



REPLICATION GUIDE

for the "Care Managers as Drivers of PCC" training course



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PURPOSE OF THE GUIDE



Why is a replication guide needed?

The two key principles that this guide is intended to convey to the user are: *consistency and adaptability*.

I. In the context of providing the “Care Managers as Drivers of PCC” training program (course curriculum and learning materials) free of charge through the Compass initiative, the need to further ensure consistency of program delivery in different learning contexts, locations and timeframes is a real necessity. Thus, the replication guide compresses the essential dimensions to be considered in understanding the training program for uptake and implementation.

This guide is specifically designed for VET and adult education providers, as well as institutions and organizations within the care system, aiming to train care management staff in developing leadership skills and implementing the PCC (person-centred care) approach in their services. PCC has widespread appeal as a philosophy of care that emphasizes the need for services to be responsive to individual needs, and promotes the rights of recipients in achieving a greater influence over decisions that affect them.

II. To the same extent, information and technical instructions are provided on how the “Care Managers as Drivers of PCC” training program can be implemented, seeking to reflect a high degree of adaptability and flexibility in course delivery.



COMPASS PROJECT

P R O J E C T M I S S I O N

The project aims to equip care managers with skills to better respond to actual labour market needs, specifically by improving their skills to lead the change towards PCC (person-centred care) approaches in their working contexts and providing guidance to European care managers on how to practically implement person-centered leadership in their everyday work. COMPASS focuses on VET, as it aims to innovate VET practices in the care sector, equipping care managers with skills to better respond to actual labour market needs, it has the potential to be applied in other contexts and to support the creation of synergies among them.

T A R G E T G R O U P

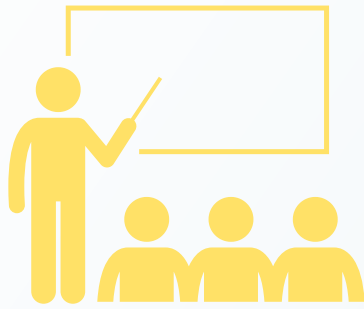
The resources developed by Compass are designed for care managers in elderly care services (residential, semi-residential and home care). Care managers, meaning professionals having coordination responsibilities towards front-line care workers in residential or home care services, have often been neglected by training and continuous professional development programmes aimed to promote PCC and are an overlooked group when it comes to research about their role and practices (Orellana, 2009).

P R O J E C T R E S U L T S

Care Managers as Drivers of PCC: A multi-language, blended learning (meaning a combination of e-learning and face-to-face learning sessions) training package addressed to care managers across Europe.

SUPPORTING REFLEXIVITY OF CARE MANAGERS: A methodology to run online reflective groups of care managers committed to improve the PCC practices of their organizations, inspired by the “work discussion groups” (WDGs) methodology.





BUILDING AND SHARING PRACTICES: A digital Community of Practice for European care managers committed to improve the PCC practices of their organizations.



CARE MANAGERS AS DRIVERS OF PCC: TRAINING CURRICULUM

“Care Managers as Drivers of PCC” is a blended learning program for care managers. As emerged from research (Kuluski, 2021), implementing person-centred care (PCC) relies not only on individual skills, but also on supportive leadership that creates a practice environment enabling and sustaining these behaviours. Individuals occupying leadership positions in the care sector need to help to shift organizational norms and encourage staff and care providers in evolving their relationships with patients and caregivers. However, the capacity of doing that is not innate in care managers, instead it can be nurtured and developed through dedicated training focused on understanding leadership skills and how they can be implemented in the context of care services. This blended training programme offers the opportunity for care managers to be able to lead on the implementation of PCC practices in their organization.

The learning outcomes of this training course are:

-  Effectively accompany their staff in becoming more adaptable to change;
-  Develop self-reflective practices;
-  Self-assess their work;
-  Assume risks when appropriate with the overall goal of offering a care services centered on the individual needs of each client.

WHAT ARE THE BENEFITS OF IMPLEMENTING THIS TRAINING PROGRAM?



Capitalize on an opportunity for continuous learning - the program offers through its 6 learning modules a comprehensive palette of knowledge and skills.



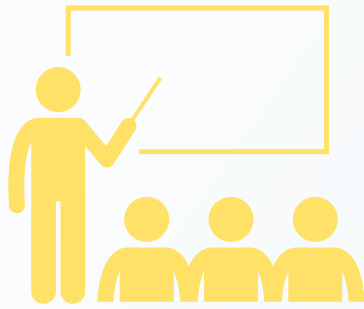
Prioritize training in the area of leadership, PCC and change and thereby build high quality activity for care managers and their teams.



Organize such a course which contributes to raising the level of job satisfaction among care managers.



Empower care managers with the leadership skills and associated competencies to build solid and positive relationships with the teams they lead and overall enhance the care management system.



The total learning hours covered by the training program is **24 hours = 4 hours per module (synchronous & asynchronous)**.

Learning sessions are also divided into flexible synchronous and asynchronous parts. The synchronous training can be face-to-face or online.

The synchronous part, represented by learning materials to be completed autonomously by the learners, is provided by e-learning and home assignments.

- MODULE 1** Inspiring leadership in others by helping them to reflect on challenges, think ahead, and plan for the future.

- MODULE 2** Identifying and discussing the underlying reasons for people's resistance to change and providing a safe space to talk about concerns.

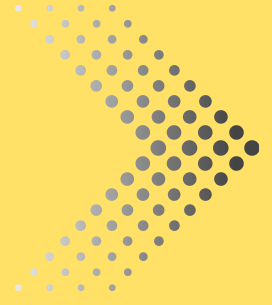
- MODULE 3** Correcting unacceptable behaviours or respectfully calling out a discrepancy in others' behaviours.

- MODULE 4** Being able to see the broader context which can inform a greater understanding of issues and actions.

- MODULE 5** Reading between the lines and not taking everything at face value.

- MODULE 6** Reflecting on the hypothesis of the problem.





GUIDELINES FOR FACILITATORS

The “Care Managers as Drivers of PCC” training program can be replicated and implemented in different contexts and locations. Whether opting to organize face-to-face or online sessions, it is important that the course be presented in the most visible and attractive manner to increase the interest and openness of potential participants.

1 PREPARE AND REVIEW

In the preparation phase, it is essential that the facilitator is familiar with the training curriculum and the general and specific learning objectives for each module.

2 PLAN YOUR SESSIONS

A plan which predicts the time slots for content delivery and group activities, individual activities, resources needed is vital to have all the details of the sessions covered.

3 GET LOGISTICAL PREPARATIONS

In terms of logistical materials, it is necessary to have available technical equipment (laptop, projector, access to teleconference platforms: Zoom, Google Meet, Skype). It is also worth keeping in mind that the course materials can be distributed digitally or printed.

4 FOCUS ON SKILLS DEVELOPMENT/PRACTICE

The delivery of the theoretical background during the sessions should be mostly accompanied by practical exercises and group activities, and the three components (knowledge, skills, attitudes) of leadership, communication and problem solving competencies should be equally developed.



“CARE MANAGERS AS DRIVERS OF PCC” TRAINING PROGRAM: RESOURCES

The program comprises:

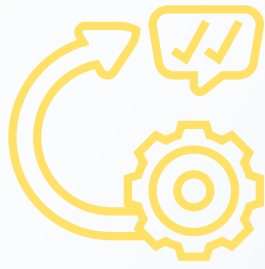
- » manual of the blended training program
- » overview of the modules
- » module outlines
- » 6 presentations with theoretical content related to the course modules
- » an interview with a specialist in the field of care (module 1)
- » active learning activities with descriptions and practical instructions
- » multimedia activities (based on a short video)
- » quizzes

LEARNING METHODS

Transfer of theoretical contents ● Examples provision ● Active learning activities
Sharing experiences ● Group discussion ● Study Cases ● Role Playing ● Self-reflection
exercises

EVALUATION METHODS

Achievement of outcomes (pre and post evaluation, see the Appendices) ● Individual
quiz ● Individual report on the self-reflection process ● Satisfaction questionnaire



RECOMMENDATIONS AND FAQS

The program has already been tested in the countries participating in the Compass project: Cyprus, Ireland, Italy, Portugal, Romania, Spain. 160 trainees attended the testing phase of the training program.

Based on the experiences from the piloting phase and the collected evaluation results of the training program, the following recommendations emerged, to be considered when replicating the course:

RECOMMENDATION #1:

In preparing the sessions it is necessary to constantly follow a red thread of learning content to ensure coherence and consistency throughout the course and an overall understanding of the role of each module.

RECOMMENDATION #2:

It is useful for course sessions to be conducted face to face, with the e-learning platform being used for autonomous learning to second the main sessions and be an extension of the course.

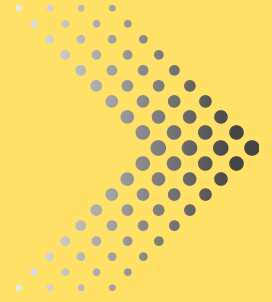
RECOMMENDATION #3:


Face to face sessions are prioritized in course delivery, alternatively after building a connection with the learner group, these can be alternated with online sessions.





RECOMMENDATION #4:


It is also highly advisable to have debrief sessions with learners after studying the course materials on the e-learning platform.





 **Is the target group limited to care managers or the training program is addressed equally to other care professionals?**

-  **The targeted audience for the training program includes care professionals with coordination roles. The testing phase, apart from care managers, involved professionals from a wider area of the care sector such as nurses, psychologists, occupational therapists, etc.**


 **How do I ensure from the beginning the homogeneity of the group I plan to deliver the course to?**

-  **For a higher level of trainee group homogeneity, the recruitment and selection of participants should be based on mandatory admission criteria that participants have to fulfill. An example of such a criteria could be the role or function, such as care managers.**

 **What leadership competencies are covered in the course modules?**

-  **Leadership competences belong to the category of soft skills and include self-awareness, self-management, social awareness, relationship management, observational skills, communication skills, teamwork, etc.**

 **How can I divide the learning hours?**

-  **The total hours of the training course can be divided equally. However, the hours can be allocated and redistributed to synchronous or asynchronous learning sessions based on the learners' needs and the specific context.**



FIND OUT ABOUT THE “CARE MANAGERS AS DRIVERS OF PCC” TRAINING COURSE

To access and obtain the training materials please use the following web address:

AVAILABLE LANGUAGE**COURSE MATERIALS**

ENGLISH

GREEK

ITALIAN

[HTTPS://LEADINGCARE.EU/TRAINING/](https://leadingcare.eu/training/)

PORTUGUESE

ROMANIAN

SPANISH



APPENDICES

I. EVALUATION QUESTIONNAIRE FOR PARTICIPANTS (BEFORE TRAINING)

Date ___/___/____ Place _____ Questionnaire number: _____

Dear participant,

Before starting the training, we kindly ask you to provide some general information about you. All the information that you provide will be treated anonymously and used according to the privacy rules in force.

1. Sex M 1 F 2

2. Age:

(Check [✓] all that apply)

25-34	1
35-44	2
45-54	3
Above 54	4

3. What is your highest qualification?

High school diploma or equivalent degree	1
No degree	2
Bachelor's degree	3
Master's degree	4
Other:	

Please indicate your working situation:

Employed as a care manager in residential services (public)	1
Employed as a care manager in residential services (non-public)	2
Employed as a care manager in semi-residential services (public)	3
Employed as a care manager in semi-residential services (non-public)	4
Employed as a care manager in public nursing home (public)	5
Employed as a care manager in non-public nursing home	6
Other:	

5. How long have you been practicing your profession as a manager? _____

6. Have you ever participated in a training in relation with person centered care leadership?

Yes 1 No 2

7. Please rate the following sentences from 1 (strongly agree) to 5 (strongly agree), based on your perceptions and feelings:

	1 strongly disagree	2	3	4	5 strongly agree
1. When difficulties emerge in my organization, I am good at stepping back and assessing the dynamics of the people involved.					
2. When events trigger strong emotional responses among employees, I am using my authority as a leader to resolve the problem.					
3. In difficult situations, sometimes I am losing sight of the "big picture."					
4. When I disagree with someone, I have difficulty listening to what the other person is really saying.					

5. When people try to avoid controversial organizational issues, I bring these conflicts into the open.					
6. When people begin to be disturbed by unresolved conflicts, I encourage them to address the issues.					
7. In challenging situations, I like to observe the parties involved and assess what's really going on.					
8. I thrive on helping people find new ways of coping with organizational problems/changes.					
9. In an effort to keep things moving forward, I am letting people avoid issues that are troublesome.					
10. I help and encourage my colleagues to use human-center approach (humanistic care/person centered care).					

This questionnaire on Adaptive Leadership has been adapted from "Leadership: Theory and Practice" by Peter Guy Northouse (2016) of SAGE Publications, Inc.

II. EVALUATION QUESTIONNAIRE FOR PARTICIPANTS (AFTER TRAINING)

Date ___/___/_____ Place _____ Questionnaire number:_____

Dear participant, please rate the following sentences from 1 (strongly disagree) to 5 (strongly agree), based on your perceptions and feelings:

	1 strongly disagree	2	3	4	5 strongly agree
1. When difficulties emerge in my organization, I am good at stepping back and assessing the dynamics of the people involved.					
2. When events trigger strong emotional responses among employees, I am using my authority as a leader to resolve the problem.					
3. In difficult situations, sometimes I am losing sight of the "big picture."					
4. When I disagree with someone, I have difficulty listening to what the other person is really saying.					
5. When people try to avoid controversial organizational issues, I bring these conflicts into the open.					
6. When people begin to be disturbed by unresolved conflicts, I encourage them to address the issues.					
7. In challenging situations, I like to observe the parties involved and assess what's really going on.					
8. I thrive on helping people find new ways of coping with organizational problems/changes.					

9. In an effort to keep things moving forward, I am letting people avoid issues that are troublesome.					
10. I help and encourage my colleagues to use human-center approach (humanistic care/person centered care).					

This is an adopted questionnaire from Adaptive Leadership Questionnaire from Leadership: Theory and Practice by Peter Guy Northouse (2016) of SAGE Publications, Inc.

III. EVALUATION QUESTIONNAIRE FOR TRAINERS (AFTER TRAINING)

Date ___/___/_____ Place _____

Dear trainer,

After the training, we kindly ask you to provide some feedback and inputs regarding the overall training programme and your experience in the implementation and piloting.

1. Sex M 1 F 2

2. Age:

(check[✓] all that apply)

25-34	1
35-44	2
45-54	3
Above 54	4

3. What is your highest qualification?

High school diploma or equivalent degree	1
No degree	2
Bachelor's degree	3
Master's degree	4
Other:	

4. What was the overall duration of the blended learning course? _____

5. What was the duration of every module? (Insert duration in minutes)

Module 1:

Module 2:

Module 3:

Module 4:

Module 5:

Module 6:

6. Did you encounter any difficulty delivering the modules and how did you address them?

IV. EVALUATION QUESTIONNAIRE FOR PARTICIPANTS (AFTER TRAINING)

Date ___/___/_____ Place _____ Questionnaire number: _____

Dear participant,

The following questionnaire is aimed to evaluate the training process. The questionnaire must be completed by all participants after the end of the event. All the information that you provide will be treated anonymously and used for the aims of the Compass project according to the privacy rules in force.

Please indicate your views by scoring the following items on a scale from 7 to 1 (i.e. 1 = Completely dissatisfied, 4= neither satisfied nor dissatisfied, 7 = Completely satisfied).

Item	Performance Indicator	Completely dissatisfied	Dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Satisfied	Completely satisfied
1. Organisation		1	2	3	4	5	6	7
1.1	The duration of the blended training was according to your needs.							
1.2	Asynchronous training was adopted to your needs.							
1.3	The Trainers were at the disposal for any particular requirement and necessity of the trainees.							

1.4	Communication, attitudes and atmosphere during the training were facilitated by the host organisation.							
1.5	The e-learning platform for the asynchronous training was easy to use.							
2.Trainers' Evaluation (in the face to face/synchronous / asynchronous training)		1	2	3	4	5	6	7
2.1	Trainers had good knowledge of the presentation and their topic							
2.2	Trainers used clear language							
2.3	Trainers facilitated communication and questions during their presentation							
2.4	Trainers were friendly and accessible during the training.							
2.5	During the Asynchronous training, trainers offered opportunities for regular feedback to participants.							
3. Evaluation of the training Programme		1	2	3	4	5	6	7
3.1	Are the contents of the blended training appropriate for the training aims with regard to person-centre care?							

3.2	Is the asynchronous training appropriate for the training aims with regard to person-centre care?							
3.3	Is the duration of the face to face/ synchronous course adequate?							
3.4	Is the duration of the eLearning course adequate?							
3.5	Programme of the face to face/synchronous training was well balanced.							
3.6	Presentations and other materials provided during the face to face/synchronous were of good quality and helpful.							
3.7	The contents presented in the platform are structured in a clear and coherent way.							
3.8	The layout and design of the course were appealing and made learning easier.							
3.9	The learning activities during the asynchronous training was helpful and easy understood.							
3.10	Images and graphics used were useful to support the learning of the contents.							

3.1 1	Multimedia content during the asynchronous training promoted interactive learning.							
3.1 2	The quality of the audio and video when available were adequate.							
3.1 3	The content presented was interesting and attractive, keeping my interest throughout the course.							
3.1 4	Tests/quizzes were easy to answer.							

4. Do you have any suggesting regarding the training programme (duration of the modules, steps, number of modules, quality of the contents)

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5. Do you have any other comments or suggestions regarding the training programme?

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Project partners:

