

Training Intake Form		
Target Audience	Who is the target audience?	CNA's working in lifelong health and rehabilitation centers.
	How many people are in this group?	20-30 per center, more for larger centers
	Are they all in one location or spread out nationally/globally?	Several locations regionally.
	What are the core responsibilities of this group?	Daily care of residents, many of whom have dementia.
Desired Behavior	What are the action items? What do you want people to <b>do</b> ? After listing all, please rank in terms of importance.	Implement proactive steps to decrease negative interactions with residents suffering from dementia. *CNA's will provide truthful, reassuring answers when residents inquire about family or events from the past. *CNA's will give 2-3 choices when asking open-ended questions. *CNA's will say their names and the name of the resident whenever they enter the room. *CNA's will use non-verbal communication when a resident is struggling to understand.
	What do they need to <b>know</b> to do these things?	Negative interactions with dementia residents will often result in heated language, violence, and/or a disruption of the daily routine. The extreme result is medicating the resident for their own safety, which we want to avoid. Retaining CNA's is also an issue and negative interactions with residents is a factor of job dissatisfaction and high turn-over.
	What will successful performance look like? How is it measured?	Decrease negative interactions by 80%, number of negative reactions recorded after each shift.
Background/Context	Has training on this topic been delivered before? In what format? How effective was it?	Content on dementia is delivered as part of a larger curriculum before employment. This training has not been implemented as a set of actionable steps, some of these steps were not covered at all, but accrued from more successful CNA's' experiences and application of knowledge.
	Were people previously aware of these action items?	Some, not all.
	If yes (old):	What barriers were stopping people from performing? How will this training solve that issue?
	If no (new):	Do you anticipate any challenges or pushback with rolling out these new action items?
Relevance	Why should they care about this training? How is the desired behavior rewarded?	The steps will significantly decrease how often CNA's experience push-back from residents while completing their daily tasks. This will make it easier for CNA's to work efficiently and without the threat of physical or verbal violence and subsequent delay of completing tasks.
	Why do you care about this training? What is the business impact?	While there are many factors influencing turn-over rates for CNA's, this is one that improves working conditions and therefore job satisfaction for CNA's and also has the ability to improve quality of life for residents.
Logistics	What is the anticipated length of this training?	Roughly 20 minutes
	When will this training be delivered?	It can be assigned as a paid online training due with 2 weeks.
	How often do they need to take this training?	CNA's with reported incidents could take it once more for review.
	How often does the training need to be updated? Are there specific sections that you anticipate need more frequent updates than others?	I would anticipate adding more scenarios to better address incidents that occur after the training that weren't predicted in the current version.
Notes	Special request for training to be no longer than 30 minutes and for training to be extended should it not be effective as a shorter experience with the control/test group.	