

## Appendix B - Training Plan Template 2

*(To be used if 2 or more training program(s)/ course(s) identified in Training Plan Submission)*

ORGANIZATION/COMMUNITY INFORMATION	
Community Name, Tribal Council, or Region/Regional Inuit Association Submitting Training Plan:	
Mailing Address:	
Prov./Region:	Postal Code:
Telephone:	Fax:
Contact Name for Training Plan Submission:	
Position Title:	
Telephone:	Fax:
Training Goal(s):	
Training Program/Course: #1	
Educational Centre:	
Certified Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Method(s)/Design:	
Location of Training Activity:	

## TRAINING OBJECTIVES

Objective #1	Objective #2

Results to be Measured: list performance indicators (*i.e. output, outcome*)

Who will Measure?

When will be Measured?

Category of Staff To Be Trained	Total # to be Trained	Current # Certified	Expected # to be Certified (as a result of training)	Start Date of Training	End Date of Training	How Often	Total Cost of Training

Training Goal(s):

Training Program/Course: #

Educational Centre:

Certified Course:  Yes  No

Method(s)/Design:

Location of Training Activity:

## TRAINING OBJECTIVES

Objective #1		Objective #2					
Results to be Measured: list performance indicators ( <i>i.e. output, outcome</i> )							
Who will Measure?				When will be Measured?			
Category of Staff To Be Trained	Total # to be Trained	Current # Certified	Expected # to be Certified (as a result of training)	Start Date of Training	End Date of Training	How Often	Total Cost of Training
Training Plan Submission:				<input type="checkbox"/> Reviewed by regional review process			
Training Plan Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Regional review contact person:				Telephone:			
Signature :				Date:			

Use a separate page for each training program (e.g. for training programs #2, #3 etc.)

## Training Plan: Completed Template 2

(To be used if 2 or more training program(s)/course(s) identified in Training Plan Submission

ORGANIZATION/COMMUNITY INFORMATION	
Community Name, Tribal Council, or Region/Regional Inuit Association Submitting Training Plan:	
Mailing Address:	
Prov./Region:	Postal Code:
Telephone:	Fax.:
Contact Name for Training Plan Submission:	
Position Title:	
Telephone:	Fax.:
Training Goal(s): <ol style="list-style-type: none"> <li>1. Training programs will support the knowledge and skill development of Personal Care Workers (PCWs) and will lead to certification.</li> <li>2. Personal Care Workers will be provided with training to support the development of knowledge and skills needed to provide quality home and community care services to clients.</li> <li>3. To have a sufficient number of certified Personal Care Workers to meet the service delivery needs.</li> </ol>	
Training Program/Course: #1- Personal Care Aide certificate program:	
Educational Centre: Saskatchewan Institute of Applied Science and Technology (SIASST)	
Certified Course: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method(s)/Design: Full curriculum program of courses for PCWs (attach course outline) <i>On The Job Training: PCW curriculum will be delivered in location central to Workers being trained using SIASST curriculum, taught by a registered nurse contracted part time. PCWs will work 3 days per week and attend classes two days. Practicum experience will be a combination of training practice in class, experience in long term care facility and supervised home care practical experience. Design also includes arranged time for group discussions and videos for continuing learning.</i>	
Location of Training Activity: in-community/ on reserve; 16 hours at college (Wascana campus location)	

## TRAINING OBJECTIVES

Objective #1	Objective #2						
<p><i>Performance- Personal Care Workers (PCWs) will provide and assist clients with physical care and daily living activities (i.e. bath, dress, hygiene, preparing meals, mobility),</i></p> <p><i>Condition- in the clients' home, using equipment and recommended body mechanics,</i></p> <p><i>Standard- as outlined in the policy and procedures manual (pages 34-37).</i></p>							
<p>Results to be Measured: list performance indicators (i.e. <b>output, outcome</b>)</p> <p><i>Output indicators:</i>           1. Percentage of staff completing program   2. Percentage of staff certified</p> <p><i>Outcome indicator:</i>       3. Percentage of clients satisfied with the skill and services provided by the Personal Care Worker</p>							
Who will Measure?	When will be Measured? 1. June 2001 2. June 2001 3. June 00; Nov.01						
Category of Staff To Be Trained	Total # to be Trained	Current # Certified	Expected # to be Certified (as a result of training)	Start Date of Training	End Date of Training	How Often	Total Cost of Training
• Personal Care Workers	3	0	3	Sept. 2000	June 2001	Daily (part-time)	\$12,000
<p>Training Goal(s):</p> <p><i>To provide training to support the development of knowledge and skills needed to provide basic foot care , foot care for at risk individuals, to maintain the healthy condition of clients feet</i></p>							
<p>Training Program/Course: #2- Foot care training: #3 - Foot care training (for compromised health conditions):</p>							
<p>Educational Centre: Saskatchewan Institute of Applied Science and Technology</p>							

## TRAINING OBJECTIVES

Method(s)/ Design:

*Course #2 Design: physiology of healthy feet; focus on principles and techniques of effective foot care; maintenance of healthy feet in defined populations of clients (i.e. whose feet are uncomplicated and healthy); developing foot care techniques to maintain the healthy condition of client's feet.*

*Course #3 Design: physiology of feet in health and compromised health conditions; focus on principles, techniques and maintenance of effective foot care for at risk individuals (e.g with diabetes, arthritis, receiving steroid therapy); maintenance of healthy feet in defined populations of clients (i.e. whose health is not compromised); developing foot care techniques to maintain the condition of at risk client's feet.*

*Course # 2 & #3 Combination of: lecture, group discussions, demonstrations; supervised practice; video, books for continuing self-paced learning*

Certified Course:  Yes  No

Location of Training Activity: *held in «community/on-reserve» location (training jointly organized and held by and for staff of 3 communities)*

## TRAINING OBJECTIVES

Objective #1		Objective #2					
<p><i>Performance- LPNs will provide regular foot care to maintain the healthy condition of client's feet;</i>  <i>- RNs will provide regular foot care to individuals with diabetes and other complex foot care management needs, to maintain the health of the client's feet;</i></p> <p><i>Condition- in the client's home, using equipment and recommended foot care procedures</i></p> <p><i>Standard- as outlined in the policy and procedures manual (pages 42-45 for LPNs; and pages 45-48 for RNs).</i></p>							
<p><b>Results to be Measured: list performance indicators (e.g. output, outcome)</b></p> <p><i>Output indicators:           1. Percentage of staff completing course with a passing grade</i>  <i>Outcome indicator:       2. Percentage of clients satisfied with the foot care skill and services provided by the Licensed</i></p>							
<p>Who will Measure?</p>				<p>When will be Measured?</p> <p><i>1. March 13,2000   2. February 2000 and Nov. 2000</i></p>			
Category of Staff To Be Trained	Total # to be Trained	Current # Certified	Expected # to be Certified (as a result of training)	Start Date of Training	End Date of Training	How Often	Total Cost of Training
<ul style="list-style-type: none"> <li>• <i>Licensed Practical Nurses(LPNs)</i></li> </ul>	8	0	8	<i>March 13, 2000</i>	<i>March 14, 2000</i>	<i>2 days: full time (FT)</i>	<i>\$ 3800</i>
<ul style="list-style-type: none"> <li>• <i>Registered Nurses(RNs)</i></li> </ul>	10		10	<i>March 15, 2000</i>	<i>March 16, 2000</i>	<i>2 days: full time (FT)</i>	<i>\$ 2700</i>
<p>Training Plan Submission:</p>				<input type="checkbox"/> Reviewed by regional review process			
<p>Training Plan Recommended:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>							
<p>Regional review contact person:</p>				<p>Telephone:</p>			
<p>Signature :</p>				<p>Date:</p>			