Medical Skills Training Pilot Guidelines

Purpose

With a shortage of nurses and a rapidly aging population, California faces a nursing crisis. The Panel supports the healthcare industry by prioritizing training for the career advancement and job security of incumbent Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs). ETP currently funds training for nursing upgrades, nurse capacity building, and allied healthcare occupations.

Staff will be testing the concept of a special rate for Medical Skills Training over the next several months as part of a pilot program. During the pilot, the concept will be tested on a proposal-by-proposal basis, to gather data for the Panel's consideration in rulemaking and ratesetting.

Primarily, the pilot will test the validity of using a "blended rate" for nurse clinical training. In the past, the Panel funded much of this training at the Advanced Technology rate of $26 per hour. This was justified in part due to the higher cost of delivery, which is typically on the hospital floor by a "preceptor" under a trainer-to-trainee ratio of 1:1. However, staff believes the Advanced Technology rate is better suited to IT and other types of technical training, as compared to clinical and other types of medical training.

Following are guidelines for medical skills (MS) training (i.e., enhanced , upgraded skills to a specialty area as the result of hospital/department wide training initiative or specialty nursing positions in emergency, intensive care, and labor and delivery, etc.). This Pilot is intended to provide MS training for LVNs and RNs (training that is fundamentally different from nurse training provided under the Panel's Nurse Training Pilot, which focuses on training for certified nursing assistants to become licensed vocational nurses.)

MS training projects must meet all ETP requirements – unless otherwise stated in the following guidelines:

Training Delivery Methods

- Didactic Training:

  - Didactic training is a term used in the health care field to describe classroom training. Like classroom training, a didactic training is dependent on the teacher to provide all required instruction.

  - For the purpose of this pilot, didactic training will be classified as class/lab training. All class/lab requirements (i.e. 1:20 trainer/trainee ratio) are applicable to didactic training. However, the Panel's 10% restriction on productive lab training hours is not applicable to MS training.

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- <u>Preceptor Training:</u>

  - Preceptor training is a type of clinical training during which trainee observes hands-on skills performed by a registered nurse or other practitioner (i.e., preceptor/mentor) in a productive work environment. After observing the preceptor, trainee performs the skills under the preceptor's close supervision.

  - Competencies and skills are integral to preceptor training. Training is designed to ensure trainee acquires specific skills/competencies.

  - Training is typically provided at a 1:1 preceptor/trainee ratio. However, the ratio must not exceed 1:10.

Reimbursement

- <u>Fixed-Fee Rates</u> - For the purpose of this Pilot, the following MS reimbursement rate applies:

  - <u>Didactic training</u> = $22 per hour.

  - <u>Preceptor training</u> = $22 per hour.

  Note: On a case-by-case basis, the MS rate may be used for other technical medical occupations which incorporate preceptor training in their training (e.g. technician, therapist).

- <u>Chart 1</u>- Until Chart 1 can be reprogrammed accordingly, staff should utilize the "Critical Proposal" jobsheet for MC Pilot projects.

Curriculum

- <u>Maximum training hours</u> – The Panel's standard 200 hour cap for retraining applies to MC training.

- <u>Didactic/Preceptor training ratio</u> - No didactic/preceptor training ratio is imposed. Training may consist of 100% preceptor training.

- <u>Preceptor training</u> - Preceptor training must be clearly identified in the Curriculum (Exhibit B).

- <u>Technicians/therapists</u>– Identify/footnote in the Curriculum (Exhibit B), training designated for technicians/therapists.

▪ <u>Orientation/basic skills training</u> - Orientation/basic skills training is generally not allowable. [Note: On a case-by-case basis, for good cause, the Panel may consider such training (i.e. training is in a high unemployment area and deemed to be a critical element of nurse attraction/retention). Requests to fund orientation/basic skills training should be elevated during development to the Chief of Program Operations.]

Training Rosters

▪ Didactic and preceptor training must be documented on separate rosters:

- <u>Didactic training</u>: Utilize standard class/lab roster.

- <u>Preceptor training</u> : Utilize new preceptor roster (*Attachment B*).

Attachments

<u>A – Sample Curriculum</u>

Curriculum may identify/organize preceptor training in various ways (i.e. by Job Number, training course/module, or hospital unit where training will occur.) The sample Curriculum identifies preceptor training by hospital unit.

<u>B – Sample Multiple-Day Preceptor Roster</u>

Contractors may utilize the sample or any other roster containing necessary data elements. As preceptor training may be displayed in various manners in the Curriculum – i.e. by Job Number, by training course/module or by hospital unit where training will occur, training identified on the preceptor rosters must correlate with the preceptor training identified in the Curriculum.

<u>C – Informational Table</u>

In addition to MS training, the Panel also funds nurse training under its Nurse Training Pilot - training for certified nurse assistants (CNA) to become licensed vocational nurses (LVN). For comparison purposes only, this informational table compares key elements of MS and CNA-to-LVN training under the Nurse Training Pilot. For detailed guidelines on the Nurse Training Pilot, see the *Guidelines for Nurse Training Pilot Program* https://ws2/intranet/Nurse%20Training%20Guidelines%201205.pdf.]

SAMPLE CURRICULUM

Preceptor Hours
    160

The following training courses/modules/Units should directly correlate with information identified on Preceptor Rosters:

Medical Skills

Medical/Surgery *(Assigned Hospital Unit)*

- Surgical scrub and set-up
- Care and management of emergency illness and injury

Critical Care

- Critical Care nursing
- Pathophysiology of critically ill patient
- Assessment and care of critically ill patient

Operating Room

- Care and management of emergency illness and injury
- Emergency department nursing
- Nursing process
- Patient management
- Nursing diagnosis

Maternal/Child

- Assessment and care of the pregnant woman and her newborn
- Use of ultrasound for the labor patient
- Advanced fetal monitoring
- Managing the high risk obstetrics patient
- Newborn stabilization
- Fetal monitoring and interventions

Medical Skills (MS) Training Roster

Contractor Name: _____

ETP Agreement: ET_____ - _____

Skill Set(s): *NOTE: In lieu of "skill set" could indicate Unit in which training will occur, or training courses/modules, etc –consistent with preceptor training as identified in the Curriculum (Exhibit B).*		
Employee ID #	**Trainee Name** (Print)	**Trainee Signature** (Trainee signs only once, on 1st day of training)

Hours of Training																							
Training Dates																							
Trainee Initials—Trainee must initial below on each date training was conducted																							

Total Hours: _____

Preceptor Name (Print)	Trainer/Preceptor Signature For all training of _____ on dates shown above.	Date
1.		
2.		
3,		

ATTACHMENT C – INFORMATIONAL TABLE

MEDICAL SKILLS (MS) -vs- CNA-to-LVN TRAINING COMPARISON OF KEY ELEMENTS		
Issue	**MS Training**	**CNA-to-LVN Training**
Purpose of Training:	▪ Upgrade skills for RNs and LVNs.	▪ Train CNAs and caregivers to become LVNs.
Trainee Eligibility:	▪ Trainee must be employed as a registered nurse or licensed vocational nurse with ETP-eligible employer.	▪ At start of training, trainee must be employed as a certified nurse assistant or caregiver with a for-profit hospital. ▪ Trainee must be enrolled in accredited licensed nurse training program with an eligible employer. ▪ Trainee must have completed first 800 hours of training program prior to participating in ETP-funded training.
Curriculum:	▪ Customized training to meet employer training needs. ▪ Basic competencies and orientation training is generally not allowed.	▪ Accredited LVN training program courses
Maximum Allowable Training Hours:	▪ Up to 200 hours.	▪ Up to 750 hours.
Didactic to Preceptor Training Hour Ratio:	▪ No ratio imposed. Training may consist of 100% preceptor training.	▪ No ratio imposed. (Accredited LVN training programs consists of 576 hours theory (classroom) and 954 clinical (lab) hours.)
Trainer-to-Trainee Ratio:	▪ Didactic ratio = 1:20. ▪ Preceptor ratio = typically 1:1. May not exceed 1:10.	▪ No ratio imposed for classroom training (typically provided at 1:30 – 40, consistent with BVNPT requirements). ▪ Clinical training ratio = 1:15 (as authorized by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT).
Reimbursement:	▪ Didactic = $22 per hour ▪ Preceptor = $22 per hour ▪ AT rate is not applicable.	▪ Standard retraining rates apply for <u>all</u> training ($15 standard, and $22 small business/ MEC small business with 100% training at employer site). However, if training entity's catalogue rate is less, contractor will be reimbursed at lesser cost. ▪ AT rate is not applicable.
ETP Funding:	▪ Typically funded under Special Employment Training, frontline workers (project code 683).	▪ Funded under economic development (project code 687). ▪ Since trainees will upgrade from an occupation of nurse assistant or caregiver to LVN, ETP classifies project as *job creation*.

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