GRADUATE CERTIFICATE

ADMINISTRATOR-IN-TRAINING (AIT) RESIDENCY PROGRAM

HANDBOOK

HEALTH FACILITIES ADMINISTRATOR (HFA)
ADMINISTRATOR-IN-TRAINING (AIT) RESIDENCY PROGRAM

University of Southern Indiana
College of Nursing and Health Professions – Health Services Program
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Evansville, IN 47712
812-465-1170

This packet is for the sole use of University of Southern Indiana AIT Residency students. The information packet is modeled after Kent State University AIT Program is has been developed with their permission.

Revised March 2024

ADMINISTRATOR-IN-TRAINING (AIT) RESIDENCY PROGRAM

HEALTH SERVICES
COLLEGE OF NURSING AND HEALTH PROFESSIONS
UNIVERSITY OF SOUTHERN INDIANA

INSTRUCTIONS

1. Read all sections completely and refer questions to University of Southern Indiana Gerontology Curriculum Coordinator Leah Flake; Health Professions HP 3093; 812-465-1170; lflake@usi.edu

2. State/Federal background checks are required for AIT Residency experiences.

3. Return completed to Leah Flake or via MHA 661/662 Blackboard uploads by the deadline date (no later than the first day of the practicum experience or a date determined by instructor). Keep a copy of your documents for your own file.

4. This packet does not substitute for preceptor application process to the Indiana Professional Licensing Agency (IPLA).

5. It is the AIT student's responsibility to see that all items are submitted accurately and timely.

GRADUATE CERTIFICATE – AIT RESIDENCY CHECKLIST

Date

This checklist will guide you through your residency.
Steps are explained in the handbook.

- ☐ Interview with USI AIT review committee and your potential preceptor.
- ☐ Accept the residency offer and submit the AIT agreement (p. 14) signed by you and your preceptor to Leah Flake, HP 3093.
- ☐ Schedule a meeting with Leah Flake.
- ☐ Complete IPLA electronic application submission through https://access.in.gov
- ☐ Apply to Graduate studies at USI: https://www.usi.edu/graduatestudies
- ☐ Receive Notice to Register – you will be emailed the CRN# and how to register.
- ☐ Complete all Castle Branch requirements – see Appendix 1 for codes to place an order and information about all the requirements.
- ☐ Complete & submit through Blackboard the following forms no later than the 1st day of residency:
  - ____Personal Data Sheet – p. 10
  - ____Education & Work History (or resume) – p. 11
  - ____Employment Status Sheet (if applicable) – p. 13
- ☐ Begin residency.
- ☐ By the end of your 1st week, review the Training Plan with your AIT Preceptor. – p. 14-21
- ☐ Maintain your Weekly Activity Report. This report should be compiled daily and kept on record at the facility. – p. 22-23
- ☐ Complete & submit through Blackboard your Monthly Summary Report by the 10th of the following month. Use your Weekly Activity Report to assist in completing the Monthly Summary. This form is to be signed by you & your AIT Preceptor. – p. 24
- ☐ Attend scheduled exam preparation sessions, and complete all in-class requirements.
- ☐ Email to alert Leah Flake of your upcoming residency completion within 2 weeks of the anticipated completion of your residency.
- ☐ Complete & submit through Blackboard the Training Plan Summary Sheet AND the Affidavit of Completion on the last day of your AIT Residency, signed by both you and the preceptor. – p. 25-27
- ☐ Receive a 'pass' or 'no pass' grade or an 'incomplete' for MHA 661/662 if requirements are not met from above.
- ☐ Schedule meeting with Leah Flake to begin the process to test for NAB examination through IPLA.
- ☐ Send your AIT Preceptor a 'Thank You' note.

University of Southern Indiana

ADMINISTRATOR-IN-TRAINING GUIDELINES AND MANUAL

This information has been prepared to answer the most asked questions about the Administrator-in-Training (AIT) Residency Program. It will also be useful in defining the relationship between AIT, preceptor, and University of Southern Indiana. **From hereafter, "USI" refers to the AIT-Residency Faculty Member.**

I. PRECEPTOR

Any licensed nursing home administrator that has a minimum of two (2) years' experience prior to the start date, is currently employed as a CEO of a continuing care retirement community or is currently employed as a regional manager for a health facility is eligible to be a preceptor.

A. At the discretion of USI, a licensed nursing home administrator may be approved by USI to supervise the practical training and experience of future nursing home administrators in a USI-approved AIT Residency.

B. Such approval is temporary and must be reapplied for prior to the start of each training program. Approval/Disapproval of a nursing home administrator for preceptorship in no way affects the licensor status of that administrator.

C. If USI should determine that a nursing home administrator is unsatisfactory to serve as a preceptor, USI may withdraw its approval and/or deny future approval.

D. USI will base its approval of a nursing home administrator for preceptor on:

1. The way the nursing home administrator has administered his/her home as documented by various state inspections, certifications and his/her cooperation with state agencies.

2. The nursing home administrator's personal record of professional accomplishment and performance.

3. A preceptor must be a full-time nursing home administrator ***and*** meet the following requirements:

   a. Be a currently licensed Indiana health facility administrator.
   b. Have attended a board approved HFA Preceptor educational program within the five (5) years prior to applying to serve as a preceptor.
   c. Have active work experience as a health facility administrator for at least two (2) years prior to the date of application.
   d. Not have any disciplinary action taken by the Board against the Preceptor in the last two (2) years.
   e. Conduct training in a comprehensive care facility.
   f. Be approved by the Board prior to serving as the preceptor for an administrator-in-training.

g. A candidate with a baccalaureate degree or higher must have two years' full-time nursing home administrator experience in the last five years, ***or***
h. A candidate with college credits but no baccalaureate degree must have three years' full-time nursing home administrator experience in the last five years
i. A candidate with no college credits must have six years' full-time nursing home administrator experience, three years of which must have occurred in the last five years.

II. TRAINING SITE

The student may find a preceptor by working with the AIT-Residency faculty member or to locate a suitable facility.

AIT-Residency experiences may not be paid.

The training site must:

A. Be under the full-time supervision of a licensed nursing home administrator (a minimum of 20 hours per week). Normally, a monthly schedule of residency hours should not exceed 180 hours per month.
B. Provide professional nursing care under the full-time supervision of a director of nursing who is an R.N. The director of nursing must have at least two years' full-time experience in a nursing home or hospital.
C. Be staffed and operated in accord with all applicable local, state, and federal laws and rules and must provide quality care in a safe environment. The administrator will be asked to submit copies of all current survey reports for both state licensure (nursing and sanitation reports) and certification for Title XVII and Title XIX.

III. TRAINING PLAN

A. The pre-training assessment must list and describe briefly those areas of nursing home administration in which the AIT applicant already possesses knowledge and/or skills; it must then list those areas of nursing home administration in which the AIT applicant needs further training and/or experience. These two "lists" must be clearly differentiated.
It is the responsibility of the AIT and/or preceptor to document any waiver request which is submitted.

B. The Required Training Plan must be used.

C. The plan must list in the margin the number of hours needed for mastering each subject and must indicate the total number of hours in the plan.

D. The complete name of the AIT must be placed on each document.

IV. PRECEPTOR'S RESPONSIBILITIES

A. The administrator of the facility is the person ultimately responsible for the supervision of the AIT. However, partial responsibility may be delegated to

department heads within the facility. Supervisors are urged to have regularly scheduled conferences with AITs and to evaluate them on an ongoing basis so that AITs are constantly aware of their strengths and weaknesses. The evaluation at the end of the residency period should contain no surprises for the AIT.

B. The preceptor may train up to two AITs at a time.
1. The preceptor may train more than 2 AITs if the administrator in training is enrolled in an approved training center or a postsecondary educational institution accredited program; or at the discretion of the board
2. The preceptor may train more than two (2) AITs but no more than four (4) if the preceptor's sole duty is that of a preceptor; and the preceptor spends at least eight (8) hours per week with each administrator in training
3. A preceptor shall affirm to the Indiana Professional Licensing Agency compliance with this subsection.

C. The preceptor should provide adequate orientation to the trainee before assigning responsibilities. Orientation should include knowledge of physical layout, personnel policies, goals, objectives, programs, etc.

D. The preceptor should spell out the trainee's responsibilities, authority, and limitations in the student role.

E. The preceptor should provide physical facilities and equipment needed by the student to perform the required tasks.

F. The preceptor must contact USI if problems arise that preclude the successful completion of the program by the AIT.

G. The preceptor must notify USI of any employment status changes, thus potentially affecting the trainee's residency program.

V. A.I.T.'S RESPONSIBILITIES

A. The AIT must be at the facility at the specified times. In case of illness or other problems, the student must contact the administrator and explain the absence or tardiness as soon as possible. *For absences of more than 3 days, USI must also be notified.*

B. The AIT may not attend their residency site on a day the university is closed. See the academic calendar for more information on closed days: https://www.usi.edu/registrar/academic-calendar

C. The AIT must comply with facility policy relative to handling of residents and communication, dress code, grooming, etc.

D. The AIT must have reliable transportation and be willing to accept an assigned preceptor at a licensed LTC facility within a fifty (50) mile radius of campus. A quality experience is dependent upon working with a preceptor familiar with USI Long-term Care Administration concentration. If assigned preceptor is not acceptable to the AIT, then the AIT may select a preceptor on their own. The preceptor will work with the AIT Residency Faculty member to assure competencies are covered for a quality AIT experience.

E. If the trainee experiences problems at the facility which cannot be resolved in cooperation with the assigned supervisor, it is the AIT's responsibility to contact first the preceptor, and if necessary, the USI AIT-Residency faculty member.

F. The AIT is required to keep an accurate daily log of all training hours and subject areas covered during the residency. This is necessary not only to provide an accurate tally of hours on the weekly reports to USI, but also as documentation of the day-by-day fulfillment of the approved training plan.

1. This log is to be kept throughout the Residency.

2. It must be always available for review by the USI representative at the training site.

G. The AIT must submit a monthly report by the **tenth** of the month following the report month. This form must be signed by the student and preceptor.

H. Expenses:
   a. Before the AIT residency:
      i. $138.75 CastleBranch
         1. Depending on existing vaccinations and medical records, additional healthcare related costs could be incurred
      ii. $40 graduate application fee
      iii. Tuition
         1. https://www.usi.edu/bursar/tuition-fees
      iv. Online Learning fee
         1. https://www.usi.edu/bursar/tuition-fees
   b. IPLA HFA AIT Application:
      i. $10 transcript from USI or from other university where bachelor's degree was earned
      ii. $100 application for licensure
   c. After completion of AIT:
      i. No additional fee for Indiana Jurisprudence Examination
      ii. Core Exam + NHA Line of Service Exam: $440

VII. RESTRICTIONS AND GENERAL INFORMATION

A. The AIT is expected to serve the Residency between the hours of 6 a.m. and 6 p.m., Monday through Friday, on a regular basis. This does not preclude the AIT from training on weekends and second and third shifts for limited periods of exposure.

B. The AIT is not allowed to serve in any capacity other than that of trainee during residency hours unless agreed upon by student, preceptor, and residency faculty.

C. Normally a monthly schedule of residency hours should not exceed 180 hours. Some allowance is made for extra hours which are served to make up for time off due to illness, vacation, leaves of absence, etc.

D. Vacation/leaves of absence: requests for vacations or leaves of absence beyond two weeks must be made to USI and countersigned by the preceptor; the time must be made up.

E. Continuing education programs attended during the residency will be reported to USI on the monthly report form. These hours may be used to fulfill the AIT hours if they fit into the Training Plan.

F. Continuing education courses taken prior to licensing will not count for licensure renewal.

D. The residency will be served only at the training site(s) approved by USI prior to beginning the program. Residency training outside the training site is allowed on a temporary basis only, for specific purposes (e.g., when such training experiences cannot be supplied on site).

E. The residency should be completed in a minimum of 6 months and a maximum of 12 months.

VIII. LICENSING INFORMATION

Application for licensure is a multi-phase process.

It is the student's responsibility to apply for the examination, pay any fees associated with the two licensing exams (national and state) and to prepare for the examination utilizing skills gained during the AIT experience and classroom work.

Upon completion of the 1040 required AIT Residency hours, the AIT coordinator will send the IPLA a proof of completion letter. The IPLA will match the original HFA application and submitted supportive documents with the proof of completion letter.

The student/HFA applicant will then be eligible for NAB exam and will be notified by email from the IPLA. Upon instruction from IPLA, the student/HFA candidate will register to complete the NAB exam. The student/HFA candidate is responsible for any NAB registration fees.

After passing the NAB, IPLA emails the student/HFA candidate the 'Intent to Take Indiana Health Facility Jurisprudence Examination' letter. Student/HFA candidate will follow instructions from IPLA for registering for the Indiana exam.

After passing the Indiana Health Facility Jurisprudence Exam, the HFA candidate is awarded an Indiana Licensed Health Facility Administrator license from IPLA.

PART I - PERSONAL DATA

FULL NAME OF APPLICANT LAST FIRST MIDDLE/(MAIDEN)

Student USI ID# BIRTHDATE (Month-Day-Year) SEX M F

PLACE OF BIRTH

CITIZENSHIP (circle one): Native Born Naturalized

RESIDENCE ADDRESS _____

AREA CODE-PHONE NO. _____

EMAIL ADDRESS _____

NAME OF NURSING HOME _____

TELEPHONE NUMBER _____

ADDRESS _____
Street City County State Zip Code

NAME OF PRECEPTOR _____

PRECEPTOR E-MAIL _____

Beginning Residency Date: August _____ January _____ May _____

Answer each of the following questions:

____Yes ____No - Have you ever been convicted of a felony?

____Yes ____No - Is there any criminal charge, other than a traffic violation, now pending against you?

____Yes ____No - Has any application for a nursing home administrator's license ever been suspended or revoked?

____Yes ____No - Have you ever been licensed as a nursing home administrator in any other state? If "Yes": _____
State Lic. No. Date

If your answer to any of the questions is YES, explain fully on a separate sheet of paper.

List the names of three persons who can serve as character references for you.

NAME	ADDRESS/PHONE	OCCUPATION	RELATIONSHIP TO APPLICANT
1.			
2.			
3.			

PART II – EDUCATION & WORK HISTORY

II - (A) COLLEGE OR UNIVERSITY

NAME_____ University: _____

MAJOR _____ NO. OF CREDIT HOURS _____

Dates Attended: From To

_____

_____

_____

II- (B) CONTINUING EDUCATION

Special courses in subjects relating to administration/operation of a nursing home (e.g., continuing education programs, institutes, workshops)

SCHOOL OR SPONSORING AGENCY AND LOCATION _____

COURSE TITLE	DATE/YR. ATTENDED	NO. OF HRS. IN SESSION

II-(C) SPECIAL QUALIFICATIONS AND ACTIVITIES

List professional memberships and activities, community and service group participation, offices held, and dates of office.

NAME OF ORGANIZATION	OFFICES HELD	DATES

PART III - WORK HISTORY

List your present or most recent job first.

EMPLOYER	DATES OF EMPLOYMENT	DUTIES PERFORMED

PART IV - MEDICAL CERTIFICATION

Refer to USI CastleBranch for AIT's report of physical examination to be completed by a health care provider. See details in CastleBranch section.

EMPLOYMENT STATUS - AIT STUDENT

(1) Name _____ (2) Training Site _____

(3) Residency Date: Beginning _____ Ending _____

(4) Please check **either** A or B and fill in the time schedule below.

(A) I will <u>not</u> be employed during any hours of the day in any position other than administrator-in-training throughout the period of my residency, including within the facility or outside of the facility.

(B) I <u>will</u> be employed during some hours of the day in a position other than administrator-in-training during the period of my residency.

	AIT SCHEDULE			OTHER EMPLOYMENT		
	LOCATION	POSITION	HRS. FROM TO	LOCATION	POSITION	HRS. FROM TO
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

I certify that the information on this document is complete and accurate to the best of my knowledge and belief. I further understand that, should it be found that I have acted in any capacity other than that of administrator-in-training during the above stated training hours, in part or all, of said training program can be disallowed.

Signed _____ Date_____

Date _____

ADMINISTRATOR-IN-TRAINING AGREEMENT

I, _____, have entered into an agreement with
(Administrator-in-Training)

_____ to serve as my Preceptor for a residency period of
(Preceptor)

_____ mos./ _____ hours, beginning _____
(Month-Day-Year)

under the conditions approved by USI for this residency.

The nursing home in which the residency is to be based is:

_____
(Nursing Home)

_____
(Street No./RFD/P.O. Box)

_____
(City) (County) (State) (Zip Code)

_____
Administrator-in-Training

_____
Preceptor

_____
Preceptor License Number

Name of AIT _____

REQUIRED TRAINING PLAN

I. GENERAL ADMINISTRATION

A. Become oriented to the facility
   1. Tour the Facility
   2. Meet all Department Heads

B. Acquire an understanding of a facility's Philosophy of Care and how it is developed.
   1. Read the facility's Philosophy of Care, Mission Statement, etc.
   2. Discuss with Administrator.

C. Acquire a functional knowledge of facility business practices.
   1. Review appropriate policies and procedures.
   2. Work in the business office and develop a working managerial knowledge of general ledger accounting systems, which would include understanding:
      a. Accountant procedures,
      b. Chart of accounts,
      c. Profit and loss statements,
      d. Balance sheets.
      e. Cost reports,
      f. Accounts receivable and aging of these accounts,
      g. Policies relative to accounts payable and collection of accounts payable
   3. Work with the Accountant or Controller to develop an understanding of his role in facility operation.
   4. Review previous annual budget statements and participate in current budgeting process.
   5. Participate in the purchase order process.
   6. Learn the Medicare and Medicaid reimbursement systems.
   7. Understand the significance of Patient Assessment and participate in a Medicaid audit if possible.
   8. Identify the uses of the computer and operate a computer program, if available.
   9. Understand the function of all office equipment.
   10. Understand the main elements of general business and malpractice liability insurance.

D. Increase knowledge and skills related to personnel management.
   1. Read related policies and procedures.
   2. Develop an understanding of the organizational chart.
   3. Participate in three interviews with prospective employees.
   4. Assist in the orientation of three new employees.
   5. Learn the process for the evaluation of employee performance.
   6. Observe an employee termination and learn the necessary documentation

7. Attend an Unemployment/Compensation appeal, if possible.
8. Become familiar with the regulations and implications of Workers' Compensation, Unemployment Insurance, Equal Employment Opportunity Policy, Americans with Disability Act and Family Medical Leave Act.
9. Develop an understanding of staffing patterns and the methods of assuring adequate coverage.
10. Assist in the preparation of time sheets.
11. Participate in the writing of an employment, classified advertisement.
12. Review all job descriptions and objectives of line and staff personnel.

E. Ascertain the roles and functions of the Administrator.
1. Attend staff meetings, whenever possible.
2. Attend unscheduled meetings between Administrator and various employees.
3. Observe administrative functions.
4. Discuss roles, functions, and responsibilities with the Administrator.
5. Attend meeting between Administrator and Board of Directors.
6. Understand the importance of trade and professional organizations.

II. PERTINENT FEDERAL, STATE, AND LOCAL HEALTH & SAFETY LAWS & RULES

A. Develop a functional knowledge of applicable laws and rules.
1. Study Indiana licensing regulations and requirements for participation in the Medicare and Medicaid programs.
2. Review and discuss the Federal and State laws and rules with the Administrator.
3. Review facility policies and procedures with each department head with respect to their applicability to laws and rules, including Patients' Bill of Rights.
4. Participate in the licensing and certification survey process.
5. Read past facility survey reports.
6. Discuss with the Administrator the facility deficiencies that have been cited in the past and the methods utilized to correct them.
7. Become familiar with appropriate State Facility and Building regulations.
8. Develop an understanding of the Occupational Safety and Health Administration and its role in facility operations.

III. STANDARDS OF ENVIRONMENTAL HEALTH AND SAFETY

A. Identify the common types and etiology of communicable diseases and methods of prevention.
1. Read infection control and pest control policies and procedures.
2. Attend quarterly Infection Control Committee meetings.
3. Research requirements for personnel record documentation related to communicable diseases. (i.e., TB tests, chest x-rays, hepatitis, pneumo vac)

B. Learn the sanitary procedures for each department (Nursing, Housekeeping, Food Service, and Laundry).
   1. Discuss thoroughly the policies and procedures for each department with appropriate staff members.
   2. Identify each department's responsibility in maintaining sanitary conditions and observe its procedures.

C. Acquire knowledge of the isolation process.
   1. Read related policies and procedures.
   2. Discuss with appropriate personnel.
   3. Develop a plan for an isolation room.

D. Develop an understanding of the drug handling and control program.
   1. Read related policies and procedures.
   2. Interview appropriate personnel concerning the administration, procurement, labeling, controlling, and accountability of medications,
   3. Attend quarterly meetings of the Pharmacy Committee.
   4. Observe preparation and passing of medications.
   5. Observe a pharmacology audit

E. Become aware of Life Safety Code and safety precautions for physical plant and all major mechanical devices utilized in the provision of resident care (i.e., oxygen light treatment, suction, whirlpools, wheelchairs, and geri-chairs.)
   1. Read appropriate policy and procedure manual.
   2. Discuss with staff members responsible for usage of major adaptive and mechanical devices.
   3. Observe actual utilization of equipment.

F. Acquire knowledge of emergency preparedness, policies and procedures
   1. Review, critique, and recommend modifications to appropriate policies and procedures on all potential forms of disaster including:
      a. fire
      b. tornado
      c. bomb threat
      d. winter storm
      e. chemical spill
      f. flood
      g. nuclear incident
   2. Become acquainted with the fire alarm system.
   3. Participate in a mechanical testing of the fire alarm system, smoke detector system, and the sprinkler system
   4. Conduct a fire drill.
   5. Participate in the Fire Marshall's inspection.
   6. Attend quarterly Safety Committee meetings.

IV. PSYCHOLOGY OF RESIDENT CARE

A. Become cognizant of the facility's techniques for sensitizing personnel to the emotional and social needs of residents.
   1. Discuss with the Nursing Director, Social Worker, Director of Activities, and In-Service Director/Staff Development Coordinator.
   2. Attend related in-services.
   3. Develop & schedule an in-service training session.

B. Develop an understanding of the admissions procedure.
   1. Read appropriate policy and procedures.
   2. Observe the admissions process of three residents from the initial inquiry to assimilation into the facility.
   3. Become aware of Medicare and Medicaid eligibility requirements and the applications process.
   4. Learn the role of the County Welfare Department's caseworker in the admissions process.
   5. Identify the facility's approach for welcoming and orienting new residents.
   6. Recognize each department's responsibility in facilitating the resident's successful adjustment, and the role of each in the MDS assessment.
   7. Discuss with Social Services personnel the social needs of patient and the role of the family.

C. Become familiar with discharge planning procedures.
   1. Observe the discharge and follow-up of three residents.
   2. Identify each department's responsibility in facilitating a successful discharge process.
   3. Observe the discharge process when a resident dies.

D. Learn the policies and procedures related to room transfers.
   1. Read appropriate policies and procedures.
   2. Discuss with appropriate staff (i.e., Social Worker, Director of Nursing, and Administrator).
   3. Observe three room transfers.
   4. Identify each department's responsibility in facilitating a positive adjustment to the transfer.

V. PRINCIPLES OF MEDICAL CARE

A. Learn medical terminology and abbreviations.
   1. Study appropriate printed materials.
   2. Discuss with Director of Nursing

B. Identify the most prescribed medications, their therapeutic effect, adverse reactions, and interactions with other drugs.
   1. Read appropriate policies and procedures and other related material.
   2. Attend quarterly Pharmacy Committee Meetings.
   3. Discuss with Medical Director, Nursing Director, and Pharmacy Consultant.
   4. Observe the process of use, distribution, and administration of medications and the distinctions between prescription and non-prescription drugs.

C. Learn the facility's approach for promoting good nutrition.
   1. Discuss with the dietician and others in the Dietary Department.
   2. Learn the different types of diets and the rationale for their usage.

D. Become familiar with the policies and procedures pertinent to the Nursing Department.
   1. Read appropriate policies and procedures and other related material.
   2. Discuss with the Director of Nursing.

E. Learn the charting procedure.
   1. Discuss with Director of Nursing, Assessment Nurse, Charge Nurse, and Medical Records Consultant.
   2. Follow the charting entries of three residents for a period of two weeks, including more comprehensive charting knowledge and its multiple uses --- patient assessment, legal, MDS, etc.
   3. Attend a Utilization Review Committee Meeting; differentiate skills nursing facilities; include training in skilled nursing facilities for all trainees: trainees in ICF must spend some time in a skilled nursing facility.

F. Develop an understanding of the communication process in the Nursing Department.
   1. Observe a shift report between nurses.
   2. Participate in monthly Resident Review meetings.
   3. Attend a Nursing Supervisor's Meeting.

G. Learn the staffing patterns and assignments in the Nursing Department.
   1. Discuss with the Director of Nursing.
   2. Observe and participate in the process of scheduling employees.
   3. Observe the difference in nursing responsibilities on each shift.
   4. Review the techniques of providing adequate nursing coverage for each shift.

H. Identify ancillary services.
   1. Discuss with appropriate staff (i.e., Administrator, Director of Nursing).
   2. Observe the process of referring and scheduling residents for necessary ancillary services.

I. Develop an understanding of the Aging Process and its effect on medical care.
   1. Read appropriate material.
   2. Discuss with Director of Nursing and Medical Director.
   3. Attend Resident Care Meetings.

VI. PERSONAL AND SOCIAL CARE

A. Identify the facility's techniques for coordinating the medical and social needs of the residents.
   1. Attend related meetings (i.e., Resident Review).
   2. Review the effectiveness of care plans with appropriate personnel (i.e., Social Worker, Director of Nursing, and Director of Activities).

B. Recognize the role of activities programming in meeting the social and psychological needs of residents.
   1. Observe the Activities Department.
   2. Discuss care plans with the Director of Activities.

C. Learn the facility's approach for increasing the resident's input into the decision-making process.
   1. Attend a Resident Council Meeting.
   2. Observe the grievance process.
   3. Review the process for informed consent on advanced directives (living will).
   4. Participate in Plan of Care when resident attends. Understand notification process for residents.

D. Identify the facility's technique for encouraging family involvement.
   1. Observe a family conference.
   2. Discuss with appropriate staff members (i.e., Administrator, Social Worker, Director of Nursing, and Director of Activities).
   3. Participate in a Family Night meeting if possible.

VII. THERAPEUTIC AND SUPPORTIVE CARE AND SERVICES IN LONG-TERM CARE

A. Learn about available supportive services.
   1. Read related policies and procedures manuals.
   2. Observe and/or participate in the departments of:
      a. Physical Therapy/Restorative
      b. Occupational Therapy
      c. Speech Pathology
      d. Dentist
      e. Podiatrist
      f. Optometrist
      g. Psychologist
      h. Others, as available
   3. Review job descriptions or contracts for supportive services

B. Identify the facility's approach in meeting the spiritual needs of residents.
   1. Observe a religious service.
   2. Interview Chaplain.
   3. Accompany Chaplain on rounds.

C. Understand the codes of ethics pertaining to professional services.
   1. Read appropriate material.
   2. Discuss with the Administrator, Director of Nursing, Social Worker, Occupational Therapist, Chaplain, and Physical Therapist, the code of ethics for each discipline.

VIII. DEPARTMENTAL ORGANIZATION AND MANAGEMENT

A. Develop a thorough understanding of the roles, functions, and tasks of each department.
   1. Engage as a participant/observer in each department under the direction of the following department heads.
      a. nursing
      b. social services
      c. activities
      d. housekeeping
      e. laundry
      f. dietary
      g. physical therapy
      h. medical records
      i. administrative services
      j. business office
      k. occupational therapy
      l. volunteers
      m. maintenance, and
      n. personnel
   2. Compare with other long-term care facilities.

B. Identify budget allocations, delineating staff costs, supplies expenses, and capital expenses for each department.
   1. Review budgets with department heads, the Administrator, and the Finance Director.
   2. Evaluate the procedures utilized by department heads to monitor and evaluate their expenditures.

C. Recognize the staffing patterns and unique problems for each department.
   1. Participate in scheduling for each department.
   2. Evaluate the needs and problems associated with supplemental staffing.
   3. Identify appropriate disciplinary actions

D. Review Organizational Chart and study relationship between Departments and understand line of authority from Board of Directors on down.
   1. Attend staff meetings.
   2. Attend meetings between Administration and Board.
   3. Daily observations of staff.

E. Develop an understanding of the function, operation, and maintenance of equipment used in each department.
   1. Read related material.
   2. Discuss with appropriate staff.
   3. Observe use and maintenance, including manuals & maintenance agreement
   4. Operate equipment, if possible.

F. Learn the Administrator's technique for evaluating the performance of departments.
   1. Discuss thoroughly with the Administrator.
   2. Observe conference with individual department heads.

IX. COMMUNITY INTERRELATIONSHIPS

A. Understand the methods of enhancing community involvement through volunteer programming.
   1. Read appropriate policies and procedures.
   2. Interview Volunteer Director.
   3. Observe the responsibilities of volunteers.
   4. Interview a prospective volunteer.
   5. Review the volunteer orientation process.

B. Become familiar with all area activities of community agencies and organizations.
   1. Discuss with the administrator and Department Heads.
   2. Attend related meetings whenever possible.
   3. Attend related community events.
   4. Identify alternatives to long-term-care and observe the interrelationships between the facility and programs in the community.

EXAMPLE OF DAILY ACTIVITIES ACCOMPLISHED/TASKS COMPLETED*

(Used to Compile Monthly Report)

DAY/DATE	TIME IN TRAINING SITE		TIME PER ACT RELATED TO OBJECTIVE	REFERENCE TO TRAINING PLAN
Monday 4/1/09	9:00 AM 5:30 PM	Tour of training site, meet depart. heads, some staff & residents. Learned physical layout of building, and orientation to general program of the facility	4 hours	I-A
		Reviewed facility Philosophy of care, general goals and objectives	1 hour	1-B
		Orientation to general office; telephone system for in-house communication, Xerox copy machine, TouchTone, memory typewriter, adding machine	½ hour	I-C
		Met with Adm. & Assist. Adm. premising and planning future goals of facility	2 hours	I-E
Tuesday 4/2/09	9:00 AM 5:00 PM	Reviewed Philosophy of Care with Adm., attended resident funeral, seeing Philos. of Care in action	1 ½ hours	I-8
		Reviewed Dept. of Health guidelines regarding C.O.N. for Health Services project	3 hours	II-A
		Worked with Adm. on facility C.O.N. application for addition to present facility	3 ½ hours	IV-8
Wednesday 4/3/09	9:00 AM 5:00 PM	Reviewed facility fire safety plan. Toured facility to check for alarms, extinguishers, exits, route of evac. in relation to plan	3 hours	III-F
		Reviewed admission inquiries, specific to type of accommodation requested, care needs, reasons for seeking placement	3 hours	IV-B
		Spent time meeting individual residents and staff	2 hours	I-A
Thursday 4/4/09	9:00 AM 5:00 PM	Learned use of electronic scanner, stencil maker	½ hour	I-C
		Worked on facility news bulletin	2 hours	VI-D
		Reviewed activity programming, attendance, variety of programs offered	4 hours	VI-B
Friday 4/5/09	9:00 AM 5:00 PM	Attended meeting in Columbus with Adm. & Asst. Adm. re: future planning for facility's new construction project	5 hours	I-E
		Attended meeting at O.D.P.H. for review of C.O.N. procedure with Dept. of Health	3 hours	II-A

***The sheet should be compiled daily and kept on record at the facility.**

WEEKLY ACTIVITY REPORT
ACTIVITIES ACCOMPLISHED/TASKS COMPLETED

DAY/DATE	TIME IN TRAINING SITE		TIME PER ACTIVITY RELATED TO OBJECTIVE	REFERENCE TO TRAINING PLAN

MONTHLY SUMMARY REPORT
AIT RESIDENCY PROGRAM – UNIVERSITY OF SOUTHERN INDIANA

REPORT FOR MONTH OF _____

NAME OF AIT _____

NAME OF NURSING HOME _____

NURSING HOME ADDRESS _____

Instructions: Please submit the report via Blackboard in MHA661/662. The report should be submitted by the **tenth** of the month, following the reporting month. Please keep a copy for your files.

TRAINING PLAN AREA COVERED (I - IX)	TOTAL HRS. PLANNED	TOTAL HRS. THIS MONTH	TOTAL HRS. TO DATE
I			
II			
III			
IV			
V			
VI			
VII			
VIII			
IX			
Totals:			

COMMENTS (Discuss progress and note absence, if any -- vacation, sick leave, etc.):

_____

_____

LOCATIONS OTHER THAN HOME OF RESIDENCY where parts of the above program were conducted:

_____

_____

Signature (AIT) _____ Date _____

Signature (PRECEPTOR) _____ Date _____

Student Name _____

TRAINING PLAN SUMMARY SHEET

PLEASE USE THIS COPY OF THE REQUIRED TRAINING PLAN, TYPING YOUR HOURS FOR EACH SUBJECT AREA AND OBJECTIVE IN THE MARGIN. THEN SEND THE ORIGINAL AND ONE COPY TO THE UNIVERSITY OF SOUTHERN INDIANA AIT-RESIDENCY FACULTY MEMBER AND KEEP A COPY FOR YOURSELF AND YOUR PRECEPTOR. BE SURE TO TOTAL YOUR HOURS FOR THE ENTIRE PLAN. RECORD A SUMMARY OF THESE ON THIS FORM.

		HOURS IN AREA
I.	GENERAL ADMINISTRATION	Total Hours in I
	A. Orientation	
	B. Philosophy of Care	
	C. Business Practices	
	D. Personnel Management	
	E. Role of Administrator	
II.	FEDERAL, STATE, LOCAL LAWS/RULES	Total Hours in II
III.	ENVIRONMENTAL HEALTH SAFETY	Total Hours in III
	A. Communicable Diseases	
	B. Sanitary Procedures for Departments	
	C. Isolation Policy	
	D. Drug Handling & Administration	
	E. Life Safety Code	
	F. Emergency Policy	
IV.	PSYCHOLOGY OF PT CARE	Total Hours in IV
	A. Sensitization of Personnel	
	B. Admission Process	
	C. Discharge Process	
	D. Room Transfers	

TRAINING PLAN SUMMARY SHEET HOURS IN AREA (page 2)

V. MEDICAL CARE	Total Hours in V
A. Terminology & Abbreviations	
B. Medications	
C. Nutrition	
D. Nursing Policies	
E. Charting	
F. Communication	
G. Staffing Patterns: NSG	
H. Ancillary Services	
I. Aging Process	
VI. PERSONAL AND SOCIAL CARE	Total Hours in VI
A. Coordination of Medical & Social Needs	
B. Activities	
C. Resident Input	
D. Family Involvement	
VII. THERAPIES & SUPPORTIVE SERVICES	Total Hours in VII
A. Supportive Services	
B. Spiritual Needs	
C. Codes of Ethics	
VIII. DEPARTMENTAL ORGANIZATION/MGMT.	Total Hours in VIII
A. Department Role & Functions	
B. Budgets & Costs by Department	
C. Staffing Patterns	
D. Line Authority & Organizational Chart	
E. Departmental Equipment	
F. Performance Appraisal - DH	
IX. COMMUNITY INTERRELATIONSHIPS	Total Hours in IX
A. Volunteer Program	
B. Marketing of Department	

AIT Preceptor signature _____

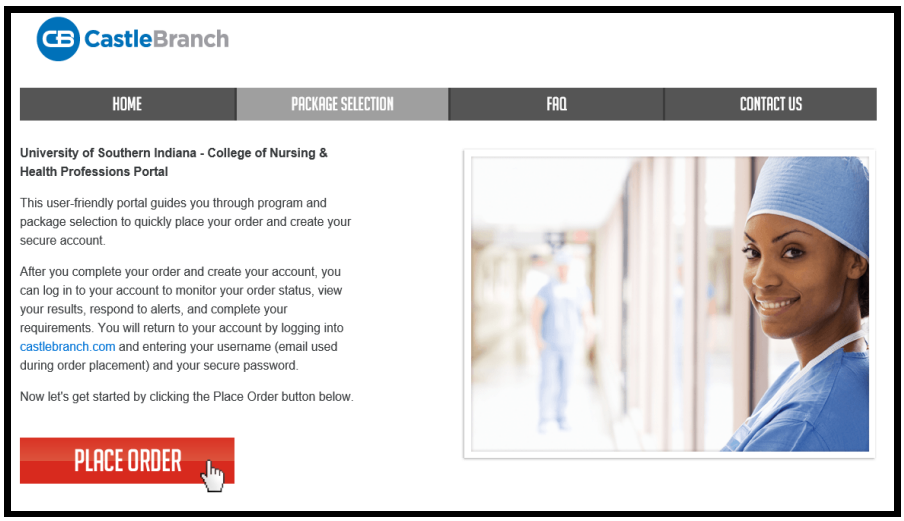
APPENDIX 1:

Castle Branch Profile Instructions, Policy & Procedures

Please go the website indicated below to order your Castle Branch Profile and choose your code:

To place your order go to:
https://portal.castlebranch.com/UE96

Step 1: Click on "Place Order"
Step 2: Click on "Please Select" drop down
Step 3: Click on: Master of Health Administration
Step 4: Click on: IZ36im package code
Step 5: Follow instructions on the screen



Medical Document Manager Requirements

Measles, Mumps & Rubella (MMR)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer for (lab report OR physician verification of titer results required) for all 3 components.

Varicella (Chicken Pox)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer (lab report OR physician verification of titer results

required) OR

- Medically documented history of the disease that has been verified by a physician or nurse practitioner and contains their signature.

Hepatitis B

One of the following is required:

- 3 vaccinations AND a positive antibody titer (lab report OR physician verification of results required) OR
- Positive antibody titer (lab report OR physician verification of results required)

Tuberculosis (TB)

One of the following is required: 2 step TB skin test (2 separate TB Skin Tests within 1-3 weeks apart within the past 12 months), OR QuantiFERON Gold blood test within the past 12 months (negative laboratory report OR physician verification of negative results required), OR T-Spot TB blood test within the past 12 months (negative laboratory report or physician verification of negative results required), OR If positive results, provide a clear Chest X-Ray dated any time after the positive result (lab report OR physician verification of results required)

Tetanus, Diphtheria & Pertussis (Tdap)

Documentation of a Tdap booster within the past 10 years.

Influenza

One of the following is required:

- Documentation of a flu vaccination administered by 12/01 the current flu season, OR/
- Declination of flu vaccine along with statement from Healthcare provider

Physical Examination

Take the blank Report of Physical Examination to your doctor to be filled out. Must be signed by a medical professional. Then upload to this requirement.

Medical History

Complete the blank 2 page Report of Medical History form. Take to your doctor to sign along with your Physical Examination form. Must be signed by a medical professional. Then upload to this requirement.

CPR Certification

One of the following is required:

- American Heart Association Healthcare Provider course, OR
  American Red Cross CPR/AED for Professional Rescuers and Health Care Professionals OR
- American Red Cross Basic Life Support for Healthcare Providers
  Students should submit proof of an approved American Heart Association or American Red Cross card, e-card, or certification of completion. Renewal date will be based on the expiration date.

HIPAA Score

CNHP website https://www.usi.edu/health/about-the-college/
Take the HIPAA test and print your HIPAA score and upload the document to this requirement.

Confidentiality Statement
Upload proof of your signed Confidentiality Statement to fulfill this requirement.

Workforce Member Review of HIPAA policies
Upload your signed Workforce Member Review of HIPAA policies document to fulfill this requirement.

OSHA Score
CNHP website https://www.usi.edu/health/about-the-college/
Take the OSHA test and print your OSHA score and upload the document to this requirement.

Social Media Policy
Upload your signed 2-page Social Media Policy form to fulfill this requirement.

Cyber Security Training
1. Log into your myUSI account
2. Click on the orange icon that has a big "E" for Everfi Student Training
3. Click on "Begin Training"
4. Please note, you can save your progress and come back, so it does not need to be completed all in one
   sitting. However, training must be completed within 30 DAYS.
5. The training takes approximately 1 to 1.5 hours to complete.
6. Training is self-paced. You can start and leave the course as often as you'd like. When you return, the
   course will open to the last page visited.
7. When you are done with the training, please print the certificate.
8. Scan and upload the certificate into Castlebranch in the appropriate area.
9. Save your scanned certificate on your computer.

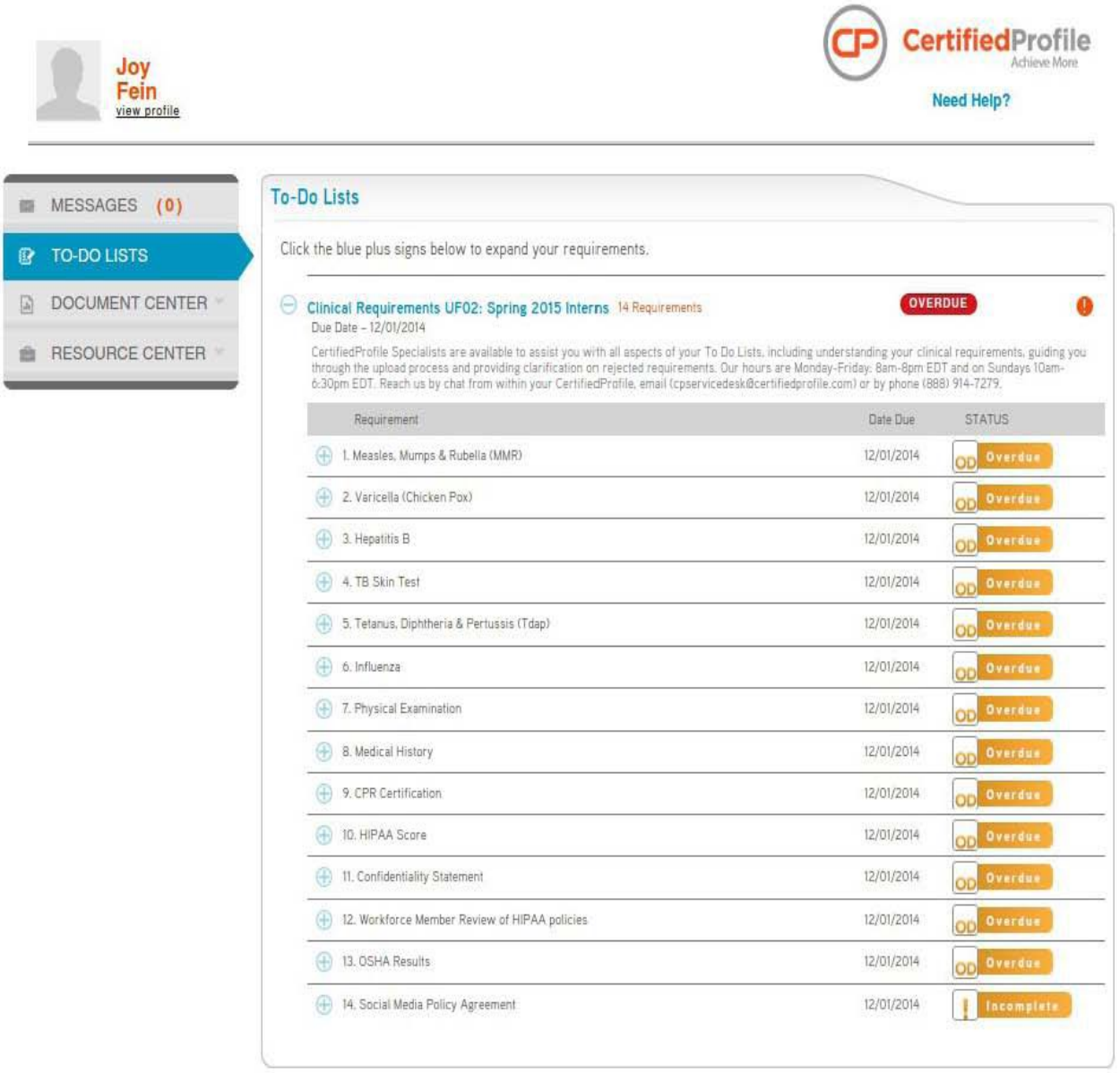
CNHP Lab and Waiver Form
Upload your signed and dated CNHP Lab and Waiver form to fulfill this requirement.

Document Manager Requirements

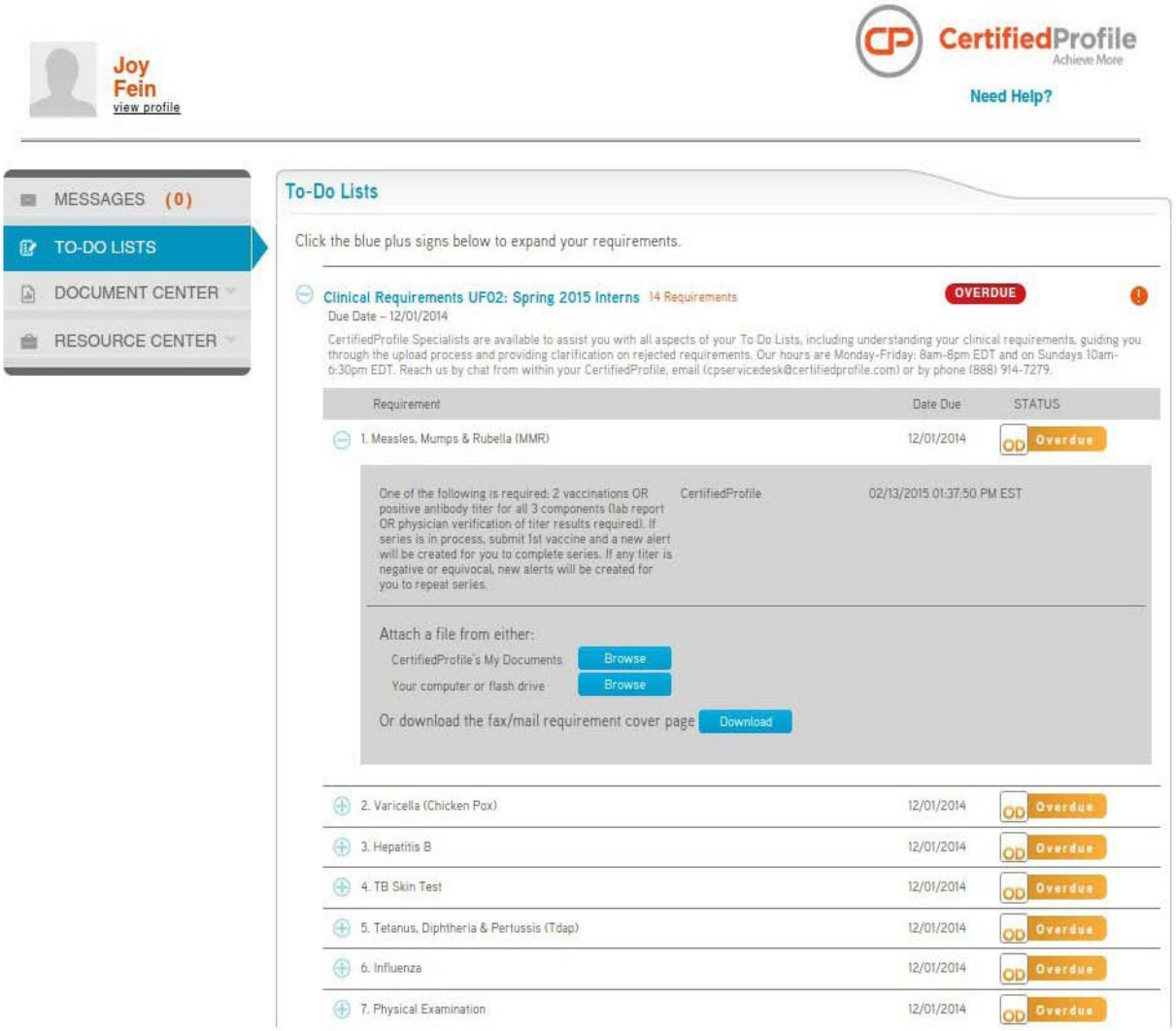
Drug Test
Submit documentation of a drug screen (minimum of 10 panel) administered within the past 3 months with lab report. If results are negative, you will be cleared for placement into your program. If results are positive, you must provide documentation from your physician validating you had a prescription(s) for the drugs in question, prior to being cleared for placement into your program. If your results are positive and you provide no documentation from your physician validating you had a prescription for the drug in

question, this requirement will be rejected and you will need to contact your program administrator.

This is what your profile will look like once you have purchased it. Upload your documents into each required section.



Click on the (+) to show the drop down instructions for each requirement. This is where you will upload your documents that you have scanned on your computer.



APPENDIX II:
Policies

Infection Control Policy

INFECTION CONTROL: The College of Nursing and Health Professions maintains policies and procedures on infection control. The policies and procedure found within the Infection Control policy are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences. See link below.

HIPAA Compliance Policy - Health Information Privacy Policies & Procedures –
See link below

Notice of Privacy Practices – See link below

These policies can be found in the CNHP Handbook. The handbook is located on the CNHP website listed under "About the College."

https://www.usi.edu/health/about-the-college/