

KENTUCKY CERTIFIED PUBLIC MANAGER PROGRAM

APPLIED PROJECT # 3

FOR

ANALYTICAL/CONCEPTUAL SKILLS

Performance Improvement:

Staff Competency in Assessing Age Specific Issues

Submitted by

Fannie Louise Maddux, LCSW

(removed for privacy)

(removed for privacy)

Hopkinsville, Kentucky 42241

(removed for privacy)

Prepared for

James Hale, Advisor

September 15, 2000

THE OPPORTUNITY FOR THE AGENCY

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the accrediting agency for Western State Hospital (WSH). JCAHO conducts surveys periodically to determine if the hospital is meeting the standards specified by the surveyor. The standards set by JCAHO are extremely high. They consistently push the organization to improve.

One requirement that has not been addressed substantively requires the hospital to verify that staff is competent to treat age-specific issues in patients age eighteen years and older. Competency in this area is dependent on staff being knowledgeable about developmental stages in order to assess and treat problems resulting from past developmental gaps and delays, and those associated with the accomplishment of current developmental tasks appropriate to the patient's present life stage.

Documentation of assessments and treatment plans has not demonstrated that staff understands and focuses on patients' developmental stages. Management wanted this issue to be addressed, first of all, for the sake of better treatment, but also to avoid being viewed as deficient by JCAHO on this standard. Staff requested training on Erikson's Theory of Psychosocial Development to enhance age-specific competencies. The Director of Social Services expressed a departmental need for this workshop in order to improve staff performance and document evidence that staff is trained and competent in this area. I expect to benefit personally by refreshing my own understanding of the theory to the extent that I will be better prepared to provide on-going education to those I supervise and to staff on the Multiple Needs Unit where I serve as Program Director.

GOALS OF THE PROJECT

When I accepted this opportunity and challenge of training departmental staff, I established the following goals:

- Staff will have a working knowledge of Erikson's Psychosocial Developmental Theory.
- Staff will have the opportunity to practice developing goals and interventions related to developmental tasks and crises specific to identified age groups.
- Staff will be provided with printed resource material for use in developing goals and interventions that are age-specific.
- Documentation will be on record regarding staff having been trained in age-specific competencies so as to meet surveyor standards.

These significant goals, when met, would enhance the quality of patient care, Staff would be more aware of problems and needs associated with past developmental gaps and would address these issues when planning treatment. They would assess for the possibility that the patient might be stuck on a developmental task related to his current life stage. They would approach developmental assessment with more confidence as a result of the training received and the solid knowledge base gained.

CPM WORKSHOP SKILLS UTILIZED

The Certified Public Manager (CPM) workshops which were most helpful in accomplishing the project goals were *Performance Management* and *Train the Trainer*. The major emphasis was on performance improvement and I began the project with the full understanding that its completion would *not* signal the end of managing the performance of staff in assessment and planning treatment. Rather, it would be the

beginning of an “ongoing mutual process to ensure planned results” (Performance Management workbook). Communication began even before the training was scheduled. I fostered a partnership with the employees in order to work successfully toward the goals. The training was one step in a number that I undertook sequentially so that enhanced patient care would be encouraged.

Planning was the initial step taken, but I knew planning would do little good without coaching employees and ultimately appraising their work. These steps called for clarity of purpose, involvement of the employees in problem solving and expressing appreciation for their feedback. I worked to develop them by tracking performance, giving feedback and providing support with an eye toward helping them to see where they were before the training, as opposed to where they were afterwards. I expected their success in meeting the goals to be reflected in their evaluations under Job Knowledge and Skills, Quality of Work and Improved Performance. This meant being **SMART**, or setting criteria that were **Specific, Measurable, Action-oriented, Realistic and Time and resource-limited**. I mentored, taught and coached throughout the process. In doing so, I practiced facilitation by asking open-ended questions, and analyzed by observing their performance, diagnosing problem areas and giving good feedback. It was important for me to listen as well as talk. These actions, of course, were based on theories, models and techniques learned in *Performance Management*.

Training the Trainer helped me to conduct the workshop well. This course reminded me that my purpose was more than just to give information. My purpose was to get expected outcomes. To be effective I refreshed myself on the eight adult learning principles and I remembered to develop an effective opener. The **EIEIO** model was the

standard by which I assessed the effectiveness of my opening comments. Those letters reminded me to **Energize, Involve, Empower and Interest** in order to have a strong **Opening**. I then developed the body of the workshop around Erikson's theory and used a variety of learning tools, such as handouts and overheads. I worked to make the closing effective in wrapping up the session. I remembered that "Prior Practice Prevents Poor Performance" (Train the Trainer workbook). I requested that each employee evaluate the workshop after the closing. All of these actions were predicated on models and techniques advanced in *Train the Trainer*.

WHAT WE DID

The Director of Social Services expressed the need for staff training on Erikson's Psychosocial Developmental Theory because chart audits indicated that age-specific issues were not being addressed by staff in patient assessments and treatment planning. Feedback from staff, particularly those holding only undergraduate degrees in social work, indicated they were uncomfortable with trying to apply the theory in a practical way on the hospital wards. The Director and I recognized this as a potential problem at JCAHO survey time. JCAHO emphasizes agency documentation being available to verify staff is competent to effectively deal with age-specific patient needs and problems. Moreover, surveyors look for evidence in chart reviews that such issues are being addressed appropriately.

To further verify the need for training, I composed a Survey (Appendix I) to which all staff responded. The results indicated that 50 percent did not have a good understanding of Erikson's theory or were not sure about it. Twenty-eight and six tenths percent did not understand or were unsure they understood the term "developmental

task”. The term “psychosocial crisis” was not understood by 50 percent of staff. Erikson’s eight stages of psychosocial development were not identifiable to 78.6 percent. More than three quarters of the department did not know the developmental tasks associated with each life stage. One hundred percent stated that they could not easily apply the theory in their work with patients. One hundred percent also expressed the need for “user friendly” materials to take to the ward to help them apply the theory and they wanted to know more about the theory and how to apply it effectively with patients. With this data in hand, the decision was made that I would train staff on Erikson’s theory.

I contacted the secretary and asked that she line up a room and schedule the in-service for July 19, 2000 at 3:00 P. M. I knew that if a deadline were before me, I would be better able to move ahead with the project. I decided that PowerPoint might be an effective tool to use, but I realized, despite my having taken a course, that I was not proficient at using it. I knew the best way to learn was to do it. I decided to organize the training by developing a Lesson Plan Outline (Appendix II). The outline specified the subject of the training, gave a brief introduction, listed the objectives and established a program outline. It noted how the training would be evaluated and how I planned to close the session. References were also listed.

This process gave me the framework within which I would work out the PowerPoint slides (Appendix III). I began with an explanation of why training on Erikson’s theory was necessary. I not only tied it to the staff’s needs as indicated by the chart audits and the preliminary survey that they had completed, but on JCAHO approval and most importantly, on several of their evaluation criteria reflecting their skill in applying the theory. This was the “hooker” in my opening of the training session. This

fact alone was certain to make them sit up and take an interest. I then established the purpose and objectives of the training allowing them to see that we wanted to help them to meet the evaluation criteria established.

The body of the training dealt with the nature of Erikson's theory, particularly as it differs from other theories. The eight stages were described including the ages during which "teachable moments"(Havighurst) are most likely to be experienced. The developmental tasks of each stage were explained, using personal and professional examples to clarify. Then the psychosocial crises associated with each stage were explored with discussion on what constitutes both positive and negative resolution of these. My PowerPoint presentation of this material was punctuated with give and take between the participants and me and I encouraged questions or personal examples that came to mind as we talked. I also used handouts (Appendix IV), which gave the staff tangible information to refer to as we worked our way through the presentation, as well as a way to take organized notes.

At the end of the presentation, I wanted them to be able to practice their skills. I handed out three case studies (Appendix V), taken from several they had been asked to bring to me prior to the training. They formed three work groups for this part of the class, and they were given time to review the scenarios and develop goals and interventions that might be appropriate for assessment and treatment planning purposes. They also were asked to identify the tasks each patient was working on, the appropriate psychosocial crisis and what past tasks appeared to have been resolved positively, contributing to the patient's strengths, or negatively, contributing to current problems.

They worked quickly and were eager to share their growing understanding of how to apply the theory effectively.

The closing of the session was important and I worked hard to summarize thoroughly the things we had learned together. We reviewed the key points; and I handed out “user friendly” materials (Appendix VI) for them to take to their units, as they had indicated their need for this on the preliminary survey. I assured them that their hands-on practice of their newly acquired knowledge would serve them in good stead on future chart audits and at evaluation time.

For the sake of evaluating the effectiveness of the training, I asked that they complete a post-survey to determine if a follow-up session might be advisable. Of 16 staff members participating, 94 percent either strongly agreed or agreed that they had a good understanding of Erikson’s theory, and understood the terms “developmental task” and “psychosocial crisis”. The eight stages could be identified by 81 percent. Some still had trouble associating the tasks with the correct stage; though 69 percent felt they could do so, and the same percentage felt they could easily apply the theory on the unit. One hundred percent were glad to have the “user friendly” material to help them on their units. Eighty-eight percent wanted further training.

Finally, participants completed an Evaluation (Appendix VII) of the training session focused on Program Content, the Instructor, the Format and the Environment. On the first three areas, the ratings were overwhelmingly “Above Average”. Only the Environment appeared to have less positive reaction. Nevertheless, that component was still judged positively, rated in the “Average” range. The results of the training were very positive, but because of the information gathered in the post-survey I decided that a

follow-up session would be helpful. I determined an informal group discussion, similar to a case review, would be most appropriate.

The follow-up meeting was scheduled with each employee asked to bring two examples of ways they had applied Erikson's theory in their work since the training. The format for this meeting took the form of sharing this information and having discussion amongst the group about the appropriateness of the goals and interventions selected. Much praise was given for the progress made. Participants contributed additional ideas to be used in further work with the patients whose cases were discussed. Staff demonstrated knowledge by the process of case review and indicated by their case examples that they were now more familiar with the application of the theory. They agreed that having used the theory consistently for several weeks, contributed to ease of application.

OUTCOME OF THE PROJECT

DEPARTMENTAL AND PERSONAL BENEFITS

The following goals were set during the planning stage of the project with results as indicated:

- Staff will have a working knowledge of Erikson's Psychosocial Developmental Theory.

Outcome: Staff feedback on the post-survey and the case review session indicated that they had a good understanding of Erikson's developmental theory and that they were able to apply it in their work with patients on the wards, as was discussed earlier in this document.

- Staff will have the opportunity to practice developing goals and interventions related to developmental tasks and crises specific to identified age groups.

Outcome: Staff practiced with case studies in the initial session, giving them practical experience in applying immediately what they had learned. Furthermore, they began to use the theory with their patients with my providing supervision and being available to encourage and answer questions. They received further practice in the second case review meeting which allowed them opportunity to showcase what they had done and receive feedback from their colleagues.

- Staff will be provided with printed resource material for use in developing goals and interventions that are age-specific.

Outcome: “User friendly” resource materials (Appendix VI) were provided during the first training. These were developed for reference purposes during assessment and treatment planning on the ward.

- Documentation will be on record regarding staff having been trained in age-specific competencies so as to meet surveyor standards.

Outcome: The Documentation for Education Programs form (Appendix VIII) was completed, with supporting materials attached, and taken to the Education and Training Department for filing. The Director of the Social Services Department applied for approval for Continuing Education Units for the staff as well. These documents will be available to the surveyors for review.

All goals were met. But even more was accomplished. The training has been approved for CEUs. I have provided training for the Multiple Needs Unit nursing staff, all three shifts and for Pennyroyal Mental Health/Mental Retardation Center practicum students as well. I will be available to others within this agency and elsewhere when the need arises. This turn of events has benefited this agency and others in the community by

making this workshop available locally. It enhances the image of the Social Services Department for staff to be able to fill this gap, and it reflects well on the hospital when I am able to move out into community settings as its representative in a teaching role. These benefits were unexpected. They supplement the core benefit of having staff trained in age-specific methods of goal setting and intervention, culminating in the ability to demonstrate age-specific competency, thus being able to provide a higher level of care to patients. Moreover, other staff members can now envision themselves assuming similar responsibilities for teaching in areas where they have expertise. So the project has had a ripple effect departmentally and within the agency and community. Were I to make changes, I would allow more time in the initial training session for discussion and I would plan for two sessions from the beginning.

Personally, I have enhanced my own understanding of Erikson's Psychosocial Developmental Theory and its application to real life situations. I have been gratified to see staff learn a new skill and acquire new ways to intervene effectively with patients. I have a sense of accomplishment in helping the hospital and the department meet survey standards regarding age-specific competency, and helping staff members improve their performances for evaluation purposes. It is good to know that I may have a role in helping students prepare for their licensure examinations. I have gained confidence in taking on the role of instructor and presenter. I have increased my skills with PowerPoint presentations. Finally, one of the criteria on which I am evaluated is whether I have provided in-service training to staff as a group during the evaluation period. As a result of this CPM project, I have met this goal for this evaluation period.

APPENDIX I

SOCIAL SERVICES DEPARTMENTAL SURVEY

Please check the blank most clearly expressing your opinion and return to Fannie Louise Maddux by 7/12/00. I plan to use the composite results of this survey as a part of supporting data for a project I am preparing for the CPM Program. I need everyone's response, please. Completion time should be no more than three minutes.

I have a good understanding of Erikson's Psychosocial Developmental Theory.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I understand the term 'developmental task'.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I understand the term 'psychosocial crisis'.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I can identify Erikson's eight stages of development and name the psychosocial crisis associated with each.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I can identify the developmental tasks associated with each of Erikson's stages of development.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I can easily apply Erikson's Theory to assessment, social history and treatment plan goals and interventions in an age appropriate way.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I would find it helpful to have 'user friendly' resource material to use on the Unit on Erikson's stages of development and the developmental tasks and crises associated with each.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

I would like to learn more about Erikson's Psychosocial Theory and how to apply it in assessment, social history and treatment plan goals and interventions.
 Strongly Agree Agree Neither Agree/Disagree Disagree Strongly Disagree

APPENDIX II

(not available for web posting at this time)

APPENDIX III

(not available for web posting at this time)

APPENDIX IV

DEVELOPMENTAL STAGES	TASKS	RESOLUTION: + / -
PSYCHOSOCIAL CRISES		
Infancy: Birth – 1.5 yrs.	Social attachment	Hope
Trust/Mistrust	Sensorimotor function Actions/consequences Nature of object & group Linkage Emotional Development	Withdrawal
Early Childhood: 1.5 – 3 yrs.	Elaboration of locomotion	Will
Autonomy/Shame	Fantasy play, Self-control Language development	Compulsion
Play Age: 3 – 5 yrs.	Sex role identification	Purpose
Initiative/Guilt	Early moral development Self-esteem, Group play	Inhibition
School Age: 5 – 12 yrs.	Friendship, Self-evaluation	Competence
Industry/Inferiority	Concrete operations Skill learning, Team play	Inertia
Adolescence: 12 – 18 yrs.	Physical maturation	Fidelity
Identity/Role Confusion	Formal operations Emotional development Peer group membership Sexual relationships	Isolation
Young Adulthood: 18 – 25 yrs.	Autonomy from parents	Love
Intimacy/Isolation	Sex role identity Internalized morality Career choice	Exclusivity
Maturity: 25 – 65 yrs.	Marriage, Childbearing	Care
Generativity/Stagnation	Work, Lifestyle Nurturing marital bond Household management Parenting, Career management	Rejectivity
Old Age: 65+	Promoting intellectual vigor	Wisdom
Integrity/Despair	New roles Accepting one's life Developing a death viewpoint Coping with physical change Psycho-historical perspective Traveling uncharted territory	Disdain

APPENDIX V

ERIKSON IN-SERVICE CASE STUDIES

Read the case study assigned to your group. Take the questions one at a time answering them in the order they are given. Be ready to discuss in 10 minutes.

- 1. Identify the psychosocial stage of development of the patient.**
- 2. Identify the psychosocial crisis for this stage of development.**
- 3. Identify the developmental tasks that must be accomplished for this crisis to be resolved positively.**
- 4. Identify which tasks appear to be progressing well and which ones the patient might need help with.**
- 5. Identify strengths evident from successfully accomplishing specific developmental tasks in past stages of development.**
- 6. Identify problems evident from possible failure to accomplish tasks of past stages of development.**
- 7. Develop interventions that use and reinforce patient's strengths.**
- 8. Develop interventions that address patient's developmental issues, both present and past.**

APPENDIX VI

GOAL AND INTERVENTION EXAMPLES:

GOAL: Patient will decrease acting out behavior to ___ per day/week by _____.

INTERVENTION: Counsel 1:1 weekly about consequences of specific behaviors that patient fails to understand due to gap in development.

GOAL: Patient will evidence an increase from one to two accommodating behaviors per week by _____.

INTERVENTION: Reward patient during 1:1 weekly counseling for ability to modify behaviors to adjust to others' needs to reinforce this strength acquired early in his/her development.

GOAL: Patient will demonstrate one new way to cope with frustration and maintain self-control every week by _____.

INTERVENTION: Counsel weekly 1:1 about issues of self-control evidenced since early childhood and teach patient new ways to cope with frustration.

GOAL: Patient will decide on one realistic goal for the future, which will enhance ability to live independently by _____.

INTERVENTION: In weekly 1:1 counseling, praise patient for strong will and desire for autonomy appropriate for young adulthood and identify ways to channel this strength in positive directions.

GOAL: Patient will identify the criminal charge and acknowledge understanding of the consequences to be faced as a result of the behavior by _____.

INTERVENTION: When counseling patient 1:1 weekly, educate about community values and laws regarding recent illegal behavior, and the need to face the penalty. Emphasize the expectation that adults have the power to alter behaviors.

GOAL: Patient will demonstrate ability to examine a long held childhood belief/attitude for validity and to calm anxious feelings when others don't agree by _____.

INTERVENTION: Use cognitive therapy 1:1 weekly to address patient's feelings of anxiety and dread originating from early childhood experiences.

GOAL: Patient will be able to accomplish one realistic goal per week by _____.

INTERVENTION: Assign patient a realistic goal to work toward each week in 1:1 therapy to build self-esteem not acquired during earlier developmental stages.

GOAL: Patient will make one optimistic/positive statement when provided with feedback regarding progress in controlling symptoms by _____.

INTERVENTION: Instill hope in weekly 1:1 counseling sessions by giving feedback on observable progress in decreasing the identified symptoms of her mental illness.

GOAL: Patient will be able to establish rapport with one staff member by _____.

INTERVENTION: Counsel 1:1 weekly to establish a therapeutic relationship when trust of others is limited by developmental experiences.

GOAL: Patient will be able to state by _____ that bad choices have been made in the past but that better choices can be made beginning today.

INTERVENTION: When patient talks in weekly 1:1 counseling of past mistakes, give permission for human errors and encourage moving on to make better choices as an older adult.

GOAL: Patient will attend Group weekly cooperating with others in the group process by _____.

INTERVENTION: Involve patient who has not developed the ability to work with others the opportunity to participate in Group weekly and teach team skills.

GOAL: Patient will be able to name feelings after acting out episode and state a better way to have handled them by _____.

INTERVENTION: Assist patient in 1:1 weekly counseling to identify feelings such as anger and jealousy and educate regarding acceptable ways to cope with them as an adult.

GOAL: Patient will name and use one new coping skill for depression per week by _____.

INTERVENTION: Counsel patient 1:1 weekly on appropriate coping skills for depression as opposed to inappropriately resorting to substance abuse as a result of habits established in adolescence.

GOAL: By _____ patient will define safe sex and identify the feelings a partner may experience when exploited.

INTERVENTION: Counsel the patient 1:1 weekly about safe sex and empathy for one's partner when there is bragging about immature sexual behaviors.

GOAL: Patient will be able to identify the stage of grief being experienced and understand the grief process by _____.

INTERVENTION: Allow patient to grieve childhood losses in weekly 1:1 counseling related to the death of a loved one during adolescence.

GOAL: Patient will demonstrate ability in Group to not interrupt others and to consider others feelings by _____.

INTERVENTION: Assign patient to weekly Group to work on social skill building not accomplished during earlier developmental stages.

GOAL: Patient will be able to state what sex role is comfortable by _____.

INTERVENTION: Counsel patient on accomplishing the developmental task of sex role identity when patient brings the issue for discussion in weekly 1:1 counseling.

GOAL: Patient will state two realistic career goals by _____ and name a community agency that can assist in narrowing choices.

INTERVENTION: In 1:1 weekly counseling, explore patient's career interests realistically and provide a list of community resources for assisting with decision making when discharged.

GOAL: Patient will be able to name where to go for community support regarding parenting issues by _____.

INTERVENTION: Counsel 1:1 weekly with the patient regarding parenting concerns and provide with printed materials that address the issues identified. Determine if parenting classes are available in the community and assist with access.

GOAL: Patient will name three coping skills by _____ for relieving the stresses of multiple demands on time and energy.

INTERVENTION: Allow patient to ventilate about the multiple demands made on a parent, family provider and spouse in 1:1 weekly counseling sessions and teach coping skills.

GOAL: Patient will be able to communicate with spouse once a week by _____ without losing control of temper.

INTERVENTION: Support patient's desires to improve the marital relationship in weekly 1:1 counseling, and encourage spouse's involvement. Refer for marital counseling on discharge.

GOAL: Patient will show ability to list priorities for each day while in the hospital by _____.

INTERVENTION: Teach patient in weekly 1:1 counseling how to improve household management by making a list of priorities for the day and checking them off as they are accomplished to avoid feeling overwhelmed.

GOAL: The patient will be able to talk about one current event with staff by _____.

INTERVENTION: Provide an age appropriate magazine article for patient in 1:1 weekly counseling and discuss its content to stimulate intellectually.

GOAL: Patient will acknowledge looking forward to a specific new activity which will take the place of something age or illness no longer allows by _____.

INTERVENTION: Counsel with the patient 1:1 weekly about new roles since retirement showing that every loss can be accompanied by a gain.

GOAL: Patient will identify one contribution made and evidence pride in past accomplishments by _____.

INTERVENTION: Reminisce about patient's past accomplishments in 1:1 weekly counseling supporting a sense of pride.

GOAL: Interactions regarding patient's fear of dying will decrease to ____ a week/month by _____.

INTERVENTIONS: Allow the patient in 1:1 weekly counseling to talk about impending death, when the subject is brought up, and provide affirmation and support.

GOAL: Patient will exercise by walking the length of the ward _____ times a day by _____.

INTERVENTION: Counsel 1:1 weekly with patient about actions that will reduce the effects of the physical changes experienced and participate with the patient in carrying at least one out.

GOAL: Patient will agree to wear protective clothing and to bathe at least twice a day by _____.

INTERVENTION: Counsel with patient 1:1 weekly on ways to deal with incontinence effectively and support efforts at good personal hygiene.

GOAL: Patient will express pleasure in remembering work and family accomplishments by _____.

INTERVENTION: In Group weekly talk with patients about their contributions through the years, helping them to remember their effectiveness.

APPENDIX VII

(not available for web posting at this time)

APPENDIX VIII

(not available for web posting at this time)

This document was created with Win2PDF available at <http://www.daneprairie.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.