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RESEARCH BRIEF

Best Practices in State-Sponsored Personal Care Aide Training Curricula: Lessons from Six States

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In the absence of widespread training standards, many personal care aides (PCAs) enter the field without adequate preparation, which can lead to anxieties and injuries on the job, among other concerns. Despite their career aspirations, some of these workers end up leaving their jobs because they lack the skills and confidence to provide high-quality care. Recognizing a need to raise the bar on PCA training, six states—Arizona, Maine, Massachusetts, New York, Virginia, and Washington—have developed model curricula for statewide implementation. This report examines these state-sponsored curricula to identify best practices in training methods and content for PCAs and other direct care workers.

HOW DO STATE-SPONSORED CURRICULA PROMOTE HIGH-QUALITY TRAINING?

In the absence of federal training standards for PCAs, states can play a valuable role in establishing and disseminating best practices for preparing these workers to fulfill their complex roles. State-level PCA training requirements tend to be minimal, and lack any specification about training topics or instruction and assessment methods, but there are notable exceptions. This report focuses on six states—Arizona, Maine, Massachusetts, New York, Virginia, and Washington—that have adopted and promoted a comprehensive PCA training curriculum through state regulations.¹ To varying degrees, each of these state-sponsored curricula advance adult learner-centered teaching methods and competency-based content—two widely recognized features of effective entry-level training.

In contrast with traditional, didactic teaching methods, *adult learner-centered methods* are designed to address diverse learning styles and build on the life experience that trainees bring to the classroom. Trainees participate in a mix of dynamic, interactive activities, including hands-on demonstrations that simulate real-world situations—with instructors serving as facilitators rather than experts. An adult learner-centered approach is central to high-quality PCA training, given that many prospective PCAs have limited experience with formal education and may face barriers to success in a traditional classroom.²

As well as teaching methods, high-quality training includes competency-based content. With competency-based training, workers develop *knowledge* of key concepts in home care, as well as the *skills* to apply their knowledge in practice. In addition, they develop the *attitudes* that support professional, person-centered care delivery. Moreover, training curricula that are built around core competencies are a critical component of a coordinated training system that facilitates career mobility across settings and populations, which helps ensure a flexible, adaptable workforce.

This report examines each state-sponsored curriculum to answer the follow questions: how does the curriculum promote effective instruction? What topics does the curriculum cover? And does the content promote the competency of new workers in the field?

FIGURE 1: EXCEPTIONAL TRAINING CURRICULUM IMPROVES OUTCOMES FOR PERSONAL CARE AIDES

In 2015, PHI formed the Quality Care through Quality Jobs (QCQJ) Training Collaborative with four training sites to promote a competency-based, adult learner-centered PCA training in the Chicagoland area. Compared to trainees who received their employers' original training, QCQJ trainees:

- Expressed **16 percent** higher overall satisfaction with training;
- Were **17 percent** more likely to “strongly agree” that they felt prepared to support their clients; and
- Reported 11 percent higher intent to stay in their jobs for at least one year.

Source: Campbell, Stephen. 2017. *Training Methods Matter: Results of a Personal Care Aide Training Program in Chicago*. Bronx, NY: PHI. https://phinational.org/wp-content/uploads/2017/07/training_methods_matter_-_phi_-_july_2017.pdf.

To compare training content, we assigned each subsection of each curriculum to one of 12 competency areas named in the *Direct Service Workforce Core Competencies* set developed by the Centers for Medicare and Medicaid Services (CMS) for all direct care workers (see Appendix A).³ To avoid double-counting the curricular content, we assigned each subsection to only one competency area (identifying the primary competency in subsections that touched on more than one).

THREE REASONS PCAs NEED HIGH-QUALITY TRAINING

- 1 Explosive Demand:** More than **600,000** new home care workers will be needed nationwide within the next decade.⁴ Better training is needed to help improve job satisfaction, reduce turnover, and ensure an adequate supply of workers now and in the future.⁵
- 2 Higher Care Needs:** More people with intensive support needs are now receiving services in their homes and communities. Training standards for PCAs have not kept pace with this trend, however, leaving many workers unprepared to provide the type or level of services required.
- 3 Dangerous Work:** Compared to the average U.S. worker, PCAs face a **44 percent** higher likelihood of experiencing injuries on the job.⁶ As part of a comprehensive safety program, better training for PCAs can help reduce the risk of accidents and injuries.⁷



Arizona: ‘The Principles of Caregiving’

SUMMARY



DESCRIPTION: Arizona’s *Principles of Caregiving* curriculum was funded and developed by state-organized workgroups from 2004 to 2012.⁸ It includes a basic core module and population-specific modules. Home care agencies must ensure that PCAs (“direct care workers” in Arizona) complete the core module and a module on caring for older adults and people with disabilities within 90 days of hire.

CUSTOMIZATION: With state approval, training providers may use their own training curricula as long as they cover the same competencies featured in the *Principles of Caregiving*.

TRANSFERABILITY: PCA training is not transferable to other settings in Arizona.

INSTRUCTION METHODS



The *Principles of Caregiving* specifies skill demonstration activities to assess trainees’ competencies in assisting consumers with activities of daily living. Otherwise, instruction methods are largely left to trainers, although the curriculum does suggest a small number of interactive activities. For example, one exercise asks trainees to discuss in small groups how they would handle emergencies.

APPROACH TO COMPETENCY



Each section of the curriculum lists learning objectives. These objectives focus primarily on knowledge attainment, except for objectives related to technical skills, which require skill demonstrations. For example, one learning objective is to describe effective communication and conflict resolution, but the curriculum does not specify how trainees should demonstrate competency on this topic.

CONTENT



UNIQUE CONTENT: The curriculum delineates the principles of independent living and includes anecdotes from consumers on why they value these principles, as well as providing content on supporting consumers’ sexualities.

Maine: ‘Introduction to Health Care and Human Services’

SUMMARY



DESCRIPTION: Since 2003, all PCAs (“personal support service workers” in Maine) must receive training using the *Introduction to Health Care and Human Services* curriculum within six months of starting employment.⁹

CUSTOMIZATION: Trainers may not develop their own curricula.

TRANSFERABILITY: The state acknowledges the applicability of the curriculum’s content to other settings—the PCA curriculum also serves as an introductory course for nursing assistants.¹⁰

INSTRUCTION METHODS



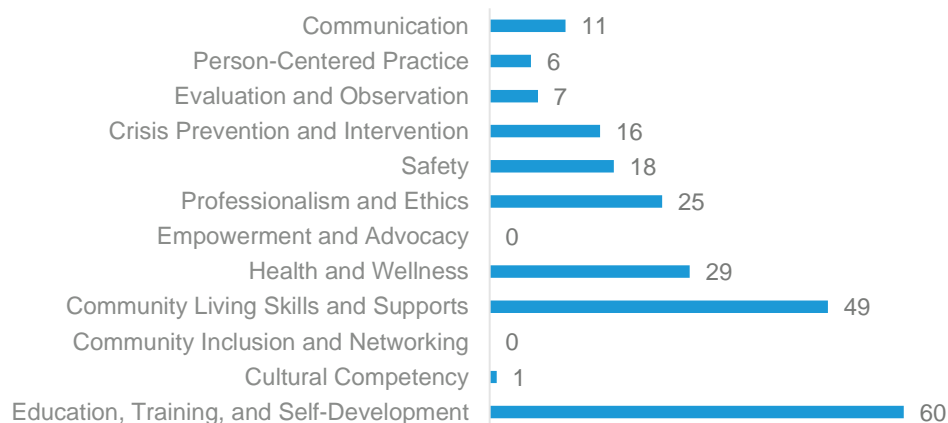
Maine’s curriculum primarily relies on didactic instruction methods but does suggest opportunities for trainees to practice technical skills in front of a trainer.

APPROACH TO COMPETENCY



For technical aspects of personal care, the curriculum includes a few competency-based learning objectives, such as “demonstrate the ability to break a fall.” However, for other topics, such as communication and a person-centered demeanor, the curriculum does not specify how trainees should demonstrate competence.

CONTENT



UNIQUE CONTENT: The curriculum includes a section focused exclusively on personal and career development, encouraging trainees to advance their education and pursue other careers in health and human services.

Massachusetts: ‘The ABCs of Direct Care’

SUMMARY



DESCRIPTION: In 2012, the Executive Offices of Health and Human Services and Elder Affairs in Massachusetts received a federal Personal & Home Care Aide State Training (PHCAST) demonstration grant to develop the 60-hour *ABCs of Direct Care*. The state partners with advocacy groups and educational institutions to update and disseminate the training.¹¹

CUSTOMIZATION: Agencies may use their own curricula. In the state’s Medicaid contracting standards, home care agencies are encouraged, but not required, to use the curriculum.¹²

TRANSFERABILITY: After completing the training, workers may take an abbreviated training to become home health aides or nursing assistants.

INSTRUCTION METHODS



The *ABCs of Direct Care* provides background content for trainers on adult learning concepts and their application in training. It also reinforces these concepts through a range of suggested classroom activities, including hands-on practice.

APPROACH TO COMPETENCY



The curriculum includes skills-based learning objectives for each section and provides guidance to trainers on how to assess trainees’ knowledge, skills, and attitudes through a combination of observation and testing.

CONTENT



UNIQUE CONTENT: The section on communication mirrors PHI’s Coaching Approach® to Communication, which stresses paraphrasing, active listening, and open-ended questions.

New York: 'Home Care Curriculum'

SUMMARY



DESCRIPTION: The 40-hour *Home Care Curriculum* was originally developed in 1992 by the State University of New York at Buffalo and revised by a state workgroup in 2002.¹³ All PCAs must receive training that follows the *Home Care Curriculum* within 60 days of hire.¹⁴

CUSTOMIZATION: Home care agencies must follow the framework of the *Home Care Curriculum* in developing their own training programs, which must then be approved by the Department of Health.

TRANSFERABILITY: The curriculum forms the basis for a lengthier home health aide training, and the “basic core” of the curriculum is transferable to nursing assistant training.

INSTRUCTION METHODS



Although the curriculum does not offer detailed guidance on adult learner-centered methods, each section of the curriculum provides broad suggestions for classroom activities (e.g., role plays, case scenarios, and hands-on demonstrations). More specifically, the curriculum requires trainees to demonstrate competency in certain tasks, such as assisting with activities of daily living.

APPROACH TO COMPETENCY



Learning objectives are based on a mix of knowledge and skills. For some sections, knowledge-based objectives are paired with “measurable performance criteria.” For example, trainees are asked to discuss cultural sensitivity *and* demonstrate how cultural difference affects communication.

CONTENT



UNIQUE CONTENT: The curriculum frames personal care delivery according to the principles of basic human needs, which include: physical needs, safety and security, belonging, self-worth, and self-fulfillment.

Virginia: ‘Personal Care Aide Training Curriculum’

SUMMARY



DESCRIPTION: Since 2002, all home care agencies are required to follow the 40-hour *Personal Care Aide Training Curriculum*. According to the Department of Medical Assistance Services (DMAS) regulations, PCAs must complete the training before providing personal assistance services under any Medicaid waiver program.¹⁵

CUSTOMIZATION: Trainers must include content from the *Personal Care Aide Training Curriculum* in their own trainings but are encouraged to include additional topics as needed.

TRANSFERABILITY: PCA training does not apply toward training requirements in other direct care occupations.

INSTRUCTION METHODS



The curriculum does not prescribe teaching methods. Trainers must develop their own methods for assessing their trainees’ skills, although a sample skills assessment is provided.

APPROACH TO COMPETENCY



The *Personal Care Aide Training Curriculum* broadly outlines training topics and briefly prescribes how workers should perform tasks, but trainers are responsible for populating most of the training content. For example, in the section on infection prevention, the curriculum encourages instructors to demonstrate proper glove removal, but does not specifically describe how trainers should demonstrate or evaluate this task.

CONTENT



UNIQUE CONTENT: The curriculum encourages training providers to partner with local police and fire departments to speak about personal and environmental safety in the home.

Washington: Department of Social and Health Services (DSHS) Curricula

SUMMARY



DESCRIPTION: The Washington Department of Social and Health Services (DSHS) provides three curricula: a three-hour safety training, a two-hour orientation, and a lengthier basic training called the *Revised Fundamentals of Caregiving*.¹⁶ The state developed these curricula from 2002 to 2004, with input from leaders in home care. PCAs must complete 75 hours of training following a state-approved curriculum within 120 days of their start date.

CUSTOMIZATION: Trainers may develop their own curricula, but unlike in other states that allow this flexibility, they must align training content *and* instruction methods with the state-sponsored curriculum.

TRANSFERABILITY: After obtaining certification, PCAs may take an abbreviated training to gain certification as home health aides or nursing assistants.

INSTRUCTION METHODS



The curricula explicitly endorse adult learner-centered teaching methods, providing a range of activities designed to meet a variety of learning styles—including brainstorming, guided discussions, and skill demonstrations.

APPROACH TO COMPETENCY



Each module of the curricula specifies competency-based learning objectives and provides a range of ways for trainers to assess trainees' knowledge, skills, and attitudes. Trainees are also required to demonstrate competency through a certification exam, which includes a written portion and skill demonstrations.

CONTENT



UNIQUE CONTENT: The curricula encourage trainees to expand their knowledge by providing extensive resources on common conditions that affect older adults and people with disabilities.

DISCUSSION

This report has examined six state-sponsored PCA curricula to draw out similarities, differences, and best practices in standardization, content, and teaching methods.

Maine stands out as the only state that requires training providers to exclusively use the state-sponsored curriculum. In the other five states, training providers can develop their own curricula, but those curricula must align with the content established in the state-sponsored curricula.

The review found a range of requirements for teaching methods in state-sponsored PCA curricula. For example, Washington training providers must adhere to the adult learner-centered methods laid out in the state-sponsored curricula. The same is true for Massachusetts trainers who opt to use the state's *ABCs of Direct Care* curriculum. The other state-sponsored curricula also require or recommend that trainers incorporate diverse learning activities into their curricula, such as skill demonstrations, group discussions, and case studies—but specification of these activities varies widely across the curricula.

In assessing the extent to which each state-sponsored curriculum follows a competency-based approach, we found that most curricula encourage or require trainers to assess trainees' mastery of technical competencies, such as lifts and transfers (see Appendix B). By comparison, the curricula tend to under-emphasize relational competencies, such as communication and person-centered care. There are exceptions: Arizona requires trainees to learn the principles of independent living, and in New York's curriculum, trainees learn to apply a basic human needs framework to their daily work. New York, Massachusetts, and Washington also cover skills in communication, like open-ended questions, active listening, and paraphrasing.

As well as enhancing individual trainees' job preparedness, a competency-based approach enhances career mobility and workforce flexibility in direct care—as workers are able transfer and build on recognized competencies from one role or setting to another. Reflecting this idea, Maine, Massachusetts, New York, and Washington allow PCAs to complete an abbreviated training program to become home health aides or nursing assistants.

CONCLUSION

By standardizing best practices in PCA training content and instructional methods through state-sponsored curricula, states can help ensure that new workers are prepared to provide skillful, professional, and person-centered care when they enter the field. In the training classroom, competency can be honed through various activities that engage trainees regardless of their educational background or learning style.

This approach to training deserves consideration by other states. In an era characterized by high turnover, a limited supply of workers, and growing demand for services, state-sponsored training—when paired with ongoing support from supervisors and peers—can help workers feel safe, confident, and competent in doing the work that they love.

NOTES

¹ A seventh state, Idaho, specifies detailed training topics for direct care workers, including PCAs, through regulations, but has not adopted a specific curriculum.

² PHI. 2018. *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI. <https://phinational.org/wp-content/uploads/2018/08/U.S.-Home-Care-Workers-2018-PHI.pdf>

³ Centers for Medicare and Medicaid Services (CMS). 2014. *CMS Direct Service Workforce Core Competencies*. Baltimore, MD: CMS. <https://www.medicare.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>. The *Professionalism and Ethics* competency area emphasizes workers' respect for the rights of consumers and family members in delivering services, whereas *Empowerment and Advocacy* covers the role of workers in communicating those rights to the people they support. *Safety* relates to environmental hazards, like fires and natural disasters, as well as abuse and neglect, while *Crisis Prevention and Intervention* comprises all content related to personal crises among consumers. In this report, *Crisis Prevention and Intervention* also includes content on workers' personal safety.

⁴ Campbell, Stephen. 2017. *Here's How We Achieve a Strong Economy: Invest in Direct Care Workers*. Bronx, NY: PHI. <https://phinational.org/wp-content/uploads/2017/11/LTC-and-the-Economy-PHI-2017.pdf>

⁵ Swedberg, Lena, Hans Michelsen, Eva Hammar Chiriac and Ingrid Hylander, 2015. "On-The-Job Training Makes the Difference: Healthcare Assistants Perceived Competence and Responsibility in the Care of Patients with Home Mechanical Ventilation." *Scandinavian Journal of Caring Sciences* (29(2): 369-378. <http://dx.doi.org/10.1111/scs.12173>.

⁶ Campbell, Stephen. 2018. *Workplace Injuries and the Direct Care Workforce*. Bronx, NY: PHI. <https://phinational.org/wp-content/uploads/2018/04/Workplace-Injuries-and-DCW-PHI-2018.pdf>

⁷ Sherman, Martin F., Robyn R.M. Gershon, Stephanie M. Samar, Julie M. Pearson, Allison N. Canton, and Marc R. Damsky. 2008. "Safety Factors Predictive of Job Satisfaction and Job Retention Among Home Healthcare Aides." *Journal of Occupational and Environmental Medicine* 50(12): 1430-1441. doi: 10.1097/JOM.0b013e31818a388e; Stone, Robyn, Jess Wilhelm, Christine E Bishop, Natasha S Bryant, Linda Hermer, and Marie R Squillace. 2017. "Predictors of Intent to Leave the Job Among Home Health Workers: Analysis of the National Home Health Aide Survey." *The Gerontologist* 57(5): Pages 890-899. <https://doi.org/10.1093/geront/gnw075>; McCaughey, Deirdre, Gwen McGhan, Jungyoon Kim, Diane Brannon, Hannes Leroy, and Rita Jablonski. 2012. "Workforce Implications of Injury Among Home Health Workers: Evidence from the National Home Health Aide Survey." *The Gerontologist* 52(4): 493-505. <https://doi.org/10.1093/geront/gnr133>; Faucett, J., T Kang, and Robert Newcomer. 2013. "Personal Service Assistance: Musculoskeletal Disorders and Injuries in Consumer-Directed Home Care." *American Journal of Industrial Medicine* 56(4). <https://doi.org/10.1002/ajim.22133>.

⁸ Campbell, Stephen. 2017. *Training Standards for Personal Care Aides: Spotlight on Arizona*. Bronx, NY: PHI. <https://phinational.org/resource/training-standards-for-personal-care-aides-spotlight-on-arizona/>

⁹ Code of Maine. 2003. *Rule Chapters for the Department of Health and Human Services*. 10-149 CMR Ch. 5, 63.10 Personal Support Services. <https://www.maine.gov/sos/cec/rules/10/chaps10.htm#149>; Maine Department of Health and Human Services, Division of Licensing and Regulatory Affairs. 2005. "Personal Support Specialist (PSS) – Overview." https://gateway.maine.gov/dhhs-apps/assisted/pss_overview.asp.

¹⁰ Maine Department of Human Services, Bureau of Elder and Adult Services. 2003. *Introduction to Health Care and Human Services*. Augusta, ME: Maine Department of Human Services. https://www.maine.gov/dhhs/dlc/licensing/pss/PSS_Student_Manual.pdf.

¹¹ Massachusetts Direct Care Workforce. 2018. "About the Personal and Home Care Aide State Training Program." <https://madirectcare.com/abcs-for-direct-care/about-us/>

¹² Massachusetts Executive Office of Elder Affairs (EOEA). 2017. *Homemaker Notification of Intent (NOI) Instructions for Current Providers and Prospective Bidders*. Boston, MA: EOEA. <https://noi.800ageinfo.com/Common/GetPubDocument?DocId=17>.

¹³ New York State Department of Health (DOH). 2007. *Home Care Curriculum*. Albany: NY: DOH. https://www.health.ny.gov/professionals/home_care/curriculum/docs/home_care_curriculum.pdf.

¹⁴ DOH. 2012. "Home Health Aide Training Program Frequently Asked Questions and Answers." https://www.health.ny.gov/professionals/home_care/hhtap_training_program_faq.htm

¹⁵ Virginia Department of Medical Assistance Services (DMAS). 2003. *Personal Care Aide Training Curriculum*. Richmond, VA: DMAS. http://leg5.state.va.us/reg_agent/frmView.aspx?Viewid=3a946000964-1&typ=40&actno=000964&mime=application/pdf

¹⁶ Campbell, Stephen. 2017. *Training Standards for Personal Care Aides: Spotlight on Washington*. Bronx, NY: PHI. https://phinational.org/wp-content/uploads/2017/11/wa_case_study_pca_training_standards_2017.pdf

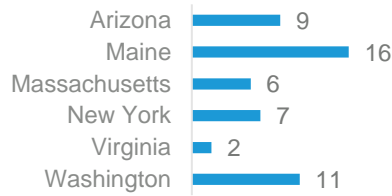
APPENDIX A: CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) DIRECT SERVICE WORKFORCE CORE COMPETENCIES

CMS generated an initial list of direct care competencies through a comprehensive inventory of common competency lists from across settings in long-term care. Next, CMS solicited input from consumers, family members, direct service workers, state representatives, provider agencies, and training development experts to develop the following set of core competencies.

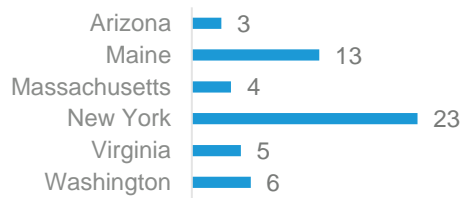
- **COMMUNICATION:** Use strong communication to build relationships with consumers and team members.
- **PERSON-CENTERED PRACTICES:** Assist consumers to make choices and plan goals and support them in achieving those goals.
- **EVALUATION AND OBSERVATION:** Gather information on a consumer's physical and emotional health and communicate observations to care teams and supervisors.
- **CRISIS PREVENTION AND INTERVENTION:** Identify factors that can lead to a crisis and use effective strategies to prevent or intervene in the crisis.
- **SAFETY:** Prevent and respond to signs of abuse, neglect or exploitation and help consumers avoid unsafe situations and keep them safe during emergencies.
- **PROFESSIONALISM AND ETHICS:** Provide supports professionally and ethically, maintaining confidentiality and respecting consumer and family rights.
- **EMPOWERMENT AND ADVOCACY:** Assist consumers in advocating for themselves and achieving their goals.
- **HEALTH AND WELLNESS:** Support consumers in achieving and maintaining good mental and physical health.
- **COMMUNITY LIVING SKILLS AND SUPPORTS:** Help consumers manage the day-to-day tasks that form the basis of independence in the community.
- **COMMUNITY INCLUSION AND NETWORKING:** Help consumers maintain and expand their roles and relationships in the community and assist individuals with major transitions that occur in community life.
- **CULTURAL COMPETENCY:** Respect cultural differences and provide services and supports in line with consumer preferences.
- **EDUCATION, TRAINING AND SELF-DEVELOPMENT:** Obtain necessary training, and seek opportunities to improve skills and work practices through ongoing learning opportunities.

APPENDIX B: CURRICULUM MODULES BY STATE AND COMPETENCY AREA

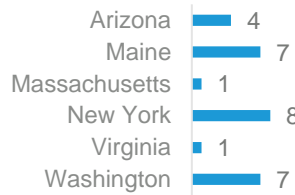
COMMUNICATION



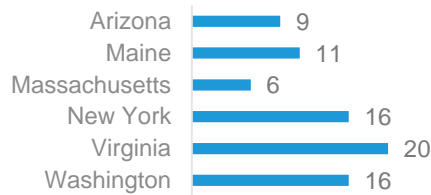
PERSON-CENTERED PRACTICE



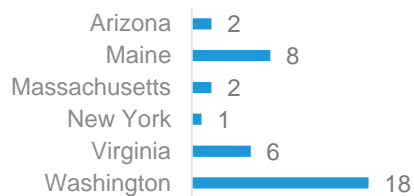
EVALUATION AND OBSERVATION



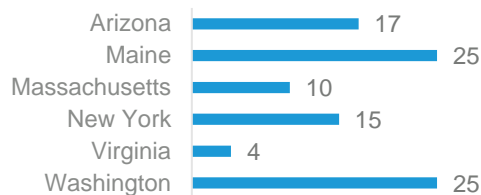
CRISIS PREVENTION AND INTERVENTION



SAFETY

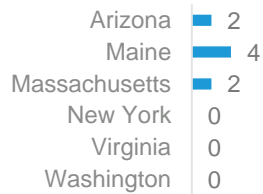


PROFESSIONALISM AND ETHICS

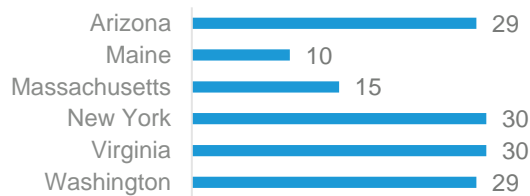


APPENDIX B: CURRICULUM MODULES BY STATE AND COMPETENCY AREA (CONT.)

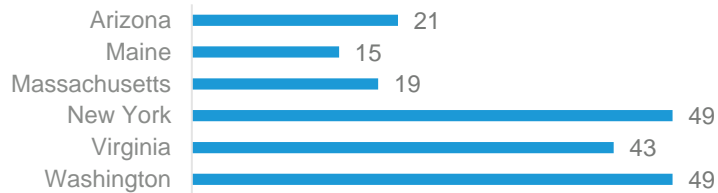
EMPOWERMENT AND ADVOCACY



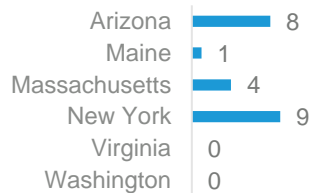
HEALTH AND WELLNESS



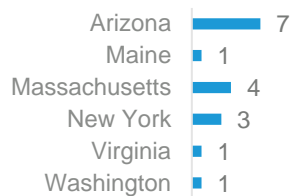
COMMUNITY LIVING SKILLS AND SUPPORTS



COMMUNITY INCLUSION AND NETWORKING



CULTURAL COMPETENCY



EDUCATION, TRAINING, AND SELF-DEVELOPMENT



About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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