. Ms. Platt obtained a diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: IPC, COVID-19 Considerations, Enhanced Barrier Precautions, Transmission-based Precautions, Check List: Lab Specimen Collection, Interprofessional

Objectives:

1. Identify three (3) elements of standard precautions.
2. Identify three (3) types of transmission-based precautions.
3. Apply three (3) considerations when caring for individuals on transmission-based precautions.

Introduction
- Introduction
- Infections

Precautions
- Precautions
- Prevention
- Standard Precautions

PPE
- Safe Work Practices While Wearing PPE
- Donning PPE
- Doffing PPE

Transmission
- Transmission-based Precautions: Types
- Transmission-based Precautions: Control Measures
- Documentation
- Involuntary Seclusion

Contact
- Guidelines for Contact Precautions

Droplet
- Droplet Precautions
- Transmission: Close Contact
- Examples of Illness

- Guidelines for Droplet Precautions

Airborne
- Airborne Transmission
- Illnesses
- Guidelines for Airborne Precautions

Enhanced
- Enhanced Barrier Precautions
- EBP: High Contact Areas

Considerations
- Other Considerations
- Handling Waste
- Lab Specimens: Procedures
- Visitors
- Transport
- Personnel Notifications
- Disposal of Equipment
- Dinnerware and Eating Utensils
- Privacy
- Person and Family Education

Summary
- Summary

Infection Prevention and Control for All Staff
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. She has designed competency-based skill check offs specific to infection prevention and control as well as evaluated learners on these competencies at the state level. Linda has worked closely with facility infection control nurses to design staff education that targets infection control gaps as well as teaching pre-licensure nurses what infection related issues are important to the geriatric population.

Keywords: None

Objectives:

1. Identify the six (6) components of the chain of infection.
2. Select three (3) pathogens that can create an infection.
3. State two (2) ways the chain of infection can be broken.

Outline:
Introduction
Regulatory
- Infection Prevention and Control
- Services
- F880: Infection Control
- Infection Control Related Terms

Chain of Infection
- The Chain of Infection
- First Link: Pathogen
- Second Link: Reservoir
- Third Link: Portals of Exit
- Fourth Link: Modes of Transmission
- Fifth Link: Portal of Entry
- Sixth Link: Susceptible Host
- Protection Mechanisms

Common Infections
- Common Infections in the LTC Setting
- Legionnaires' Disease
- Prevention of Legionnaires' Disease

Roles
- Breaking the Chain of Infection: A Team Approach
- IPCP Programs
- Standard Precautions
- Education
- Everyone's Role
- IPCP: Regulatory
- Regulatory Checkpoints
- Reporting

Summary

Interviewing for Success
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds BA, MA, Ed. D

In addition to education, she has worked in human resources and organization development for over 30 years. She has been in management and executive level leadership positions for over 20 years. She has taught in the classroom and online for 20 years, mostly at the graduate level, as adjunct faculty at the University of St. Thomas, Concordia University, and St. Catherine's University. In addition, she has prepared and delivered numerous programs for clients in business, healthcare, education, service agencies, and non-profit organizations in her capacity as Director or Organization Development at MRA.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Keywords: None

Objectives:

1. Select two (2) components of an effective selection interview.
2. Identify eight (8) components of effective interview questions.
3. Identify one (1) regulatory compliance consideration when conducting an interview.

Outline:

Introduction
Selection Process
- Selection Process
- Purpose of Selection Interview
- Evaluate Applicant
- Weigh Results of Interview
- Timing of Selection Interview
Interviewing Skills
- Interviewing Skills
- Emotional Intelligence
- Questioning
- Communication
- Listening
- Staying on Topic
- Interpreting and Analysis
- Decision Making
- Effective Decision Making
Components
- Components of an Effective Selection Interview: Preparation
- Panel Interview

- Interview Guide and Evaluation Criteria
- Avoid Interruptions
- Opening the Interview
- Comprehensive First Question
- Goal of the Interview
- Note Taking
- Following up Questions: Probing
- Pursuing the Applicant
- Applicant Interest
- Selling the Position
- Closing the Interview
- Avoid Over Promising
- Final Statement

Interview Questions
- Interview Questions

Follow-up Steps
- Evaluation of the Candidate
- Common Errors When Evaluating Applicants
- Follow-up After the Interview

Compliance
- Compliance
- Questions
- Requirements
- Hiring Practices
- Recordkeeping and Reporting Requirements
- Transfer Learning

Introduction to Healthcare for New Nursing Assistants
Copyright: R4_03.17.2023_SME
.5 Contact Hour(s)

Keywords: N/A

Objectives:
1. List two (2) of the requirements for nursing assistants mandated by the Omnibus Budget Reconciliation Act of 1987 (OBRA).
2. Describe the role of three (3) members of the healthcare team.
3. Describe two (2) programs that pay for health care.

Author:
Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Outline:

Introduction
− OBRA 87

OBRA
− Resident's Rights

Healthcare Roles
− Interdisciplinary Team
− Other Services

The Person
− The Individual in Long Term Care
− Geriatric or Disability Needs
− Maslow's Hierarchy of Needs

Reimbursement
− Reimbursement
− Medicare and Medicaid
− Medicare and Medicaid

- LTC Insurance

CMS
- CMS
- Survey
- Maintaining Functionality

Summary
- Summary

Laundry Measures to Control the Spread of Infection
Copyright: April 2022
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. In these roles, Linda trained learners on infection control practices across all disciplines and departments.

Reviewer: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Infection Prevention and Control, Bloodborne, COVID-19 Considerations

Objectives:

1. Identify three (3) laundry storage measures that help control the spread of infection.
2. List two (2) laundry handling processes that contribute to effectiveness of infection control in laundry services.
3. State two (2) regulatory processes related to infection prevention in laundry services.

Outline:

Introduction
Background
- Background
- Introduction
- Laundry Regulations
Storage
- Contaminated Laundry Storage
Transporting
- Contaminated Laundry Transport
Handling
- Handling Guidelines
Laundry Procedures
- Effectiveness of Routine Laundry Procedures
- Proper Water Temperature
- Using Bleach for Laundry
- Infection Control Practices in Laundry
- Risks

COVID-19
- Special Considerations with COVID-19
Summary

Leadership Principles and Models
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane helps individuals, teams, and organizations define their goals and achieve them. She has the flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include: change management, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, and creative problem solving.
Diane has more than 30 years' experience in organization development, human resources, and executive level management. She has facilitated the development of numerous teams including creation of leadership, virtual, project, ad hoc and quality teams. She is recognized as an effective team leader.   She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises.
Diane has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Reviewer: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Select three (3) leadership models that can be effective in healthcare related organizations.
2. Identify two (2) of the leadership characteristics of an exemplary leader as described by Kouzes and Posner in The Leadership Challenge Model.
3. Recognize three (3) practices of transformational leaders.

Outline:

Introduction
- Leadership Models
- Types of Leadership Models
Servant
- Servant Leader
- The Primary Principle
- Applying the Servant Leadership Model
- Bridging the Transition
Authentic
- The Concept of Authenticity

Lewy Body Dementia
Copyright: January 2024
1.0 Contact Hour(s)
Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. Identify three (3) symptoms associated with Lewy body dementia.
2. Choose three (3) risk factors for developing Lewy body dementia.
3. Apply three (3) strategies for dealing with behaviors associated with Lewy body dementia.

Keywords: Person-centered Care, Behaviors, Person-Centered Strategies

Introduction
Background
- Dementia in Long-term Care Settings
- Case Study: Mr. Parker
- Mr. Parker: Care Plan
- Brain Changes From Lewy Body Dementia
- Lewy Body Dementia Deposits
Risk Factors
- Risk Factors
Types
- Types
- Lewy Body Dementia vs Parkinson's Disease Dementia
- Parkinson's Disease Dementia
Symptoms
- Symptoms
- Common Symptoms
- Nursing Documentation
Diagnosis
- Tests
- Laboratory Tests Support of Diagnosis
- Considerations for Diagnosis
- Be a Detective
Treatment
- Treatment with Medication
Behaviors
- Rule Out Underlying Contributors
- Behaviors
- Non-Pharmacological Approaches for Behaviors
- Pharmacological Management of Behaviors

Family Support
- Providing Family Support
Summary

LGBT Population: Understanding Needs
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Author: Marc Markell, PhD, MS, BA

Marc Markell is a professor at St. Cloud State University. He earned a PhD in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods, and strategies for students with special needs, behavior management, and grief and loss education. He also teaches graduate and undergraduate courses on cultural diversity, behavior theories and practice.

Reviewer: Jackie Baras, MSN, MBA

Jackie serves as the LGBTQIA+ Health Navigator for Robert Wood Johnson University Hospital in New Brunswick, N.J. In this role, Jackie serves as a representative and liaison for all LGBT patients and employees at RWJUH. As LGBT Health Navigator, Baras will provide governance and oversight to ensure that LGBT employees and patients are able to successfully navigate all available resources to address the full spectrum of patients' and employees' healthcare needs.

Keywords: Person-centered Care, California, New Jersey

Objectives:

1. Identify two (2) types of discrimination faced by LGBT individuals related to healthcare.
2. List two (2) regulatory concerns associated with sexual orientation in the long-term care setting.
3. Select two (2) issues faced by LGBT individuals in the long-term care setting.

Outline:

Introduction
LGB
- Background
- Requirements of Participation
- Cultural Humility
- Culture of Competence
- Person-Centered Care
- Preferred Titles
- Terminology
- Guidelines
Transgender
- Transgender
- The Term Transgendered

Living with Alzheimer's Disease

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives
1. Select three (3) signs and symptoms of Alzheimer's disease.
2. List two (2) risk factors for Alzheimer's disease.
3. State two (2) means of diagnosing Alzheimer's disease.
4. Identify three (3) interventions for helping the person who has changes in behavior due to Alzheimer's disease.
5. State three (3) interventions for care of the person living with Alzheimer's disease.
6. Identify two (2) interventions to help support the family of a person living with Alzheimer's disease.

Outline:

Introduction

Background
- Alzheimer's Disease
- Cause of Dementia
- Dementia
- Causes of Dementia
- Dr. Alois Alzheimer

Changes
- Early Symptoms
- Changes in the Brain
- NIA video on AD

Signs and Symptoms
- AD and Symptoms
- Signs and Symptoms
- Stages
- Early (Mild) Stage AD

- Middle (Moderate) Stage AD
- Middle (Moderate) Stage AD
- Late (Severe) Stage AD

Causes
- Alzheimer's Risk Factors
- Research and Tests
- Causes
- Down Syndrome

Diagnosis
- Diagnosis
- Early Diagnosis

Treatment
- Treatment
- Cholinesterase Inhibitors
- Cholinesterase Inhibitors: Side Effects
- Disease Modifying Medications
- Aducanumab: Side Effects
- Memantine
- Memantine: Side Effects
- Side Effects

Care
- Regulations: PCC
- Meeting Daily Needs
- Promoting Independence
- Person-Centered Care Examples
- Person-Centered Care Strategies: Mrs. Sinclair
- Activities of Daily Living
- Bathing
- Bathing Strategies
- Oral Care: Strategies
- Dressing and Undressing: Strategies
- Eating: Strategies
- Person-Centered Care: Eating Considerations
- Behavior Changes
- Wandering
- Wandering: Determining the Cause
- Wandering: Strategies for Promoting Safety
- Sundowning
- Sundowning: Strategies
- Hallucinations
- Hallucination: Strategies
- Delusions
- Agitation
- Aggression: Cause
- Managing Agitation and Aggression
- Communicating Difficulties

- Communication Strategies
- Rummaging and Hiding Items
- Rummaging and Hiding Things: Strategies
- Changes in Intimacy and Sexuality
- Sexual Behaviors
- Family
- Concerns of Family

Scenarios
- Dr. Davenport
- Dr. Davenport: Strategies to Consider
- Mrs. Jones
- Mrs. Jones: Strategies to Consider
- Mr. Blackmore
- Mr. Blackmore: Strategies to Consider

Clinical Trials
- Participating in Clinical Trials
- Participating in Clinical Trials
- Clinical Trials: Volunteering
- Clinical Study

Support
- Support for Families and Caregivers
- Support for Families and Caregivers

Summary
- Summary

Medical Emergencies in the Long-Term Care Setting
Copyright August 2023
0.5 Contact Hour(s)

Keywords: N/A

Objectives:
1. Apply three (3) responses to an emergency situation.
2. Identify two (2) responsibilities of the Certified Nursing Assistant (CNA) during a medical emergency.
3. Choose three (3) responsibilities of the nurse during a medical emergency.

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Introduction
- Background

Condition Change
- Change in Condition: Notify Physician
- Change in Condition: Informing Nursing
- Change in Condition: Healthcare Workers Responsibility
- Reporting a Change in Condition
- Behavior Changes

Emergencies
- Definition
- Types of Emergencies
- The Role of the CNA
- Role of the Nurse
- Advanced Directives
- Cardiopulmonary Resuscitation (CPR)
- Cardiopulmonary Resuscitation (CPR): Guidelines
- Cardiopulmonary Resuscitation (CPR): Steps
- Cardiopulmonary Resuscitation (CPR): EMS System
- Chest Pain
- Chest Pain: Symptoms
- Roles of the Response Team: Chest Pain
- Roles of the Response Team: Difficulty Breathing
- Choking
- Choking: Response
- Stroke: Signs and Symptoms

- Stroke: Response
- Falls
- Falls: Post-Fall Assessment
- Bleeding
- Nosebleed
- Seizures: Symptoms
- Seizures: Assessment
- Syncope
- Syncope: Responses
- Burns
- Burns: Emergency Care
- Documentation
- Documentation Guidelines

Scenarios
- Mrs. Miller
- Mr. Jackson

Summary
- Summary

Medical Errors: Prevention of Harm in LTC
Copyright: R2_10.06.2023_SME
2.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

 Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Person-centered care, abuse, Safety, Falls, Infections, SBAR, Cultural diversity

Objectives:
1. Select two (2) causes of errors in the long-term care setting.
2. Choose two (2) common types of safety events in the long-term care setting.
3. Identify two (2) strategies used to prevent errors in the long-term care setting.

Introduction
- Medical Error Defined
- Types of Error

Overview
- Financial Impact of Errors

Errors in LTC
- Common Medical Errors in Nursing Homes
- Latent Errors
- Severity of Errors or Events
- Never Events
- Safety Culture

EBP
- Enhancing Safety Using Evidence-Based Practice (EBP)
- Five Core Competencies
- Implementation of EBP
- Types of Resources

QAPI and CQI
- QAPI
- Enhancing Safety using QAPI and CQI
- Steps of the QAPI and CQI Process
- Root Cause Analysis
- Institute of Healthcare Improvement Video

Resources
- Impacting Errors in Nursing Homes
- Institute for Healthcare Improvement
- Joint Commission

Medication Events
- Medication-Related Adverse Drug Events

- High Alert Medications
- Best Practices

Falls
- Impact of Falls
- Latent Errors for Falls
- Resources
- Facility-Specific Programs
- Falls Prevention Management Program

Infections
- Background of HAIs
- Common Infections in LTC
- Antimicrobial-Resistant Organisms
- Work Practice Controls

Care Events
- Care-Related Adverse Events
- Communication
- SBAR: Improving Communication
- SBAR Tool
- Causes of Care Related Events

Mistreatment
- Types: Mistreatment
- The Stigma and the Reality
- Cultural Diversity
- Approaches
- Culture and Leadership

Summary
- Summary

Medication Administration
Copyright: April 2022
1.0 Contact Hour(s)

Author: Jocelyn Smith, MSN, RN

Jocelyn has over 15 years' experience in long term care, home health, and hospice. Her experience also includes case management and utilization management. She has worked at bedside in staff nurse positions and as an educator. Jocelyn has educated nursing students in a classroom and clinical setting. Jocelyn has taught Medical Surgical nursing, Geriatric nursing, and Fundamentals of Nursing. Jocelyn first found her passion for education when she was educating patients in her case management role. Jocelyn's passion is education and enjoys educating patients, clinical staff, and nursing students. Jocelyn holds a Master of Science in nursing degree from Jacksonville University in Jacksonville, Florida.

Keywords: Safety, Prevention of Medical Errors

Objectives:

1. Identify the four (4) components of a medication order.
2. Identify three (3) guidelines for medication administration.
3. Identify three (3) medication administration rights.

Outline:

Introduction
- Medication Administration
- Medication Errors
- Medication Administration Process

Changes
- Pharmacokinetic Changes in the Elderly

Effects
- Signs of Adverse Drug Reactions
- Cognitive Changes from Medications
- Complications of Medication
- Guidelines for Administration

Policies
- Federal Regulations
- Facility Policies

Orders
- Complete and Clearly Written Orders
- Telephone Orders
- Medical Abbreviations
- Do Not Use List
- Practice Exercise

Medication Rights
- Rights of Medication Administration

Administration
- Guidelines for Medication Administration

Errors
- Avoiding Medication Error

Summary

Medication Administration Pass

Author: Jenell Camara, MSN, RN

Jenell Camara is a Master's prepared Registered Nurse and CEO of Jenell Camara Consulting, LLC. She has over 25 years of experience in skilled nursing and long-term care. Her roles have included Manager of rehab and long-term care, MDS, Regional Clinical Director for a SNF community, state surveyor and is a Medication Administration Instructor. Quality Assurance and Compliance is her passion, and she continues to work with facilities as a Nurse Consultant for a pharmacy that services long-term care organizations.

Keywords: Errors, Safety, Needle Safety, Sharps, High Alert Medications

Objectives:

1. Apply three (3) strategies to reduce medication errors.
2. Identify the five (5) rights of medication administration.
3. Select three (3) infection control practices during medication administration.

Introduction
- Medication Administration
- Requirements for the Script
- Pharmacokinetic Changes in the Elderly

Rights
- The Five Medication Rights

Mediation Pass
- Medication Safety
- Medication Safety: Statistics
- The Three Medication Checks
- High Risk Medications

Infection Control
- Standard Precautions
- Hand Hygiene and Medication Pass
- Personal Protective Equipment
- Personal Protective Equipment
- Standard Precautions: Sharp Safety

Best Practices
- Do's and Dont's
- Maintaining Privacy

Errors
- Medication Error: Defined
- Types of Medication Errors
- Avoiding Errors
- Communication Post Medication Error
-

Application
- Case Study
- Summary

Medication Administration: Antibiotics
Copyright: April 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Select three (3) common types of infections that occur in long-term care facilities.
2. List three (3) potential adverse effects of commonly used antibiotics.
3. Identify the three (3) core elements of antibiotic stewardship.

Outline:

Introduction
- Opening
- Disclaimer
- Introduction

Overview
- Overview
- Goal of Therapy

Infections
- Infections
- COVID-19
- Urinary Tract Infections
- Gastrointestinal Infections
- Norovirus
- Skin and Soft Tissue Infections

Antibiotics
- Antibiotics: Drug Classes

Side Effects
- Side Effects

Adverse Effects
- Adverse Drug Effects
- Severe Allergic Reactions
- Superinfections

Outcomes
- Outcomes

Interactions

Medication Administration: Basics
Copyright: April 2022
0.5 Contact Hour(s)

Author: Lia Morlan, RN, CDONA, WCC, IP-BC, LNC

Over the last 30 years, Lia has served adults and geriatrics in long term care facilities, as an adult education coordinator/instructor, nursing administrator, and consultant. She currently acts as a nursing consultant and interim director of nursing in facilities requiring guidance with quality improvement/regulatory initiatives. She also acts as an expert witness and performs case reviews for various attorneys. Lia is passionate about mentoring healthcare professionals in the post-acute facilities.

Keywords: Safety

Objectives:
1. Identify five (5) basic rights of medication administration.
2. Select three (3) courses of action for medication refusal.
3. Identify three (3) standards of practice for a medication pass.

Outline:

Introduction
- Disclaimer
Background
- Medications
- Stay Focused
- Steps
Rights
- Med Pass
- Responsibilities
Errors
- Occurrence
- Medication Error
Refusals
- Refusals
- Impaired Cognition
Summary
- Summary

Medication Administration: Controlled Substances
Copyright: June 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify the five (5) classes of controlled substances.
2. List three (3) of the possible adverse effects of opioid medications.
3. Select three (3) possible adverse effects of the sedative-hypnotic medications

Outline
Introduction
- Disclaimer
- Introduction
Schedules
- Schedule I Drugs
- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
Regulations
- CMS Guidelines
- Government Guidelines
- Regulations
Classes
- Classes
Opioids
- Opioids: Use
- Opioids: Adverse Effects
- Opioids: Doses
- Opioids: Treatment Goals
- Opioids: Considerations
- Opioids: Fentanyl
- Opioids: Interactions
- Opioids: Treatment for Overdose
- Opioids: Symptoms of Overdose
Stimulants
- Stimulants

Medication Assistance for Medication Aides
Copyright: R3_04_03_2021_SME
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify three (3) safety checks that need to be completed before administering a medication.
2. List three (3) rights of medication administration.
3. Select three (3) side effects of medications that should be reported to the nurse.

Outline:

Introduction
- Objectives and Learning Outcomes
- Navigation
- Introduction
Scope
- Scope of Practice
Safety
- Safety Checks
- Rights of Medication Administration
- Approved Abbreviations
- Documentation
Medications
- Common Medications
- Types of Insulin
Allergies
- Symptoms of Drug Allergies
- Sign of Anaphylactic Reaction
Interactions
- Drug Interactions
Errors
- Medication Errors
- Preventing Errors
- Reporting Errors
Narcotics
- Narcotics
Documentation

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Mental Health in Older Adults: Pharmacological Treatment
Copyright: April 2022
1.0 Contact Hour(s)

Author: Nancy Slattery, RN, BSN

Nancy Slattery is a Registered Nurse with a Bachelor of Science degree in Nursing from George Mason University. She has over 35 years of Behavioral Health experience in nursing. Nancy has been serving in roles in Case Management, Clinical Nurse Supervisor and developing training programs related to mental illness for staff. Nancy is a subject matter expert for Behavioral Health workflows and policies. Nancy has played key roles in educating staff in identifying, supporting, and closing gaps in care for members with mental health challenges.

Keywords: None

Objectives:

1. Identify four (4) mental illnesses affecting older adults.
2. Identify three (3) medication classifications used to treat mental illness in older adults.
3. List three (3) common side effects of psychotherapeutic medications.

Outline:
Introduction
Overview
-   Overview
Mental Disorders
-   Mental Health Conditions
-   Depression
-   Psychosis
-   Bipolar
-   Anxiety
Medications
-   Prescription Medications
-   Medications to Treat Depression
-   Side Effects of Antidepressants
-   Psychotherapeutic Medications

Mental Illness Non-Drug Alternative Interventions
Copyright: April 2022
1.0 Contact Hour(s)

Author: Nancy Slattery, BSN, RN

Nancy has over 32 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool and then delivered the finalized workflow to all clinical teams. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as subject matter expert for all teams regarding behavioral health workflows and clinical content.

Keywords: None

Objectives:

1. Identify two (2) rationales for use of alternative therapy with mental illness.
2. Identify four (4) positive outcomes of exercise on a person's mental health.
3. Identify three (3) therapeutic communication techniques when working with an individual with mental illness.

Outline:

Introduction
Background
- Definition of Mental Illness
- Occurrence
- Statistics of Mental Illness
- Review of Mental Health Conditions and Clinical Manifestations
- Mood Disorder
- Anxiety Disorder
- Schizophrenia
- Paranoia
- Personality Disorder
- Personality Disorder DSM-5
- Personality Disorder DSM-5: Symptoms
- Managing the Condition: Personality Disorder
- Psychosis
- History of Conventional Treatment of Mental Health Conditions
- Review
Alternative Therapy
- Alternative Therapy: Definition
- Most Common Alternative Therapies
- Complementary Alternative Therapy
- Rationale for Alternative Therapies in Older Adults
- Advantages of Alternative Therapies
- Statistical Evidence Regarding Alternative Treatments
- Safety of CAM
- Review
Cognitive
- Psychotherapy

- Cognitive Behavioral Therapy
- Group Therapy
- Family Therapy
- Self-Help Groups and Support Groups
- Biofeedback
- Biofeedback Techniques
- Integrative or Holistic Therapy
- Review

Spiritual
- Types of Spiritual Interventions
- Meditation
- Prayer
- Relaxation and Breathing Exercises
- Guided Imagery
- Mindfulness
- Reminiscence Therapy
- Benefits of Meditation
- Review

Sensory Therapy
- Sensory Therapy
- Music Therapy
- Art Therapy
- Dance Movement Therapy
- Drama Therapy
- Aromatherapy
- Acupressure and Acupuncture
- Horticultural Therapy
- Culinary Therapy
- Light Therapy
- Animal Assisted Therapy
- Review

Oral Medications
- Herbal Medicine
- Vitamins
- Homeopathy
- Supplements
- Contraindications for Alternative Treatment with Medications
- Review

Communication
- Motivational Interviewing
- Open Probes
- Reflective Listening
- Affirmations
- Ask Permission
- Therapeutic Communication Review

Summary

Monkeypox: The Basics
Copyright: September 2022
0.25 Contact Hour(s)

Author: William Phillips, APRN, MSN, CCRN, MA, MBA

William Phillips has been practicing in healthcare for many years. He started his career in clinical research, working on multiple National Institute of Health sponsored clinical trials in ophthalmology. From there, he went on to participate in educational research with the University of North Florida. Mr. Phillips worked as a nurse in the neurology intensive care unit before going on to receive his nurse practitioners in adult critical care. He currently works as a nurse practitioner in the medical ICU at Duke University Hospital.

Keywords: Emerging disease, Infection control

Objectives:
1. Identify two (2) common symptoms of Monkeypox.
2. Select two (2) CDC recommended infection control precautions when working with an individual with Monkeypox.
3. Identify six (6) ways that Monkeypox can be spread.

Outline:

Introduction
- Disclaimer
Monkeypox
- What is Monkeypox?
- Zoonotic Virus
- Cases
The Virus
- How is it Transmitted?
- Spread Through Droplets
- How Long from Infection to Onset of Symptoms?
- Initial Symptoms
- Symptoms: Skin Lesions
- Delay in Diagnosis

Safety
- Reducing Risk
- Infection Control Measures
- CDC Guidelines
- CDC Guidelines on PPE
Summary
- Summary

Moral Distress
Copyright: R2_9.08.2023
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin
Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: Ethical Conflict, COVID-19

Objectives:

1. Comment on three (3) of the top root causes of medical distress.
2. Compare the difference in impact that moral distress of caregivers has on the individual versus the caregivers.
3. Rate, in order of importance, the following resources in dealing with moral distress: personal moral resilience, self-care, and healthcare team support.

Outline:

Introduction
Definition
-   Classic Definition
-   Moral Distress versus Emotional Distress
-   Definition
-   Communicating Beliefs
Prevalence
-   Moral Distress on the Rise
-   MDS-R
-   MMD-HP
Sources
-   Constraints
-   Top Root Causes
-   Case Study
Impact
-   Symptoms
-   Resident Outcomes
-   HCWs Leaving Position
-   Moral Residue
Moral Resilience
-   Moral Resilience
-   Personal Morals
-   Building Trust
-   The Four A's
-   Team Debriefing Sessions

Case Study
- Case Study: Gina
- Case Study: The Four A's
- Case Study: Gina (Moral Agency)

Support
- Self-Care
- Support for HCWs
- Support for Administrators
- Resources

Summary

Multidrug Resistant Organisms (MDROs): Emerging Pathogens
Copyright: August 2023
0.5 Contact hour(s)

Keywords: enhanced barrier precautions, Carbapenem-resistant Acinetobacter, Candida auris, Carbapenem-resistant Enterobacterale, Drug-resistant Neisseria gonorrhoeae

Objectives:
1. Identify three (3) multidrug resistant organisms (MDROs) of global concern.
2. Select three (3) strategies to help prevent the spread of multidrug resistant organisms (MDROs) in a healthcare setting.
3. List three (3) measures to help prevent the spread of multidrug resistant organisms (MDROs) in a healthcare setting.

Author: Lois Platt, MSN, RN

Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Introduction
- Antimicrobials
- Antimicrobial Resistance (AMR)
- Introduction
- Resistant Pathogens
- Antimicrobial Increase
- Bacteria
- Antibiotic Resistant: Food

Urgent Threats
- Organisms: Urgent Threats
- Drug-Resistant Neisseria gonorrhoeae

Serious Threats
- Serious Threats

Prevention
- Prevention
- Precautions
- Improve Antibiotic and Antifungal Prescribing
- Be Alert and Take Action
- Precautions
- Indwelling Medical Devices

Research

– Research Summary

Nursing Assessment and Care: Heart Failure
Copyright April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify two (2) risk factors that increase the probability of developing heart failure (HF).
2. List two (2) components of assessment data that may indicate worsening of HF.
3. Identify two (2) treatment interventions appropriate for the person with HF.2

Outline:

Introduction
- Introduction
- HF: Hospitalizations

Overview
- HF Statistics

Normal Heart
- The Heart's Primary Function
- Flow of Blood
- Valves
- Conduction System
- Coronary Arteries

Pathophysiology
- Pathophysiology of HF
- Causes of HF
- Systolic and Diastolic HF
- End Result of HF

Risk Factors
- Risk Factors
- COVID-19

Signs and Symptoms
- Clinical Signs and Symptoms

Treatment
- Management of HF
- Medication Management
- Nursing Interventions
- Desired Outcomes

Education
- – Education
- – Controlling and Reporting Symptoms
- – Dietary Changes
- – Lifestyle Changes

Assessment
- – Monitoring HF
- – Abnormal Lung Sounds in HF
- – Crackles
- – Wheezes
- – Edema

Scenario
- – Mrs. Sonns: Scenario
- – Mrs. Sonns: CNA Report
- – SBAR
- – Information for a Physician Call
- – Physician Orders
- – Documentation

Summary
- - Summary

Nursing Assessment of the Older Adult
Copyright: R2_12.15.2023_SME
1.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:
1. Identify two (2) abnormal findings associated with an assessment of each of the major body systems.
2. Identify three (3) specific symptom presentations in which targeted physical assessment is appropriate.
3. Apply two (2) communication considerations related to physical assessment findings to a scenario.

Keywords: Chest Pain, Falls, SBAR, Documentation, Stroke, Pain

Introduction
   – Assessment
Overview
   – Scope of Practice
   – CMS Regulations
   – Course Overview
Head-to-Toe
   – Head-to-Toe Assessment
   – General Appearance
   – Vital Signs
   – Pain Assessment
   – Documenting Pain
   – Skin Assessment
   – Changes in Skin
   – Documenting Skin Findings
   – Head Assessment
   – Changes with Aging: Eyes
   – Changes with Aging: Ears
   – Assessment of the Chest
   – Lung Sounds
   – Lung Sounds
   – Changes with Aging: Respiratory System
   – Documenting Respiratory Findings
   – Heart Rate and Rhythm
   – Heart Rate
   – Changes with Aging: Heart
   – Nursing Considerations

- Documenting Cardiac Findings
- Peripheral Vascular Assessment
- Peripheral Vascular System: Changes with Aging
- Anatomy of the Abdomen
- Abdominal Assessment
- Musculoskeletal Assessment
- Musculoskeletal System: Changes with Aging
- Neurological Assessment
- Nervous System: Changes with Aging

Targeted
- Targeted Assessment
- Chest Pain
- Chest Pain
- Difficulty Breathing
- Resuscitation Status
- New Onset of Confusion: Causes
- New Onset of Confusion: Medical History
- New Onset of Confusion: General Appearance
- New Onset of Confusion: Neurological Assessment
- New Onset of Confusion: Elevated Temperature
- New Onset of Confusion: Medications
- New Onset of Confusion: Pain
- New Onset of Confusion: Report
- Falls: Assessment
- Falls: Assessment

Functional
- Components of a Functional Assessment

Communication
- Communication
- SBAR
- Documentation

Summary

Nursing Care of the Individual with Advanced Alzheimer's Disease
Copyright: R4_ 10.06.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives
1. Identify the three (3) stages of Alzheimer's disease.
2. Identify two (2) strategies used to minimize behaviors associated with advanced Alzheimer's disease.
3. Identify two (2) medication classes used in the treatment of Alzheimer's disease.

Keywords: None

Introduction
- Alzheimer's Disease
Overview
- Stages of AD
Behaviors
- Progression of Alzheimer's Disease
- Behaviors
- Quick Tips
- Assessment of Behaviors
- Behavioral and Environmental Therapy
- Bathing
- Bathing Modifications
- Mealtime Considerations
- Mentally Challenging Activities
- Interactions
- Neuropsychiatric
- Indications
Treatment
- Pharmacologic Intervention for Alzheimer's Disease
- Acetylcholine
- Medications
- Cholinesterase Inhibitors
- Anti-glutamatergic Therapy
- Combination Therapy
- Vitamin E
Communication
- Communication
Late-Stage Care

- Late-Stage Care
- Advance Directives
- Quality of Life
- PAINAD
- Reporting Pain
- Goals of Palliative Care
- Hospice Care

Summary
- Summary

Nursing Documentation Principles
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for accurate documentation as she has had the dubious honor of being deposed.

Keywords: None

Objectives:

1. Identify four (4) documentation practices that validate safe, effective, and high-quality person-centered care.
2. List two (2) documentation practices that create legal and professional risks.
3. State four (4) nursing documentation requirements specific to long-term care.

Outline:

Introduction
Background
- History
- Terminology
Principles
- Outcomes Associated with Good Documentation
- Purposes of Documentation
- Documentation Essentials
- Principles for Nursing Documentation
- Expectations
- Purpose of Documentation
- Characteristics of Good Documentation
- Reasons for Poor Documentation
- Documentation Dos and Don'ts
- Best Practices Corrections
- Types of Documentation Issues
- EHR: Documentation Issues
- EHR: Precautions
- Reflecting the Actual Situation
Regulatory Compliance
- Documentation Standards
- Documentation Timelines
Legal
- Documenting Special Situations
- Documenting Defensively
Types
- Charting Systems
Documentation
- CMS Documentation Expectations for SNFs

- Types of Documentation in LTC Setting
- Documentation Tools
- Documenting Resident Data
- Documenting Response to Care
- Assessment: Document for Medicare
- Documenting Risk Assessments
- Documentation of Care
- Critical Documentation

Practice
- Nursing Statements
- Improve This Documentation

Summary

Nutritional Promotion in the Older Adult
Copyright: R5_10.06.2023_SME
0.5 Contact Hour(s)

Author: Kendall Kennedy, MS, RDN, LDN, RYT

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed. Kendall received her master's and bachelor's degrees in nutrition from the University of North Florida.

Keywords: Person-centered Care

Objectives:

1. Identify three (3) physiological changes that affect the nutritional status of the older adult.
2. Identify two (2) effects of malnutrition.
3. Identify three (3) warning signs indicating the potential for weight loss.

Introduction
- Definitions
- Benefits of Nutritional Promotion

Factors
- Nutrients
- Factors Affecting Nutrition

Malnutrition
- Malnutrition and Overnutrition

Assessment
- Assessment
- Nurse's Role in Nutrition Care
- Nutrition Care Plan
- Disciplines Involved in Nutrition

Hydration
- Dehydration
- Risks Associated with Dehydration
- Dehydration Prevention

Dysphagia
- Dysphagia
- Feeding the Individual with Dysphagia

Dementia
- Promoting Nutrition in Persons with Dementia
- Possible Causes of Poor Appetite
- Promoting Nutrition at Mealtimes

Interventions
- Interventions

- Person-Centered Approaches

Feeding Tips
- Best Practices
- Summary

Oral Health: Basics
Copyright: December 2023
0.5 Contact Hour(s)

Author: Lois A. Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has over 15 years of experience working with residents experiencing dementia. Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, Director of Education, consultant, instructor, and clinical professor. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Keywords: N/A

Objectives:

1. Identify three (3) ways to gain cooperation when performing oral care.
2. Identify three (3) examples of a normal, healthy mouth.
3. Identify three (3) signs/symptoms of oral issues that require reporting for follow up.

Introduction
 Normal
- Healthy Mouth
Abnormal
- Abnormal Findings
 Oral Care
- Oral Care Basics
- Basics Oral Care Considerations
- Oral Health Adaptive Equipment
 Dentures
- Reportable
- Importance of Dental Care

Best Practices
- Oral Care: Best Practices
 Regulatory
- Regulatory Requirement
 Summary

Oral Health: Best Practices
Copyright: R2_12.22.23_SME
1.0 Contact Hour(s)
Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:
1.   Identify three (3) interventions to assist with oral care when an individual has dementia.
2.   Identify three (3) examples of a normal, healthy mouth.
3.   Identify three (3) signs or symptoms of oral issues that require reporting for follow-up.

Keywords: Person-Centered Care, Person-Centered Strategies, COVID-19 Considerations, Dementia Considerations

Introduction
  − Oral Health Overview
Caregiver Role
  − Gaining Cooperation
  − Oral Health Adaptive Equipment
  − Brushing
  − Adapting the Toothbrush
  − Importance of Professional Dental Care
  − Observation
Normal Mouth
  − Healthy Mouth
  − High-Risk Oral Issues
Gum Disease
  − Gingivitis
  − Periodontal Disease
Tooth Decay
  − Tooth Decay
  − Tooth Decay (Cavities or Caries)
  − Tooth Decay Process
Dentures
  − Denture Users
  − Problems with Dentures
  − Importance of Denture Care
Dry Mouth
  − Dry Mouth Side Effects and Photos
  − Dry Mouth: Management
Oral Cancer
  − Oral Cancer Facts
  − Unidentified Lesions or Sores

Oxygen Use Basics
Copyright: April 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) delivery methods of oxygen in a healthcare setting.
2. Select two (2) responsibilities when caring for an individual receiving oxygen therapy.
3. Choose three (3) safety measures needed when caring for an individual receiving oxygen therapy.

Outline:

Introduction
- Introduction
What is Oxygen
- Oxygen
Importance
- Alveoli
- Oxygen for Energy
- COPD
- Emphysema
- Chronic Bronchitis
Delivery
- Supplemental Oxygen
- Delivering Oxygen
- Nasal Cannula
- Facemasks
Responsibilities
- Responsibilities
- Flow Meter
- Pulse Oximetry
- Humidifier Bottle
- Responsibilities of CNA
Safety
- Oxygen Safety
- Liquid Oxygen Safety
- Medical Gases
- Common Medical Gas-Related Incidents
- Storage Safety

Pain and Recognition for Non-Nursing Staff
Copyright R2_04.07.2023_SME
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN
Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Objectives:
1. List two (2) effects of unrelieved pain.
2. Identify three (3) common signs and symptoms of pain.
3. Select two (2) actions a member of the multidisciplinary team can do to assist in the management of pain.

Keywords: None

Introduction
Definition
- Definition
- Federal Mandates for Pain Recognition
- Effects of Unrelieved Pain
- Non-Verbal Descriptors
Barriers
- Barriers
- Key Points to Overcoming Barriers
- Under-Detected and Under-Treated Pain
Observing
- Observation of Pain
- The Healthcare Team
- Signs and Symptoms
- Reporting Pain
Care
- Administering Pain Medications
- Pain Control
Summary
- Summary

Parkinson's Disease
Copyright R4_04.07.2023_SME
1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips is an Orthopedic Clinical Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic conditions, sports rehabilitation, as well as neurologic conditions and oncology. She has a particular interest in Parkinson's disease (PD) and holds a certification as a LSVT Big physical therapist for the treatment of patients with Parkinson's disease. Dr. Phillips has authored many continuing education courses on Parkinson's disease and participated in community outreach programs for individuals with PD.

Keywords: None

Objectives:
1. List five (5) classic signs of Parkinson's disease.
2. List four (4) factors that are felt to play a role in the development of Parkinson's disease.
3. Identify three (3) care considerations for individuals with Parkinson's disease.

Outline:

Introduction

Definition
- Introduction to Parkinson's Disease
- Changes in the Brain
- Lewy Bodies

Causes
- Factors
- Risk Factors

Signs and Symptoms
- Signs and Symptoms of PD
- Signs and Symptoms
- Symptoms of PD

Diagnosis
- Diagnosis of PD
- Symptom Recognition
- Diagnostic Tests

Care Guidelines
- Medication Management
- Medication Therapy
- Non-Medical Care Considerations
- Surgery

Safety
- Safety Pearls
- When to Notify the Physician

Summary

Parkinson's Disease: The Basics
Copyright: June 2023
0.25 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips is an Orthopedic Clinical Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse population, including individuals with orthopedic conditions, sports rehabilitation, as well as neurologic conditions and oncology. She has a particular interest in Parkinson's disease (PD) and holds a certification as a LSVT Big physical therapist for the treatment of persons with Parkinson's disease. Dr. Phillips has authored many continuing education courses on Parkinson's disease and participated in community outreach programs for individuals with PD.

Objectives:
1. Select three (3) characteristics of an individual with Parkinson's disease that may impact care.
2. Identify three (3) safety modifications to lessen the risk of falls for individuals with Parkinson's disease.
3. Apply two (2) methods of communication strategies for improved individual interactions.

Keywords: None

Outline:
Introduction
- What is Parkinson's Disease?
- Statistics
- Parkinson's Disease: Associated Problems

Safety
- Safety
- Freezing
- Safety Equipment
- Promoting Safety: Guidelines
- Bathroom Safety
- Lighting
- Dressing
- Eating
- Restrictions

Communication
- Communication
- Emergency Situations

Summary
- Summary

Pathophysiology with a Focus on Coronary Artery Disease
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify three (3) risk factors associated with coronary artery disease (CAD).
2. List three (3) steps in the development of a lesion within the coronary arteries.
3. State three (3) signs and symptoms of an acute myocardial infarction.

Outline:

Introduction
- Introduction
Background CVD
- Incidence of Coronary Artery Disease
- Structures of the Blood Vessels
- Endothelium
- Risk Factors
- Risk Factor Challenge
Lesion Development
- Lesion Progression
- Introduction to Atherosclerosis
- Plaque Composition
- Plaque and Atherosclerosis
- Development of Atherosclerosis
- Development of Complications
- Test Your Knowledge
- Test Your Knowledge
- Thrombus and Embolus
- Angina
- Atherosclerosis Complications
Disease Progression
- Terms
Summary

Performance Management
Copyright: April 2022
1.0 Contact Hour(s)

Author: Dr. Diane Hinds

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises. Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University. Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Keywords: None

Objectives:

1.   Recognize one (1) difference between directing and delegating.
2.   Select two (2) important components of providing performance feedback.
3.   Identify one (1) necessary component of performance documentation.

Outline:

Introduction
Definition
-    Performance Management
-    The Use of the Word Management
-    Optimize Employees Performance
-    Performance Management Definitions
-    Performance Management Goals
-    An Effective Performance Management System
-    Engaged and Motivated Workforce
-    Rewards for Managers
-    Performance Management Practices of High-Performance Organizations
PM Cycle

- Performance Management Cycle
- Time Spent on Performance Management Activities
- Setting the Stage
- Setting Expectations and Performance Measures
- Sources of Information on Performance Expectations
- Position Descriptions
- Managers Assessment
- Methods of Evaluation
- Quantitative Measures
- Qualitative Measures

Delegate or Direct
- Determine Whether to Delegate or Direct
- Delegation
- Directing

Goals
- Performance Goals
- SMARTER Goals
- Case Study
- Performance Coaching and Feedback
- On-Going Coaching
- Confront with Compassion
- Know Your Employees
- Achieving Performance Management Goals
- Coach as Motivator
- Coach Provides Guidance

Feedback
- Awkward Performance Review
- The Sandwich Approach
- Performance Feedback
- Case Study
- Outline of Discussion
- Preparing for Performance Appraisal

Documentation
- Documentation of Performance
- Check Documentation
- Case Study
- Transfer to the Real World

Summary

Personal Protective Equipment (PPE)
Copyright R9_05.05.2023
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Kim Hipkiss, RN, BSN

Kim is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Keywords: N/A

Objectives:

1. State three (3) types of personal protective equipment (PPE) used in the healthcare setting.
2. Identify two (2) considerations when selecting PPE.
3. Apply two (2) strategies for correct use of PPE.

Outline:

Introduction
- PPE
- Types

Purpose
- Regulatory Protection

Gloves
- Glove Selection
- Principles
- Glove Use: Do's and Don'ts

Face Mask
- Transmission
- Masks
- Type of Masks
- N95 Specifications
- Best Practices
- Fit Testing
- OSHA Respiratory Standards
- Donning a N95 Mask

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Person-Centered Admission to Long-Term Care Setting
Copyright: October 2019
0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin
Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as a Senior Pastor of First Baptist Church of Hickory, NC. Additionally, he serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for the Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care I hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lives for five years in such an environment.

Objectives
1. Identify three (3) factors which contribute to a healthier transition into a long-term care facility by an aging adult.
2. Identify the three (3) conditions which have a positive or a negative impact on a resident's transition into a long-term care facility.
3. Identify four (4) ways staff members can help new residents who feel a loss of independence.

Introduction
- Objectives and Learning Outcomes
- Navigation
- Introduction
- Alternative Residence
- The Fears of Older Adults

Factors
- Primary Factors
- Factors Affecting Newly Admitted Residents
- Challenges

Staff
- Resident's Expectations of Staff
- What Staff Should Not Do
- Tell Me Your Story
- Preparing for New Residents

Adjusting
- Personal, Community, and Social Conditions
- Personal Conditions
- Community Conditions
- Community Conditions: Space
- Social Conditions
- Time to Adjust
- Transition Period
- Interactions
- Considerations

Responding
- Loss of Independence
    - Loss and Grief
    - Families Are Key

Person-Centered Care or Service Plan
Copyright: September 2022
0.5 Contact Hour(s)

Author: Wendy Mohlman, MS-RN, C-AL, CNEn

Wendy Mohlman has dedicated her nursing career to serving older adults in long-term care and hospice, as well as spending over ten years in assisted living and memory care as a wellness director, corporate regional clinical director, and compliance nurse. While working in compliance, Wendy conducted investigations related to clinical concerns, developed state-specific mock-survey tools and performed audits to prepare ALFs for their annual surveys. She spent much providing education related to best practices for ALF leadership and staff. Passionate about education, Wendy published an article related to end-of-life education and training for ALF caregivers. She holds a master's degree in Gerontology from the University of Utah College of Nursing and is currently pursuing a doctorate in nursing education. She has taught prelicensure nursing students at a local nursing college and obtained a certification as a nurse educator. She is serving as the Assisted Living Clinical Manager for Healthcare Academy.

Keywords: Person-centered care, service plan, care plan, individual service plan, ISP, negotiated service agreement, NSA, Resident's Rights

Objectives:
1. Select two (2) benefits of person-centered care.
2. Identify one (1) reason why service plans (care plans, plan of care, ISP, NSA) are used for individuals receiving care.
3. Identify three (3) person-centered strategies that staff can use to deliver person-centered care.

Introduction
- Disclaimer
Background
- Person-Centered Care in a LTCF
Definition
- What is Person-Centered Care?
Rights
- Resident's Rights in Long-term Care
Regulations
- Regulations in LTCF
- The Service Plan Guides Person-Centered Care
Service Plan
- A Service/Care Plan for Mrs. Jones
Teams
- Delivering Person-Centered Care
Dementia
- Person-Centered Care and Dementia
- Self-Check Exercise: Person-Centered Care for Those Living With Dementia
Culture
- Culture and Person-Centered Care
Summary
- Making the Difference
- Summary of Person-Centered Care

Person-Centered Communication
Copyright: R1_12_22_2023_SME
1.0 Contact Hour(s)
Author: Jocelyn Smith, MSN, RN

Jocelyn has over 15 years' experience in long term care, home health, and hospice. Her experience also includes case management and utilization management. She has worked at bedside in staff nurse positions and as an educator. Jocelyn has worked with nursing students in both the classroom and clinical setting teaching medical surgical nursing, geriatric nursing, and fundamentals of nursing. Jocelyn first found her passion for education when she was educating patients in her case management role. Jocelyn's passion is education and enjoys educating residents, clinical staff, and nursing students.

Objectives:
1. Identify two (2) barriers that impact person-centered communication.
2. Identify three (3) characteristics of person-centered communication.
3. Select three (3) strategies that promote effective communication.

Keywords: Cultural Competence, Hearing Loss, Dementia, Vision Loss, Trauma Informed

Introduction
− Effective Communication
Person-Centered
− Regulations to Address Communication
− Communicating with the Resident
− Communication Strategies
− Non-Verbal Communication
Barriers
− Potential Barriers to Communication
Strategies
− Communication Strategies for Persons with a Stroke
− Communication Strategies: Dementia
− Cultural Competence Considerations
− Cultural Competence
− Hearing Loss
− Vision Impairment
− Strategies: Language Barriers
− Language Barriers
Staff
− Communication Among Staff
− Boundaries
− Boundaries: Examples
Trauma-Informed
− Trauma-Informed Communication
Quality of Life
− Bullying
− Characteristics of a Bully
− Bullying Behavior
− Environment
Summary

- Summary

Pneumonia
Copyright: R1_01.27.2023_SME
1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Respiratory Conditions

Objectives:
1. Name the three (3) predisposing factors to pneumonia.
2. List four (4) clinical symptoms of pneumonia.
3. Identify four (4) complications associated with pneumonia.

Introduction
Definition
— Definition
— Impact
Classification
— Classification of Pneumonia
— Clinical Setting: CAP
— Clinical Setting: HCAP
— Clinical Setting: Aspiration
— Causative Agents
— Causative Agents: Bacterial Pneumonia
— Causative Agents: Streptococcus Pneumonia
— Causative Agents: Other Bacteria
— Causative Agent: Viral
— Causative Agent: Fungus
— Other Pneumonia-Causing Agents
Pathophysiology
— Background
— Introduction of Pneumonia
— Development of Pneumonia
— Risk Factors
— Predisposition
— Predisposition
Clinical Findings
— Classical Symptoms
— Bacterial and Viral Symptoms
— Diagnosis
Treatment
— Hospitalization

- Medications
- Treatment for the Critically Ill
- Other Interventions
- Goals of Nursing Care

Complications
- Complications

Preventions
- General Prevention
- VAP Prevention

Concepts
- Care Concepts
- Physical Notification
- Summary

Pressure Injury Assessment, Prevention, and Management
Copyright: April 2022
1.5 Contact Hour(s)

Author: Karen Miller, BSN, RN

Mrs. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long-Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Keywords: None

Objectives:

1. List two (2) factors that place the older adult at risk for pressure injury.
2. State three (3) preventative measures to promote skin integrity.
3. Identify three (3) resident skin areas at risk for pressure injury.

Introduction
-   Pressure Injuries
-   Key Role of the Caregiver
-   Skin
-   Introduction to The National Pressure Ulcer Advisory Panel

Overview
-   Classification of Pressure Injuries

Risk Factors
-   Risk Factors
-   Risk Factor for Pressure Injury Development
-   Risk Factor Assessment
-   The Braden Scale
-   Medical Devices
-   Disease Processes

Prevention
-   Prevention in the Key
-   Interventions That Can Prevent PIs
-   Pressure Injury Prevention Points

Assessment
-   Skin Assessment
-   Pressure Injury
-   DTPI
-   Stage 1 Pressure Injury
-   Stage 2 Pressure Injury
-   Stage 3 Pressure Injury
-   Stage 4 Pressure Injury
-   Unstageable Pressure Injury
-   Components of Pressure Injury Assessment

Complications

- Non-Healing Pressure Injury
- Infection

Management
- Pressure Injury Treatment
- Residents Rights
- Case Studies
- Dressing Change

Federal Regulation
- F Tag 686
- Facility Accountability
- The Facility Survey
- Surveyor Evaluation of Staff Knowledge Base

Summary

Prevention of Medical Errors for Nursing Assistants
Copyright: R2_08.25.2023_SME
0.5 Contact Hour(s)

Keywords: Safety, Communication, Sepsis

Objectives:

1. Define medical errors.
2. Describe the most common medical errors seen in LTC setting.
3. State the prevalence of medical errors in LTC setting.
4. Describe nursing assistant role & responsibilities related to medical errors.
5. Apply strategies to reduce medical errors.

Author:
 Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as infection control and resident-centered care.

Reviewer:
Jocelyn Smith, MSN, RN

Jocelyn has over 15 years' experience in long term care, home health, and hospice. Her experience also includes case management and utilization management. She has worked at bedside in staff nurse positions and as an educator. Jocelyn has educated nursing students in a classroom and clinical setting. Jocelyn has taught Medical Surgical nursing, Geriatric nursing, and Fundamentals of Nursing. Jocelyn first found her passion for education when she was educating patients in her case management role. Jocelyn's passion is education and enjoys educating patients, clinical staff, and nursing students. Jocelyn holds a Master of Science in nursing degree from Jacksonville University in Jacksonville, Florida.

Introduction
- Overview

Definition
- Definitions: Error Related Occurrences

Goals
- Medical Error Prevention Goals
- National Patient Safety Goals

Types
- Types of Medical Errors
- Common Medical Errors in LTC
- Test Your Knowledge

Scenarios
- Mrs. Andrews

Risks
- At-Risk Individuals
- Review the Care Plan
- Best Practices for Communication

Reporting
- When to Report
- Confusion
- Pacing
- Sepsis
- Sepsis: Signs
- Reporting

Prevention
– Quick Tips
– Reducing Medical Errors

Summary
– Summary

Principles in the Healthcare Setting
Copyright: R2_12.09.2022_SME
0.25 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as infection control and resident-centered care. Her mother lives in an assisted living facility in NC, giving her a window into understanding how these facilities function and the special services that they provide.

Objectives
1. List three (3) types of services provided in assisted living (AL) communities.
2. Identify three (3) principles of AL.
3. Identify one (1) AHCA/NCAL goal for increasing person-centered care in AL communities

Keywords: None

Introduction
Environment
-   Definition
-   Services for Residents in ALFs
-   Criteria for a Nursing Home
Principles
-   NCAL's Guiding Principles
Staff
-   All Staff in AL Communities
-   Nursing Assistants
-   Education and Training for Nursing Assistants
Person-Centered Care
-   AHCA/NCAL Goals for Person-Centered Care
-   Other Considerations for Person-Centered Care
Summary
-   Summary

Principles of Menu Planning
Copyright: September 2022
0.5 Contact Hour(s)

Author: Kendall Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Keywords: None

Objectives:
1. Identify two (2) nutrients of concern for older adults.
2. List two (2) food groups that appear on a meal ticket.
3. Identify one (1) type of food that is also counted as a fluid

Introduction
- Why Nutrition and Food Safety are Important

Food Groups
- Nutritional Changes
- Foodborne Germs
- Dietary Reference Intakes

Nutrients of Concern
- Nutrients to Consider When Planning Menus

Preferences
- Preferences for Creating Individual Menus

Variety
- Using Shapes, Textures, and Colors to Enhance Dining Experience

Diets
- Therapeutic and Modified Diets
- Recipes and Portions Standardized Recipes Used in Food Prep and Safety During Food Service Hydration
- Drink Enough Fluids to Stay Healthy

Food Safety
- Employee Health and Hygiene, Temperature Danger Zone (Potentially Hazardous Foods)

Summary
- Resources
- Menu Planning

Problem Solving for the Interdisciplinary Team
Copyright: R5_12.29.2023_SME
1.0 Contact Hour(s)
Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div., from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Reviewer: Laurie Walther, MS, CCC-SLP, PAC Certified Independent Trainer

Laurie is an ASHA certified, Texas licensed Speech Language Pathologist with over 26 years of experience primarily in the Skilled Nursing setting. Laurie has been in managerial and leadership roles for 22-plus years. Most recently, Laurie worked as a traveling director of rehab position which entailed training current directors and new directors helping them to grow in their roles and as leaders. Laurie's management skills and passions included providing the utmost customer service, training and mentoring, a collaborative approach by building effective teams, professionalism, resident, and customer relationships while maximizing staff engagement, and process optimization and improvements. She loves teaching, mentoring, and leading individuals to maximize their best to support those we serve.

Objectives:
1. Select three (3) steps of problem solving.
2. Identify the five (5) terms associated with the SMART technique of creating solutions.
3. Apply three (3) considerations when evaluating a plan for the team to utilize

Keywords: IDT

Introduction
- Interdisciplinary Teams
- Problems to Solutions
- Problem-Solving Process

Define
- Defining the Problem
- Probing Questions
- Common Errors
- Case Study
- Ground Rules

Collect
- Accurate Data
- Good Questions
- Cause and Effect
- Brainstorming Causes
- Brainstorming for Introverts

Solutions
- Discerning the Possible
- Brainstorming Solutions

- Researching Possible Solutions

Evaluate
- SMART
- Cost Benefit Analysis

Commitment
- Value of Collaboration
- Memorandum of Agreement

Implement
- Selling the Plan
- Executing the Plan
- Evaluating the Plan

Summary

Professional Development Certificate Program

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Staff Development, Educator Training, Staff development

Lesson I:
1. Identify three (3) responsibilities of the Professional Development Practitioner in the long-term care setting.
2. Identify three (3) focus areas of the Professional Development Practitioner as it relates to mandated training programs.

Lesson II:
1. Identify two (2) principles of andragogy for the adult learner.
2. Identify two (2) techniques used to enhance learning.
3. Select three (3) methods used to obtain information during a needs assessment.

Lesson III:
1. Choose three (3) steps in the process of developing an educational offering.
2. Identify three (3) elements of an objective goal.
3. Construct two (2) behavioral objectives that are measurable and observable.

Lesson IV:
1. Choose two (2) types of feedback in education.
2. Identify one (1) purpose of testing in education.
3. Select one (1) purpose of a post-course evaluation.

Key words: staff development

Lesson I: Introduction to Professional Development

Introduction
Practitioner
- Curriculum Overview
- Nurse Development Practitioner
- Mandated Trainings

Lesson II: Adult Learning Principles and Assessment

Introduction
- The Process of Professional Development

Adult Learning
- How Adults Learn
- The Physiological Process
- The Neurological Level
- Be Creative

Pedagogy/Andragogy
- Pedagogy
- Definitions

What Adults Want
- Characteristics
- Adult Learning

Motivating Learners
- Motivation
- The Value of Learning

Needs Assessment
- Establishing the Need
- Needs Assessment Hierarchy
- Needs Assessment Steps
- Basic Do's for Needs Assessment
- Methods for Determining Training Needs
- Summary

Lesson III: Effective Teaching and Learning Strategies for Adults
Introduction
Planning
- Planning and Developing a Curriculum

Development
- Introductions
- Ice Breakers
- Objectives
- Elements of Useful Instructional Objectives
- ANA Requirements
- Practice
- Content Review Outlines and Agenda

Methods
- Determining the Methods of Training
- Instructor Recommendation: Create Interest
- Summary

Psychosocial Needs of the Older Adult
Copyright   R4_03.17.23_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Senior Pastor of First Baptist Church of Hickory, NC, and Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: person-centered care, communication

Objectives:
1. List three (3) myths about aging.
2. Identify three (3) adjustments common to the aging population.
3. Select three (3) elements of communicating well with older adults.

Introduction
- Regulatory
- Statistics on Aging

Stages
- Successful Aging
- Erik Erikson: Stages of Psychosocial Development
- Integrity Versus Despair
- Successful Aging
- Strategies to Nurture Successful Aging

Myths or Facts
- Myths of Aging

Adjustments
- Adjustments Common to Aging

Sensory Changes
- Sensory Changes in the Older Adult

Social Time and Solitude
- Social Time and Solitude
- Questions to Determine Appropriate Activities
- Activities

Assessment
- Psychosocial Assessment
- Depression
- Geriatric Depression

Caregiver Strategies
- Caregiver Strategies
- Tips for Communicating

Summary
- Summary

Pulmonary Assessment
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) primary outcomes of gas exchange in the lungs.
2. Select three (3) abnormal lung sounds.
3. Choose three (3) elements included in a respiratory assessment.

Introduction
Pulmonary AP
- The Pulmonary System
- Breathing
- The Airways
- The Upper Airway
- The Lower Airways
- Alveoli
- The Lungs
- Bony Thorax
- Anatomy and Physiology: Anatomical Lines
- Diaphragm
- Accessory Muscles
- Pulmonary Circuit
- Oxygen Diffusion
- Oxygenation

Medical History
- History of Present Illness
- Chief Complaints
- Medical History
- Family History
- Social History
- Medications

Assessment
- Physical Assessment
- Normal Sounds
- Sound Classification
- Abnormal Lung Sounds

- Key Pulmonary Symptoms

Pneumonia
- Pneumonia
- Cause of Infectious Pneumonia
- Pneumonia Signs and Symptoms
- Pneumonia: Assessment

Signs and Symptoms
- Sputum
- Cyanosis

Oximetry
- Pulse Oximetry

Scenarios
- Mr. Galanis
- Mr. Galanis
- SBAR
- Mr. Galanis Vital Signs
- SBAR Mr. Galanis
- Mrs. Auger
- Mrs. Auger Vital Signs
- SBAR Mrs. Auger

Diagnostics
- Sputum Analysis
- Guidelines for Sputum Specimens
- Bronchoscopy
- Chest X-rays
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- CT Scan: Nursing Considerations
- Ventilation Perfusion (V/Q)
- Thoracentesis
- Pulmonary Function Test (PFTs)

Summary

Recognizing and Reporting Changes in Condition: CNA
Copyright: R1_08.25.2023_SME
1.0 Contact Hour(s)

Keywords: N/A

Objectives:

1. Identify two (2) responsibilities of the certified nursing assistant (CNA) related to the observation of an individual.
2. Apply three (3) changes in a person's condition that should be reported to the nurse.
3. Choose three (3) emergency situations that require immediate communication of a person's condition to the nurse.

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Introduction
- Introduction
- Elements

Regulations
- Regulations
- F-Tag 580

Nursing Team
- Nursing Team
- Nursing Practice Act

Responsibility
- Scope of Practice
- Accountability
- CNA Responsibility

Observation
- Reporting
- Observation
- Observation

Changes
- Behavioral Changes
- Document Fluid Intake
- Physical Changes

-   Rash
-   Change in Vital Signs
-   Change in Weight
-   Pain
-   Pain Observation

Emergencies
-   Living Wills, DNR, AND
-   Emergencies
-   Emergencies
-   Persons with Dementia
-   Chest Pain
-   Difficulty Breathing
-   Choking
-   Stroke
-   Falls
-   Sepsis

Reporting
-   Significant Bleeding
-   Nosebleeds
-   Suspicion of Abuse

Documentation
-   Early Warning Tool
-   Summary

Recognizing and Reporting Changes in a Person's Condition: Nurses
Copyright: Copyright: R1_12.22.2023_SME
1.0 Contact Hour(s)
Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) responsibilities of the nurse related to the assessment of the person living in the long-term care (LTC) setting.
2. Choose three (3) changes in a person's condition that should be reported to the healthcare provider (HCP) as soon as possible.
3. Apply three (3) responses to emergency scenarios.

Keywords: Documentation, Assessment, Regulatory, Emergencies, SBAR, Sepsis

Introduction
Regulations
- Regulations
- F-Tag 580
- Goal of Federal and State Regulations
Nursing Team
- Nursing Team
- Nursing Team
- Early Warning Tool
- Communication Barriers
- Communication
Responsibility
- Recognizing Change
- Assessment
- Reporting Change in Condition
Assessment
- Subjective Versus Objective
- Communication Styles
Change in Condition

- Monitor Changes
- Assessment
- Significant Bleeding
- Internal Bleeding
- Bowel Function
- Urinary Tract Infections

- Dysphagia
- Dysphagia
- Rash
- Change in Vital Signs
- Change in Weight

Emergencies
- Emergency Situations
- Delegation
- Person with Dementia
- Emergency Communication
- Chest Pain
- Cardiac Arrest
- Difficulty Breathing
- Difficulty Breathing: Assessment
- Air Embolism
- Air Embolism: Emergency Interventions
- Tracheostomy Dislodgement
- Stroke: Signs and Symptoms
- Stroke: Important Information
- Significant Bleeding
- Epistaxis
- Sepsis
- Parameters of Sepsis
- Signs and Symptoms of Sepsis
- Sepsis: Mental Status
- Septic Shock
- Loss of Consciousness
- Suspicion of Abuse

Documentation
- Documentation
- Documentation: High-Risk Areas
- The Nurse's Documentation

Summary

Residents' Rights
Copyright: R6_02.28.2023
1.0 Contact Hours

Author: Lois Platt, MSN, RN

Ms. Platt has experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Vulnerable Populations

Learning Objectives
1. Identify three (3) rights of those living in nursing facilities.
2. Choose three (3) interventions to ensure the rights of persons in long-term care facilities.
3. Select two (2) characteristics of a vulnerable population.

Introduction
OBRA
- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- OBRA: Education
Facility
- The Ombudsman
- Employee Orientation
- Operational Guidelines
- Chain of Command
Rights
- Individual Resident's Rights
- Rights
- Representative
- Individual Rights in a Facility
- Individual Rights in a Facility
- Individual Rights in a Facility
- The Right for Information
- Refusing Treatment
- Privacy and Confidentiality: Personal Care
- Privacy and Confidentiality
- Privacy and Confidentiality: Personal Information
- Personal Choice
- Grievances
- Work for Care
- Taking Part in Resident's Groups
- Personal Items
- Personal Items
- Freedom from Physical Restraint

- Freedom from Chemical Restraint
- Freedom from Abuse, Mistreatment and Neglect
- Nevada-Specific Definitions
- Freedom from Abuse, Mistreatment and Neglect
- Freedom from Abuse, Mistreatment and Neglect from Staff
- Quality of Life
- Activities
- Physical Environment

Put into Practice
- The Golden Rule
- Orientation for Confused Residents
- Communication
- Assistance
- Personal Possessions
- Personal Privacy

Protecting
- Vulnerable Populations
- The Needs of Vulnerable Populations
- Common Types of Elder Abuse
- Reporting Elder Abuse
- Protecting Resident's Rights

Summary
- Summary

Rituals at End of Life
Copyright R1_02.28.2023_SME
1.0 Contact Hour(s)

Author:
Debbie Flippin, RN MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Key words: N/A

Objectives:
1. Identify the two (2) roles of rituals at end-of-life (EOL).
2. Describe three (3) examples of rituals used.
3. List three (3) examples of cultural influence on rituals.

Introduction
Overview
– Overview of Rituals in EOL Care
– EOL Traditions
– Factors that Impact Rituals at EOL
– Factors that Impact Rituals at EOL
Ritual Roles
– Definition, Role and Benefits
– Ritual Roles
– Purpose of Rituals
– Benefits of Rituals
Ritual Activities
– Ritual Elements Used During Phases of the Dying Process
– Common Ritualistic Activities and Elements
Cultural Aspects
– Cultural Implications of Rituals
– Cultural Implications of Rituals
– Cultural Implications of Rituals
– Cultural Competency and Coordination of Ritual Events
– Cultural Competency
– Cultural Resources for Healthcare Professionals
– Cultural and Religious Groups

Role of the Nursing Assistant
Copyright: R4_12.09.2022_SME
0.25 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as infection control and resident-centered care. Her mother lives in an assisted living facility in NC, giving her a window into understanding how these facilities function and the special services that they provide.

Keywords: None

Objectives
1. Identify three (3) types of staff in assisted living (AL) communities.
2. List two (2) strategies helpful for maintaining a professional boundary with individuals.
3. Identify three (3) strategies a caregiver can try when a person is resistant to care.

Introduction
- Introduction
- Services of Assisted Living

Definition
- Types of Assisted Living Arrangements

Staff Roles
- Types of Staff in Assisted Living Communities
- Maintaining Healthy Boundaries
- Positive Communication Strategies

Goals
- Goals
- Steps for Addressing Resistance to Care

Summary
- Summary

Safe Food Handling
Copyright: April 2022
1.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN 2

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Reviewer: Kendal Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Keywords: None

Objectives
1. List four (4) ways to minimize the danger of food contamination with food handling.
2. Identify four (4) ways to minimize the danger of food contamination with food preparation.
3. Select four (4) ways to minimize the danger of food contamination with food service.

Introduction
Overview
- Highly Susceptible Persons
- Definition of a Food Handler
- Safe Food Handling Processes
- Competency
- Knowledge of Food Safety
Prevention
- Employee Health
- Handwashing
- Hand Wash or Hand Gel
- Personal Protective Equipment (PPE) in Foodservice
- Types of Contamination
- Biological Contamination
- Biological Contamination: Pathogenic Bacteria
- Pathogenic Bacteria: Viruses
- Pathogenic Bacteria: Toxins
- Pathogenic Bacteria: Spores
- Pathogenic Bacteria: Parasites
- Rodent and Insect Infestation
- Chemical Contamination
- Guidelines for Chemical Storage

- Physical Contamination
- Garbage Disposal

Receiving
- Approved Sources
- Farm to Table
- Outside Food Sources

Storage
- Food Storage
- Dry Food Storage Temperature
- Goals of Dry Food Storage
- Refrigerating Foods
- Safe Practices for Refrigerated Storage

Preparation
- Safe Food Preparation
- Factors Contributing to Foodborne Illness
- Rules for Preparation
- Tips to Avoid Cross-Contamination
- Thawing
- Temperature Control
- Final Cooking Temperatures
- Thermometers
- Accuracy of Thermometers
- Reheated Cooked Foods
- Heating Ready-to-Eat Foods
- Proper Cooling
- Modified Consistency
- Preventing Contamination with Eggs

Service
- Food Service and Distribution
- Ice and water Handling Practices
- Special Events

Transporting
- Food Distribution
- Snacks
- Transported Foods

Cleaning
- Equipment and Utensil Cleaning and Sanitization
- Food-Contact Surfaces
- Before Sanitizing
- Environmental Cleaning of Dining Areas
- Dishwashing Machines
- Washing Dishes Manually
- Cleaning Fixed Equipment

Inspection
- Dining Inspection
- Dining Inspection Focus
- Food Service Competencies

Summary
- Additional Resources
- Summary

Safe Food Handling for Clinical Staff
Copyright: December 2023
0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Keywords: None

Objectives
1. List four (4) ways to minimize the danger of food contamination with food handling.
2. Identify four (4) ways to minimize the danger of food contamination with food preparation.
3. Select four (4) ways to minimize the danger of food contamination with food service.

Keywords: None

Overview
- Highly Susceptible Populations
- Definition of a Food Handler
- Definition of a Food Handler
- Safe Food Handling Process

Prevention
- Employee Health
- Hand Hygiene
- PPE in Food Service
- Ice and Water Handling Practices

Safety
- Safe Practices for Refrigerated Storage
- Chemical Contamination

Serving
- Outside Food Services
- Special Events
- Food Distribution
- Snacks
- Food Handling Risks

Regulatory
- Transported Foods
- Dining Inspection

Summary
- Summary

Safe Resident Handling: The Basics
Copyright: R11_12.09.2022_SME
0.5 Contact Hour(s)

Author: Brittany Phillips, DPT, PT

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Keywords: None

Objectives:
1. Identify two (2) risk factors that have the potential to create workplace injuries.
2. Select two (2) techniques that can help prevent workplace injuries.
3. Identify one (1) lifting and moving aide for use when assisting residents.

Introduction
Overview
- Ergonomics
- Musculoskeletal Disorder (MSDs)
- Signs of MSDs
- Injuries
- Moving and Lifting Heavy Individuals

Risk Factors
- High Risk Tasks
- Body Parts Affected
- Ergonomic Stressors
- Non-Work Related Factors in MSDs

Statistics
- Statistics

Prevention
- OSHA
- Ten Commandments of Body Mechanics
- Pre-Shift Exercises

Assistance
- Assistive Devices
- Gaits and Transfer Belts with Handle
- Sit to Stand and Standing Devices
- Portable Lift Devices – Sling Type
- Handling Technology

Safety in the Healthcare Setting
Copyright: R2_10.06.2023_SME
0.5 Contact Hour(s)

Author Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify two (2) common safety issues in the long-term care setting.
2. Select two (2) staff responsibilities related to accident prevention in the long-term care setting.
3. List two (2) regulatory requirements related to accident prevention in the long-term care setting.

Introduction
- Safe Environment Considerations
- Culture of Safety
- Safety Issues in LTC

Falls
- Falls
- Team Approach to Fall Prevention
- Reasons for Falls
- Tips to Prevent Falls

Elopement
- Wandering (Elopement)
- Tips to Prevent Wandering

Security
- Security

Emergency Plans
- Fire Safety
- Effective Emergency Management
- Emergency Preparedness Requirements

Sharps Safety
- Risk for Needlestick Injuries
- Protection from Needlestick Injuries

Safe Temperatures
- Safe Temperatures

Equipment
- Assistive Devices for Mobility

Code Status
- Code Status

Prevention
- Prevention

Safety Training

Copyright: January 2023
3.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) strategies for decreasing falls in assisted living facilities.
2. Identify two (2) common advanced directives.
3. Identify three (3) strategies to prevent injuries when lifting.
4. Select three (3) interventions to prevent the spread of infections in an assisted living facility.
5. Choose three (3) fire preventions measures.
6. Identify the four (4) action guidelines in the event of a fire.
7. Choose (2) measures to prepare for emergencies.
8. Identify three (3) guidelines for safe food handling.
9. Select three (3) guidelines to ensure safety in the workplace.

Introduction
- Mr. Olsen

Falls
- Fall Prevention
- Falls
- Definition of a Fall
- Intrinsic vs Extrinsic
- Intrinsic Factors
- Increasing Risk
- Causes
- Aging
- Balance
- Medications
- Dehydration
- Eyesight
- Feelings After a Fall
- Extrinsic
- Outside
- When Someone Is Falling
- Response to a Fall
- Moving the Person From the Floor
- Injuries From the Fall
- CPR

- Disposal of Hazardous Items
- Contaminated Linen
- Sharps
- Exposure Incidents
- Mr. Olsen
- Fire Safety
- Guidelines
- Oxygen Use
- Oxygen Cannula
- Liquid Oxygen Safety
- Oxygen Safety
- Mr. Olsen
- What To Do During a Fire
- What To Do During a Fire
- Fire Extinguisher
- PASS
- Fire Extinguishers
- Evacuating During a Fire
- Mr. Olsen
- Mr. Olsen
- Preparedness
- Disasters: Natural
- Disasters: Human Made
- Disaster Plans
- Emergency Preparedness
- Hazards
- Vehicles
- Access to Rooms
- Lighting
- First Aid Supplies
- Facility Incident Commander
- Evacuation
- Communication
- Staff
- Mr. Olsen

Food Safety
- Foodborne Illness Symptoms
- Susceptible People
- Hazards in Food
- Food Safety
- Food Safety Concepts
- Personal Hygiene Practices
- Not Working When Sick
- Hand Hygiene
- Hand Washing
- Ready-To-Eat Foods (RTE)
- RTE: Serving
- Personal Habits
- Safe Cooking Temperatures
- Cold Foods
- Cross Contamination

Seasonal Influenza
Copyright: R9_09.29.2023_SME
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objective

1. Select two (2) symptoms of influenza.
2. Identify three (3) prevention measures to decrease the incidence of influenza in healthcare settings.
3. Identify two (2) control measures when influenza is identified in healthcare settings.

Introduction
- Introduction
- Current Industry Changes and Updates
- National Impact
- F-Tag 883
- Protection

Influenza
- Human Influenza Viruses
- Type A and B Viruses
- Determining Severity
- Antigenic Drift Versus Antigenic Shift

Symptoms
- Co-circulation
- Contagious
- Symptoms
- A Decrease in Influenza

Prevention
- Prevention Strategies
- Strategies for Prevention and Control
- Recommendations
- Prevention
- The Flu Vaccine Approval
- The Flu Vaccine
- LAIV
- Vaccine Guidelines

Control Treatment
- Infection Control Measures
- Influenza Testing
- Treatment
- Antiviral Treatment
- CDC Guidelines
- Antiviral Treatment Exposed Individuals
- Additional Control Measures
- Other Considerations
- Outbreak Control
- Outbreak Control Measures
- Everyday Control Measures

Complications
- Complications

Summary
- Summary

Seasonal Influenza Versus COVID-19
Copyright: April 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) differences in the speed of transmission between influenza and COVID-19.
2. Determine three (3) similarities in risk factors for influenza and COVID-19.
3. Identify three (3) similarities in symptoms for influenza and COVID-19.

Introduction
- Introduction

Causes
- Causative Agents
- Coronaviruses

Transmission
- Transmission
- Speed of Transmission
- Incubation period
- Contagious
- Infectivity

Risk Factors
- Risk Factors

Symptoms
- Common Clinical Manifestations
- Asymptomatic

Course
- Course of the Diseases

Complications
- COVID-19 Complications

Treatment
- Antiviral Drugs for Influenza
- Treatment for COVID-19
- Supportive Treatment
- Aggressive Treatment

Diagnosis
- Diagnosis
- CDC Recommendations

Prevention
- Guidelines: Prevention of Influenza
- Guidelines: Prevention of COVID-19
- Guidelines: COVID-19 Prevention in LTCFs
- Steps for Suspected COVID-19
- Guidelines

Summary
- Summary: Similarities and Differences

Sepsis in the Older Adult
Copyright: April 2022
1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: Infection Prevention

Objectives:

1. Select three (3) risk factors for sepsis in the older adult.
2. Identify three (3) signs and symptoms of sepsis in the older adult.
3. Apply two (2) strategies to prevent sepsis in the long-term care setting.

Introduction
- Introduction
- Incidence
- Sepsis: Definition
- Infection, Bacteremia, Systemic Infection

Cause and Risk
- Common Causes in the Older Adult
- Pathogens
- Risk Factors

Pathophysiology
- Pathophysiology
- Cytokines
- Body Temperature
- Capillary Leak
- Clotting
- Hyperglycemia
- ARDS
- Septic Shock
- Complications
- Post-Sepsis Syndrome

Signs and Symptoms
- Guidelines
- Cardiac Symptoms: Early Stage
- Assessing Cardiac Symptoms
- Respiratory Symptoms
- Respiratory Symptoms: Observations
- Mental Status Changes
- Temperature

Sexual Harassment Awareness
Copyright: April 2022
1.0 Contact Hour(s)

Author: Diane Hinds, Ed.D., MA

Diane has more than 30 years of experience in organization development, human resources, and executive level management. As an Executive Director of Human Resources for several employers, she created sexual harassment policies, responded to sexual harassment and other discrimination complaints, and investigated sexual harassment complaints. As a HR consultant she has advised employers and designed and conducted training about discrimination, retaliation, and sexual harassment prevention. In addition to sexual harassment, her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development.

Reviewer: Karen L Scott, MBA, SPHR

Karen has over 20 years of experience in human resources and executive level management. As a Human Resources Director at an executive level for multiple organizations she has operated in a generalist role for most of her career. The majority of her career has been spent in healthcare and manufacturing. She has created sexual harassment policies, conducted investigations, responded to sexual harassment and other discrimination complaints, and advised on action steps to creating effective policies. As a generalist, her areas of expertise extend to strategic planning, human relations, benefits, policy creation, leadership development, compensation and change management.

Keywords: None

Objectives
1. Identify two (2) forms of sexual harassment.
2. List three (3) reasons why victims are reluctant to report sexual harassment.
3. Identify three (3) effects that sexual harassment has on the work environment.

Introduction
Definition
- Definition of Sexual Harassment
- Adverse Effects of Sexual Harassment
- Unwanted or Threatening Conduct
- The Victim and the Harasser
Forms
- Categories of Sexual Harassment
- Scenario 1
- Scenario 2
- Scenario 3
- Forms of Sexual Harassment
Effects
- Effects of Sexual Harassment
- Look-Back Scenario

Sexual Harassment Recognition and Prevention (Managers)
Copyright R1_2.28.2023_SME
2.0 Contact Hour(s)
Author: Diane Hinds, Ed.D., MA

Diane has more than 30 years of experience in organization development, human resources, and executive level management. As an Executive Director of Human Resources for several employers, she created sexual harassment policies, responded to sexual harassment and other discrimination complaints, and investigated sexual harassment complaints. As a HR consultant she has advised employers and designed and conducted training about discrimination, retaliation, and sexual harassment prevention. In addition to sexual harassment, her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Key words: DEI, gender harassment, resident/patient inappropriate sexual behavior

Objectives:

1. Identify two (2) forms of sexual harassment.
2. Identify three (3) effects that sexual harassment has on the work environment.
3. List two (2) actions managers can take to reduce the likelihood of sexual harassment occurring in their department.

Introduction
 – Introduction
Definition
 – Definition of Sexual Harassment
 – Unwanted or Threatening Conduct
 – The Victim and the Harasser
Forms
 – Categories of Sexual Harassment
 – Scenario One
 – Scenario One Question
 – Scenario Two
 – Scenario Two Question
 – Forms of Sexual Harassment
 – Scenario Three
 – Scenario Three Question
Effects
 – Negative Outcomes
 – Look Back Scenario

- Effects of Sexual Harassment

Preventing
- Value of Prevention
- Role Model
- Manager's and Supervisor's Role
- Five Principles
- Demonstrate Support
- Promoting a Respectful Work Environment
- Behaviors in the Workplace
- Physical Contact
- Environment
- Policy in the Workplace
- Components of the Sexual Harassment Policy
- Reporting Incidents
- Expectations
- Potential Problems
- Reviewing the Sexual Harassment Policy
- Examples of Different Approaches
- Alan's Approach
- Terry's Approach
- Best Approach

Handling
- Sexually Aggressive Behavior Toward Staff
- Inappropriate Behavior
- Guidelines
- Offensive Behavior
- Confronting Sexual Harassment
- Submitting a Complaint of Sexual Harassment
- Equal Employment Opportunity Commission
- Observations
- Responsibility to Take Action
- Scenario: Terry's Observation
- Reporting

Investigating
- Initial Responses
- Gathering Information
- Report of Inappropriate Action
- Investigating Scenario
- Report of Inappropriate Action: Situation
- Report of Inappropriate Action: Investigation
- Reporting
- Investigation of Sexual Harassment
- Investigation Interview
- Investigation: Manager's Role
- Preparation for Investigation

Responsibilities
- The Civil Rights Act of 1964

- Company Responsibilities
- New York Sexual Harassment Prevention Policy
- California Sexual Harassment Prevention Policy
- Resources for California
- Resources
- Manager Support
- Summary
- Content Transferring Learning

Skin Care Basics for Long-Term Workers
Copyright: R4_09.20.2022_SME
0.5 Contact Hour(s)

Author: Karen Miller, RN, BSN

Mrs. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long-Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Keywords: None

Objectives:
1.   Identify four (4) risk factors for the development of skin injuries.
2.   List four (4) interventions used in the prevention of skin injuries.
3.   Select three (3) skin-related issues that must be documented and reported.

Introduction
-    Introduction

Overview
-    Skin
-    Skin Changes in the Elderly
-    Monitoring of Skin

Risk Factors
-    Risk Factors for Skin Issues
-    Pressure Injury Risk Factors Specific to the Institutionalized Older Adult

Common Skin Issues
-    Most Common Skin Issues
-    Skin Tears
-    Pressure Injury
-    What Happens When Pressure is Not Relieved?
-    Areas of Risk for Pressure Injuries
-    Pressure Reduction Counts
-    The Rule of 30s
-    Medical Devices
-    Handle with Care to Prevent Skin Tears
-    Pressure Reduction Counts

Other Issues
-    Friction and Shearing
-    Moisture

Prevention
-    Skin Breakdown Prevention
-    Skin Breakdown Actions

Documentation
-    Documentation
-    Report Problems to the Nurse

Summary

Sleep Disorders and the Older Adult
Copyright: May 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:
1. Identify two (2) sleep disorders common in older adults.
2. List three (3) causes of sleep disturbances in the older adult.
3. Select three (3) interventions to promote sleep.

Introduction
- Introduction
- Brain Function
- Emotion

Definitions
- Sleep Disorders

Changes with Age
- Amount of Sleep
- Causes

Disorders
- Disorders
- Sleep Disordered Breathing
- Sleep Apnea
- Sleep Apnea: Treatment
- Care and Use: CPAP and BIPAP
- Documentation: CPAP and BIPAP
- Insomnia
- Sleep Related Movement Disorders
- Dementia
- Living in Long-Term Care

Consequences
- Short-Term Effects
- Long-Term Effects

Promoting Sleep
- Promoting Sleep

Summary
- Summary

Sleep Medications and the Older Adult
Copyright: August 2023
1.0 Contact Hour(s)

Keywords: safety, sleep hygiene, BEERS list

Objectives:
1. Identify two (2) sleep disorders common in the older adult.
2. Select three (3) medications commonly used to promote sleep in the older adult.
3. Choose three (3) adverse reactions associated with use of sleep medications in the older adult.

Author: Lois Platt MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Introduction
- Introduction
- Theories

Theories
- Brain Functions
- Emotional Well-Being
- Normal Sleep

Definitions
- Types and Degrees of Sleep Disorders

Sleep Disorders
- Sleep Disorders: OSA and PLMS
- Sleep Apnea
- Sleep Apnea: Effects
- Sleep Apnea: Sedatives
- Sleep Apnea: Treatment
- Sleep Apnea: Care and Monitoring
- Sleep Related Movement Disorders
- Dementia
- Chronic Health Problems
- Medications
- Other Causes
- Long-Term Care Setting

Consequences
- Consequences: Short-Term Effects
- Consequences: Long-Term Effects

Medications
- – Types of Sleep Medications
- – Antihistamines
- – Rebound Insomnia
- – Antihistamines: Adverse Effects
- – Safety Precautions

Regulations
- – BEERS Criteria
- – High-Risk Medications
- – Regulations

Documentation
- – Documentation
- – Documentation

Summary
- – Summary

Spiritual Care
Copyright: April 2022
0.5 Contact Hour(s)

Author: Don Gordon, B.S., M.Div., D.Min

Don has been engaged in pastoral ministry for 33 years in Virginia and North Carolina and currently serves as Senior Pastor of First Baptist Church of Hickory, NC. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University, where he was a four-year lettermen and captain of the tennis team. He did further graduate studies in Mathematics at N.C. State University. His first book, Like Drops of Morning Dew: A Concise History of North Carolina Baptists, was published by the Baptist State Convention of North Carolina and distributed to its 3800 churches. His second book, Psalms for Children, a collection of 25 psalms written for a children's population is now in its second printing in hardcover edition. In 2016 Prospective Press published his third book, Prayers of a Pastor, a compilation of prayers from 25 years of ministry. Currently he is serving on the Board of Trustees for Campbell University, the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee, and the Board of Directors for the Jerry Long YMCA in Clemmons, NC. Don has spent many hours extending spiritual care in hospitals, hospice care facilities, nursing homes, and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify three (3) ways to address spiritual needs of individuals.
2. Identify three (3) barriers to providing spiritual care.
3. Identify three (3) benefits to providing spiritual care.

Introduction
Spiritual Connection
- Meaning of Life
- Balance of Mind Body and Soul
- Benefits of Spiritual Care
- Spirituality
- Spiritual Diversity
- Meeting Spiritual Needs
- Spiritual Connection
- Listen to the Individual
- Spiritual Needs

Spiritual Assessment
- Addressing Spiritual Needs
- Barriers to Spiritual Care
- Opening Up About Spirituality
- FICA Spiritual History Tool

Spiritual Responses
- Response Techniques
- Listening
- Coping with Illness
- Anger and Vulnerability
- Choices in Care
- Answer to Spiritual Questions
- Chaplains

- Benefits from Spiritual Care Therapy
- Controlled Healing Environment

Summary

Substance Use Disorder in the Workplace
Copyright: R1_1.13.2023 SME
2.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with geriatric patients across the continuum of eldercare throughout her nursing career as rehab nurse, geriatric nurse case manager, consultant, LTC director of nursing, and educator. She also serves as a clinical instructor for student experiences in the hospital, rehabilitation, and long-term care settings. Most recently, she served as the Director of Education at a large long term care facility. In this role, she developed, taught, and tracked staff education to comply with regulatory training mandates, serving as a clinical nurse resource for all staff. This includes implementing and tracking competency / remediation for staff to meet regulatory compliance.

Keywords: None

Objectives:

1. Identify three (3) reasons why colleagues fail to report an impaired coworker.
2. Identify three (3) signs and/or symptoms that may indicate an impaired coworker.
3. List two (2) resources that are used to provide assistance for healthcare workers with substance use disorder (SUD).

Introduction
Recognizing
- The Face of Impairment
- Impaired Worker
- SUDs
- Impairment
- Nursing Organization's Stance
- Impaired Provider
- Common Terminology
- Impaired Provider
- Workplace Statistics
- Commonly Diverted and Used Medications
- Janet's Story (Part 1)
- Recognizing the Unobvious: Super Nurse
- Janet's Story (Part 2)
- Impairment
- Janet's Story (Part 3)
- Job Performance Issues
- Personality and Mental Status Changes
o Physical Changes
o Janet's Story (Part 4)
o Addiction Behavior Checklist
o Story of Impaired Nurse
o Exercise
Responsibility
- Considerations
- Follow Up
- Duty to Report
- Medicaid Fraud Control Units

Substance Use Disorders in the Older Adult
Copyright R1_02.28.2023_SME
1.0 Contact Hour(s)

Author: Nancy Slattery BSN, RN

Nancy has over 32 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. She has developed continuing education programs for clinical staff related to mental health and addiction. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool and then delivered the finalized workflow to all clinical teams. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as subject matter expert for all teams regarding behavioral health workflows and clinical content.

Reviewer: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Key words: overdose, polypharmacy

Objectives:
1. List five (5) potential indicators of substance abuse.
2. List four (4) triggers for substance abuse in the older adult.
3. Identify three (3) screening tools used to assess the level of risk for drug and alcohol use in the older adult.

Introduction
Background
− Overview
− Substance Use
− Definition of Substance Use Disorder
− Dependency and Addiction
Scope of Problem
− A Hidden Problem
− Recommended Amount of Alcohol for Older Adults
− Triggers for Substance Use
− Prevalence
− Misdiagnosis
− Attributing Conditions
Substances Abused
− Gender
− Substances Abused in Older Adults
− Alcohol Abuse

- Alcohol and Health Risks in the Older Adult
- Marijuana
- Benzodiazepines
- Opioids
- Risks Associated with Opioid Use
- Higher Risk
- The Misuse of Medications
- Polypharmacy
- Over Prescribed Medications
- OTC Medications
- Tobacco

Risk Factors
- Predictors of Substance Abuse
- Predictors of Substance Abuse
- Psychiatric Risk Factors
- Medication Risk with Substance Use

Warning Signs
- Warning Signs and Symptoms
- Physical Warning Signs
- Psychosocial Signs
- Indicators of Substance Misuse

Tools
- Assessment Interview
- MI and Assessment Techniques
- Assessment Tools
- Assessment Case Example
- Barriers to Screening

Treatment Options
- Treatment
- Treatment Options

Overdose
- Alcohol Overdose
- Alcohol Overdose
- Opioid Overdose
- Opioid Overdose: Reversing Effects
- Overdose of Benzodiazepines
- Overdose of Benzodiazepine: Response

Summary

Suicide Risk
Copyright: R9_09.29.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: Death by suicide, Veterans

Objectives:
1. Identify four (4) categories of suicidal behavior.
2. Select six (6) predisposing risk factors associated with suicide.
3. Apply six (6) precautionary steps to take with someone who is at an immediate risk for suicide to a scenario.

Introduction
 Definition
- Suicidal Feelings
- Suicide in the US
- Categories of Suicide

Statistics
- Suicide Among Older Adults

Predisposing Factors

- Primary Psychiatric Conditions
- Isolative Behavior
- Factors
- Veteran Suicide Stats
- Suicide in Veterans of War
- Case Study

 Risk Factors

- Environmental Risk Factors
- Depression and Older Adults
- Health
- Risk Factors and the Older Adult
- Case Study

Suicide Assessment
- Discussing Suicide
- Overt and Covert Clues
- Non-Verbal Clues
- C-SSRS
- Assess Intent and Ideations
- Three Elements
- Focused Questions

Intervention

- Responsibility of the Healthcare Provider
- Immediate Action
- Suicide Precautions
- Follow-up

Treatment

- Treatments
- Substance Abuse
- Treatment for Major Depression
- Psychotherapy
- Electroconvulsive Therapy (ECT)

Prevention

- Protective Factors
- Warning Signs
- Summary

Team Building
Copyright: April 2022
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify three (3) characteristics of successful teams.
2. Select the four (4) major approaches to decision-making by a team leader.
3. List the four (4) steps of team development.

Introduction
Definition
- Definition of Team
- Team Members
- Team Environments
- Goals and Objectives
- The Evolution of Teams

Roles
- Roles in the Organization

Team Assessment
- Assessing Your Team
- Sports Team Model
- Assess Your Team
- Recognition and Appreciation
- Apply Your Learning

Team Development
- Stages of Team Development
- Four Stages of Team Development
- The Forming Stage
- Storming Stage
- Norming Stage
- Performing Stage
- Impact

Expediting
- Ways to Expedite Team Development Stages
- Multiple Teams
- Characteristics of Successful Unsuccessful Teams
- Benefits

- Decision Making in Teams
- Types of Decision Making in Teams
- Evaluate Decisions
- Managing Personal Relationships
- Making the Most of Meetings

Summary

Telephone Etiquette
Copyright: April 2022
0.5 Contact Hour(s)

Author: Don Gordon, B.S., M.Div., D.Min

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify three (3) common rules of proper telephone etiquette.
2. Identify three (3) guidelines for putting someone on hold.
3. Identify two (2) strategies for creating a professional voicemail.

Introduction
Rules
- Telephone as a Tool
- Who You Represent
- Impressions
- Proper Etiquette
- Appropriate and Non-Appropriate Phrases

Incoming Calls
- Courtesy
- Placing Someone on Hold
- Transferring a Call
- Taking a Message

Making Calls
- Making Calls

Complaints
- Rules for Managing Complaints

Voicemail
- Voicemail
- Personal Greeting
- Leaving a Message

Closing the Call
- Closing the Conversation

Summary

The Fundamentals of Delegation
Copyright: April 2022
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:
1. Identify three (3) reasons delegation is important.
2. Identify three (3) key elements in the delegation process.
3. Name the five (5) rights of delegation developed by the American Nurses Association (ANA).

Introduction
Definitions
- Definition
- Doing Versus Leading

Resistance
- Why Delegation is Necessary
- Why Don't We Delegate: Lake of Time
- Why Don't We Delegate: Losing Control
- Why Don't We Delegate: Lack of Confidence and Clarity

How
- Preparation
- Developing Your Team
- Building Trust
- Forms of Ongoing Training
- Distributing the Workload

Delegating
- Delegation as Coaching
- Avoid Taking Back Delegated Work
- Evaluation

Nursing
- Components of Delegation
- Delegation Versus Assignment
- Five Rights of Delegation

Case Study
- Case Study
- Using the Five Rights

Summary

The Roles and Responsibilities of Supervision
Copyright: R5_10.13.2023_SME
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. List two (2) roles of a supervisor.
2. Identify two (2) components associated with the "Five C's" of being a successful supervisor.
3. Identify three (3) components of the SMART technique.

Introduction
  - Introduction
Definition
  - Practice Role
  - Questions
  - Our Focus
  - Leadership and Supervision
Roles
  - Key Responsibilities
  - Identifying Learning Styles
  - Teamwork
  - Improving Employee Connection to Larger Goals and Visions
  - Case Study: Sue
  - Case in Point: Sue
  - Case Study: Latasha
  - Case in Point: Latasha
Connection
  - The Five C's
  - Connection: Establish a Relationship
  - Partnership
  - How to Make the Connection
  - Maintain Your Connection
  - Case Study: Sue
Communication
  - The Four Ways of Communication
  - Communication Tips
  - Case in Point: Latasha

Coaching
- Active Listening
- Self-Awareness
- Coaching Tips and Techniques
- Solutions and Actions
- Case Study: Pulling Back
- Case in Point: Sue

Collaboration
- Collaboration
- Case Study Question

Contracts
- Contracts
- Steps for Developing a Contract
- SMART Technique
- Case Study Question

Summary

Time Management
Copyright: April 2022
1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University, where he was a four year lettermen and captain of the men's tennis team. He did further graduate studies in Mathematics at N.C. State University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Since 2018 he has authored several curricula related to spiritual care, leadership, and ethics for the Healthcare Academy. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: None

Objectives:

1. Identify five (5) time- wasting behaviors.
2. List five (5) ways to overcome procrastination.
3. Select three (3) practices to create an effective to-do list.

Introduction
Time Management
- Definition
- Time Management Overview
- Effective Time Management
- Be Clear About Your Goals
- Distracting Technology
- Other Distractions
- Getting Things Done
- Life is About Choices
- Benefits of Good Time Management
- Organize Your Personal Space
- More Time for Fun
- Time Orientations

Time Wasting
- The Baker's Dozen of Time Wasters

Procrastination
- Procrastination
- Overcoming the Tendency to Procrastinate

Planning and Scheduling
- Laws
- Developing Good Planning and Scheduling Skills
- Plan Effectively
- Schedule Effectively
- Determine Priorities
- 80/20 Rule (Pareto Principle)

- Understand the Difference
- Urgent and Important Activities
- Important and Non-Urgent Activities
- Unimportant and Non-Urgent
- Knowledge Workers

To-Do Lists
- An Effective To-Do List
- To-Do List

Self-Management
- Derailing Statements
- Get Others to Help You
- Practice the Four D's of Email/ Paper Management
- Reward Yourself for Success

Summary

Transgender Realities: What Healthcare Professionals Need to Know
Copyright: R3_01.12.2024_SME
1.0 Contact Hour(s)
Author: Marc Markell, PhD, MS, BA

Marc Markell is a professor at St. Cloud State University. He earned a Ph.D. in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods and strategies for students with special needs, behavior management, human Relations, and grief and loss education. He also supervises student teachers. Marc teaches graduate level courses Psychology of Lesbian, Gay, Bisexual, Transgender. Has written three books, several chapters, and many articles on issues related to diversity, oppression, grief, and academics.

Reviewer: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of healthcare settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:
1. Define three (3) common terms used to express gender identity.
2. Identify two (2) types of transphobic behaviors.
3. Select three (3) actions by healthcare professionals that will help ensure person-centered care for transgender people.

Keywords: Person-Centered Care, Person-Centered Strategies, DEI, Diversity, Psychological Distress, Post Traumatic Stress Disorder

Introduction
Definitions
  – Definition
  – Statistics
  – Related Terms
  – Related Terms
Transphobia
  – Transphobia
  – Cisgender
Health Issues
  – Psychological Distress
Discrimination
  – Discrimination
  – Illegal Behavior
  – Illegal Discrimination: Examples
  – Laws That Protect

Care
- – What Transgender People Need From Healthcare Professionals
- – Transgender Aging

Summary

Trauma-Informed Care: A Change in Perspective
Copyright: April 2022
1.0 Contact Hour(s)

Author: Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR

Ashley Swinson is the Founder of TIDE Associates, a private practice that specializes in trauma-informed services and she is the Co-Founder of the Provider Sustainability Program Collaborative in Wilmington, NC. Her clinical expertise includes the treatment of dually-diagnosed eating disorders and trauma disorders, traumatic grief, dissociation, secondary traumatic stress among professionals, and provider sustainability; notably, she has become a national speaker on these respective topics. Ashley has developed trauma-based group curriculums for outpatient and intensive outpatient facilities, and she works closely with the Wilmington community providing clinical supervision to professionals, as well as customized workshops for agencies to improve organizational health and wellness. She holds an adjunct faculty position with the School of Social Work at the University of North Carolina at Wilmington and facilitates professional trainings through the university on the topics of social work ethics, supervision, and provider sustainability.

Keywords: None

Objectives:

1. Select two (2) ways that trauma-informed care (TIC) supports person-centered care.
2. Choose three (3) ways in which a traumatic experience can affect residents or in the long-term care (LTC) facility.
3. Identify three (3) TIC interventions that can be used directly with residents.

Introduction
What is TIC
- The Origin of TIC
- Service Models
- Trauma Defined
- Core Beliefs
- Statistics
- Big "T" and Little "t" Traumatic Experiences
- ACE Study
- Types of Trauma
- How Does Trauma Affect Us?
- Resilience
- Reciprocity
- Acknowledge Resilience
- Resources
Broad Application
- Government Legislation
- A New Culture
- Concepts
- TIC Provider
- Community Impact
Culture Change
- TIC Models for Organizations
- Establishing Common Language
- Administrators Managers
- Factors

Trauma-Informed Care: Interventions for Care Providers
Copyright: R1_12.15.2023_SME
1.0 Contact Hour(s)

Author: Ashley Swinson, MSW, LCSW, EMDR Therapist

Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR, is the owner of TIDE Associates, a private group practice that specializes in trauma-informed services, and she is the co-founder of the Provider Sustainability Program in Wilmington, NC. Her clinical expertise includes the treatment of eating disorders, trauma disorders, traumatic grief, dissociation, secondary traumatic stress among professionals, and provider sustainability; notably, she is a national speaker on these respective topics. Ashley has developed trauma-informed therapy curriculums for treatment facilities and customized workshops for organizations that seek to improve employee health and wellness. She works closely with the Wilmington community providing specialized consultation to professionals seeking to enhance their clinical practice. Ashley holds an adjunct faculty position with the School of Social Work at the University of North Carolina at Wilmington and facilitates professional trainings through the University on the topics of social work ethics, supervision, and provider sustainability.

Keywords: Person-centered care, Person-Centered Strategies, Interdisciplinary team

Objectives:

1. Identify two (2) ways to apply the substance abuse and mental health services administration (SAMHSA's) four Rs of trauma-informed care to residents.
2. Select three (3) trauma-informed care interventions that can be used with a resident displaying symptoms of traumatic stress.
3. Identify the difference between blaming language and trauma-informed care language.

Introduction
Background
- Background
- CMS Mandate
- What is Trauma?

Types
- Big "T" Traumas and Little "t" Traumas
- Types of Trauma

Importance
- TIC and COVID-19
- Reflux Ways to Survive a Traumatic Event
- Categories of Impact
- Providing TIC
- Supporting the Resident
- What is TIC?
- Defining TIC
- Blaming Language
- Resident Case Example
- Staff Support
- Staff Example

Workplace Culture
- TIC Workplace Culture Framework
- Safety
- Safety Interventions
- Trust

- Connection and Collaboration
- Choice and Empowerment

Interventions
- Admission
- Assessment for RNs and Social Workers
- Accommodations
- Grounding
- Tracking and Movement
- Resourcing
- Supporting Facility Staff
- Resources

Summary
- Symptoms of Burnout
- Research Support
- TIC Practice
- Statements of Power
- TIC Staff Resources

Tuberculosis
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: None

Objectives:

1. Identify the difference between tuberculosis (TB) infection and TB disease.
2. Select three (3) symptoms of TB.
3. Differentiate between a positive and a negative TB test.

Introduction
Tuberculosis
- TB Conditions
- TB Terms
TB Conditions
- Latent TB Infection (LTBI)
- TB Disease
- LTBI Versus TB Disease
Transmission
- Transmission
Risk Factors
- Risk Factors
- HIV Risk for Those with LTBI
Exposure
- Exposure Sequence
Testing
- Testing for TB Infection
- Who Should be Tested?
- TB Infection Control Plan
- Testing Requirements
- TB and COVID-19 Considerations
Treatment
- Medications
- Treatment
Summary

Understanding Dementia
Copyright: April 2022
1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: None

Objectives:
1. Define dementia.
2. Describe five (5) common signs and symptoms of dementia.
3. Identify two (2) important concepts in the care of the person with dementia.

Introduction
Definition
- Definition
- Effects of Dementia
Causes
- Causes of Dementia
- Dementia: Reversible
- Dementia: Non-reversible
Signs & Symptoms
- Signs & Symptoms
Diagnosis
- Diagnosis of Dementia
- Review of Medical History
- Tests and Evaluations: Physical Examination
- Cognitive Screening Tools
- Cognitive Tests: Clock Drawing Test
- Cognitive Test: Time and Change Test
- Cognitive Test: Sniff Test
- Cognitive Test: Other Tests
- Cognitive Test: Neurological Evaluation
- Brain Imaging
- Cognitive Test: Laboratory Tests
- Psychiatric Evaluation
Guidelines
- Medications
- Person-Centered Care Routines
Notifications
- Progression of the Disease
Summary

Understanding Stroke
R4_05.19.2023_SME
1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Brittany Phillips is a board certified Orthopedic Certified Specialist (OCS) physical therapist through the American Physical Therapy Association (APTA). Her clinical experience covers a wide array of diagnoses, including neurology, oncology, and pelvic rehabilitation. In addition to being an orthopedic specialist, Dr. Phillips holds a certification as a LSVT Big physical therapist, focusing on the treatment of persons with Parkinson's disease. Beyond her role as a clinician, Dr. Phillips serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students, is a two-time finalist for the Florida Clinical Instructor of the Year and is an adjunct professor teaching anatomy and physiology to healthcare students.

Keywords: None

Objectives:

1. Differentiate the different treatments for ischemic versus hemorrhagic stroke.
2. Identify three (3) signs of a stroke.
3. Identify three (3) modifiable risk factors for a stroke.

Introduction
- Introduction

Types of Stoke
- Types of Stokes
- Ischemic Stroke
- Hemorrhagic Stroke
- Transient Ischemic Attack (TIA)

Risk Factors
- Risk Factors
- Unmodifiable Risk Factors
- Modifiable Risk Factors

Signs and Symptoms
- Signs and Symptoms
- FAST

Diagnosis
- Diagnosis of Stroke
- Diagnostic Tests

Treatment
- Treatment and Care Guidelines
- Ischemic Stroke
- Hemorrhagic Stroke

Rehabilitation
- Effects of Stroke
- Rehabilitation
- Preventive Actions

Summary

Urinary Care Basics (Nursing Assistants)
Copyright: April 2022
0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Identify two (2) changes in the urinary system associated with aging.
2. List three (3) signs and symptoms of a urinary tract infection (UTI).
3. Identify three (3) guidelines for nursing care of the person with an indwelling urinary catheter.

Introduction
- Introduction

Urinary System
- The Urinary System
- Urinary Elimination
- Urine

Aging
- Changes with Aging

Goals of Care
- Incontinence Goals

Care
- Preventing Incontinence
- Best Practices
- Psychosocial Impact of Incontinence
- Incontinence and Dementia
- Perineal Care
- Perineal Care: Best Practices
- Females: Risk for UTIs
- Indwelling Catheters
- Indwelling Catheter Care
- Indwelling Catheter: Infection Control Measures
- Leg Bag Considerations
- Changing Bags
- Best Practices: Routine Catheter Care
- Suprapubic Catheter
- Condom Catheters
- Emptying the Drainage Bag
- Types of Urine Specimens

Infection
- Infections
- Signs and Symptoms
- Complications
- Reporting
- Prevention

Summary

Vital Sign Competence
Copyright: April 2022
1.0 Contact Hour(s)

Author:
Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Keywords: N/A

Objectives
1. Select four (4) accuracy considerations related to vital signs.
2. Identify three (3) points at which vital signs should be obtained.
3. Apply vital sign knowledge to select two (2) clinical situations.

Introduction
Purpose
- Four Vital Signs
- Vital Signs Monitor a Person's State of Health
- When to Obtain Vital Signs
- Know the Ranges of Normal Vital Sign Findings for Adults
- Accurate Reading of Vital Signs

Temperature
- Terms
- Fahrenheit Versus Celsius Thermometers
- Normal Body Temperature
- Sites
- Considerations with Aging: Temperature
- Factors that Affect Body Temperature
- Decreased Body Temperature
- Accuracy When Obtaining Temperature
- Nurse Role: Delegating and Collaborating
- Critical Thinking Points

Pulse
- Pulse Rate
- What Information Does Pulse Give
- Locations
- Factors: Pulse
- Pulse Characteristics
- Taking a Radial Pulse
- Critical Thinking
- Special Circumstances

Respiration
- Terms

- Factors Affecting Respiratory Rate
- Respiration
- Terms
- Respirations
- Procedure for Assessing Respirations
- Accuracy When Obtaining Respirations
- Out of Normal Range
- Critical Thinking

Oxygenation
- Oxygen Saturation

Blood Pressure
- Arteries and Veins
- Terms
- Factors Affecting Blood Pressure
- Normal Range for Systolic and Diastolic Pressures
- Blood Pressure Equipment: Cuff
- Blood Pressure Equipment: Stethoscope
- Placement of Cuff over Brachial Artery
- Blood Pressure Gauges
- Korotkoff Sounds
- Factors that Affect Accuracy of BP Readings
- Accuracy in Obtaining Blood Pressure
- Practice Drills
- Critical Thinking

Modifications
- Person-Centered Care: Special Circumstances

Documentation
- Summary

Wandering Management and Elopement Prevention
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0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Keywords: None

Objectives:

1. Name two (2) ways to identify individuals at risk for elopement.
2. Identify two (2) risks associated with elopement.
3. Identify two (2) components of a search plan to use while searching for a person who elopes.

Introduction
Definition
- Definitions Wandering and Elopement
Risks
- Risks Associated with Elopement
- Immediate Jeopardy
Prevention
- Risk Assessment
- Be Alert
- Policies and Procedures
- Activity Programs
- Precautions
- Precautions
- Communication
Management
- Interventions for Those At Risk
- Responsibility
- Search Plan
- Information on the Person
- Documentation of Elopement
- Safe Return Assessment
- Evaluate Electronic
- Critical Element Pathway Accidents
- Record Review
- Immediate Jeopardy
Quality Assurance
- Quality Assurance
Summary

Workplace Violence
Copyright: April 2022
0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that, he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a MDiv. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Keywords: Respectful workplace, workplace civility, anti-harassment, discrimination, sexual harassment, sexual harassment prevention, bullying, diversity, and inclusivity

Objectives:
1.   Identify two (2) causes of workplace violence.
2.   Select two (2) strategies for addressing workplace violence.
3.   Identify two (2) strategies that are used to de-escalate violent behavior.

Introduction
-   Workplace Violence in Healthcare
-   Workplace Violence in Healthcare

Identifying
-   Employee Safety
-   The Definition of Workplace Violence
-   Categories of Workplace Violence
-   NIOSH Classifications of Workplace Violence
-   Workplace Violence Statistics
-   Risk Factors

Causes
-   Causes
-   Violence in the Larger Culture
-   Circumstances and Workplace Violence
-   Reasons for Violent Acts
-   Case Study: Deliberate Criminal Acts
-   Case Study: Mental Illness
-   Case Study: Physical Illness
-   Case Study: Behavioral Crisis
-   Case Study: Behavioral Crisis Combined with Physical Illness

Warning Signs
-   Identifying Warning Signs
-   Non-Verbal Warning Signs

Strategies
-   General Strategies
-   Strategies
-   Verbal De-Escalation
-   How Verbal De-Escalation Works

Working with Families: Person -Centered Approaches
Copyright: April 2023
0.5 Contact Hour(s)

Author: Marcia Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College, and Jersey College.

Objectives:
1. Apply two (2) strategies for successfully dealing with families.
2. Identify two (2) benefits of setting boundaries during interactions with families.
3. Select appropriate and inappropriate responses to family members.

Introduction
- Background
- Meaning Behind Behavior
- Reasons

Family Dynamics
- Working Through the Process
- Changes That Prompt Behavior
- Roles
- Family Crisis
- The Parent's Role
- The Five Stages of Grief

Culture
- Cultural Influences on Family Responses

Boundaries
- Disruptive Behaviors
- Response to Behaviors
- Types of Boundaries
- Explaining Boundaries
- Communicating Boundaries

Strategies
- Strategies
- Understanding and Supporting Families

Documentation
- Documentation

Responding
- Apply Your Knowledge: Scenario One
- Apply Your Knowledge: Scenario Two

Success
- Successful Outcomes