

WHITE PAPER

**Advancing Practices to Enhance the Field Experience
of Developing Long Term Care Administrators**



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Executive Summary

What defines an excellent Practicum/Administrator-In-Training (AIT) site for someone preparing to become a long term care administrator? This project offers the field an enhanced ability to define what the profile of a successful Practicum/AIT experience looks like, and begins to identify the critically important factors. The authors, with support of experts in the field and a wide variety of stakeholders, created four thematic areas to frame the inquiry. These areas include:

- Preceptor characteristics,
- A strong learning environment,
- Performance factors, and
- Site context descriptors.

Both the experts and a validation approach with existing students and preceptors involved in a progressive program's current 50-week Practicum experience found that most especially, the influence of the preceptor and the learning environment were essential to the experience of the students. The experience of the preceptor and the spirit of learning embodied by the Practicum site require attention from both an operational and policy perspective. The

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remaining two thematic areas, performance factors and site context, were less important yet still require attention. Two significant results in these areas included the degree of culture change the organization was involved with and the variety of services offered by the site. These findings, advanced in a variety of ways, will help raise this critical experiential learning experience to a new higher level of impact.

We expect the findings of this white paper to facilitate a dialogue and subsequent actions to advance a more useful, systematic approach to the selection of sites and placement of students in the future. The challenge of the research

team is that NAB can only make recommendations to state boards. Therefore, you will find this white paper takes an approach of suggesting guidelines and/or high impact practices for state boards to consider and ultimately adopt. Additionally, we expect this white paper to encourage the creation of new higher standards for accreditation of programs in the future. Our overall

message is to raise the bar that has already been set in long term care, while incrementally advancing a national approach for the development of future leaders in the field of health and aging services administration.

Ultimately, leveraging successful approaches to the Practicum/AIT experience will lead to the provision of better trained professionals in this field. Changes to improve opportunities require a modest investment of energy and resources for a significant return. Developing more competent administrators to lead with greater stability and excellence in this noble profession will foster better care and service for the deserving aged and frail residents in this country's long term care system. We are calling for both immediate and long-term action to raise the bar for academic programs, state boards and national associations of this profession.

Introduction

The goal of this research is to inform stakeholders about the criteria that contribute to a quality Practicum/AIT experience, and make suggestions to help ensure positive learning experiences for students and trainees. To meet this goal, the authors relied on expert feedback, a broad national survey and a follow-up validation at a progressive educational program in health and aging services administration to gather information. The combination of these approaches has resulted in significant findings to build a solid roadmap for improving and enhancing existing Practicum/AIT field experiences.

Background

Nursing home quality, like performance in any healthcare setting, reflects to a significant degree its leadership – the expertise and commitment of the administrators in charge of a facility to lead person-centered organizations. The field of long term care administration is facing a growing crisis: more people are leaving the field than are entering, right at a time when our senior population is growing in size and in need, and long term care facilities are under increasing pressure to transform themselves. These two issues are occurring against a backdrop of rising demand and dwindling fiscal resources. Because of the nature of the tasks, knowledge, and skills that an entry-level administrator must possess, educational partnerships between academe and the practitioner field are a critical part of the educational process of

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future administrators. As such, it behooves universities or state licensing boards who require a field experience or Administrator-in-Training (AIT) experience to increase the quality of their Practicum sites by selecting those most likely to offer a strong learning environment. As the field begins to develop a new generation of leaders, there is value in establishing a greater body of literature and high impact practices to support the various education and training factors that lead to successful administrators. New administrators need quality Practicum/AIT experiences to ensure that they are well prepared for their future careers.

Although there is a great deal of variability in nursing home administrator licensure requirements across state lines (Salsberg, Langelier, & Wing 2004), most states require specialized education, an applied field experience commonly referred to as an Administrator-in-Training (AIT) program, and passing scores on federal and state licensure exams. The content, length, and model for these experiences have been largely driven by NAB recommended nursing home administrator requirements and organizational managerial/technical needs, yet still vary widely from state to state and program to program. Educational requirements range from a high school education to a baccalaureate degree. AIT requirements range from 0 hours in a handful of states, to 2000 hours and beyond in others (Lindner Testimony, 2007). In recent years, there has been more attention paid to the importance and uniqueness of the educational component of the field experience in long term care (Olson and Dana, 2007).

It is widely believed that the AIT program is an essential educational component that serves as a transition between student and employment status and is critical to both the short and long-term success of potential administrators. A recent study suggests that the AIT experience is very critical to the effective development of healthcare administration competencies (Siegel, 2009). (See Appendix A for a conceptual model.)

During a Practicum experience, the AIT has an opportunity to rotate through all the different departments of a facility, developing an understanding of the role of the front line staff, the responsibilities of the departmental managers, and how each department integrates with the rest to perform the complex task of providing both effective and efficient person-centered care to each resident. They also spend significant time learning about several administrative functions, such as managing the survey process, human resources, financial, and information systems, and they develop their leadership skills by participating in projects that will effect change and produce favorable results.

How academic programs or state licensure boards identify or select sites and preceptors to serve as clinical training sites for AIT programs vary widely, but almost all rely upon preceptors who offer their services pro bono. Based on



the research team’s experience, it was found that some rely purely on volunteers or require students or prospective AITs to seek out their own sites, often with little guidance. Some have established minimum criteria for eligibility to serve as a site, such as minimum tenure of the administrator, minimum number of skilled-nursing facility (SNF) beds, or exposure to multiple service lines. However, a lack of consistency in these guidelines, variability in required elements, such as length of experience, and other factors, such as whether the AIT is paid or not, may all play a role in the quality of the Practicum experience. To date, there is a dearth of evidence to support any suggested high impact practices in site selection or candidate success.

Educators may have a subjective sense about which Practicum sites are “excellent”, which are “good” and which are less-than-ideal. This project increases the field’s ability to better define what a quality Practicum/AIT experience should look like, through the development of a Practicum site quality profile tool, and a focus on the most critical factors. If there were a

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plethora of high quality administrators with a heart for mentoring and preceptorship evenly spread across the country, this tool could be used to simply select the highest quality sites for Practicum/AIT experiences.

However, since that is not necessarily the case, the results of this study can also be used in less than ideal circumstances to help the program and/or trainee better understand any challenges they are facing, to maximize their experience and achieve competency in the skill sets necessary for a successful long term care administrator. The dissemination of this project's results and the creation of this profile will be a great start to increase awareness of the important role the field experience plays in developing next generation health and aging services leaders.

Project Overview

Following an initial extensive literature review, a set of thematic areas was put forward with a variety of expert panels representing licensing agencies, providers, and professional organizations. After reviewing their feedback and insights, the researchers constructed four thematic areas, which include:

- Preceptor characteristics,
- A strong learning environment,
- Performance factors, and
- Site context descriptors. (See Appendix A)

They also developed an electronic survey with these proposed areas (see Appendix B for survey results assessing relative importance) and pragmatic items under each of them. Both preceptor characteristics and learning environment were believed to be the most important to student success in a Practicum/AIT experience. These findings were shared with the same expert panels for their additional feedback and suggestions. Lastly, the research team used their active students and preceptors engaged throughout 37 different Practicum sites to preliminarily assess the validity of the thematic areas and measures using existing student, preceptor, and organizational data. Similarities among the 37 Practicum sites included the fact each offer an annual stipend program for their yearlong Practicum student, each site offers some diversity of services, and each site is located within the upper Midwest.

This quantitative data was tested using the dependent variable of the change in the pre and post Practicum NAB practice exam scores as a measure of positive student performance. The researchers also tested the data against other dependent measures, such as preceptor satisfaction with the student, overall preceptor assessment of the student, student satisfaction with the experience, and overall student assessment of themselves, although none were as informative or robust as the NAB practice exam change score (see Appendix C). The independent variables were tested using backwards linear regression, and systematically eliminating the variables yielding the least significance with each model until a .10 p value was reached. With this approach the research team was also able to assess problems of multicollinearity by looking at items with a variance inflation factor over 2. Lastly, the student's GPA was also used as a moderating variable in one of the models using the change in NAB score as a dependent variable.

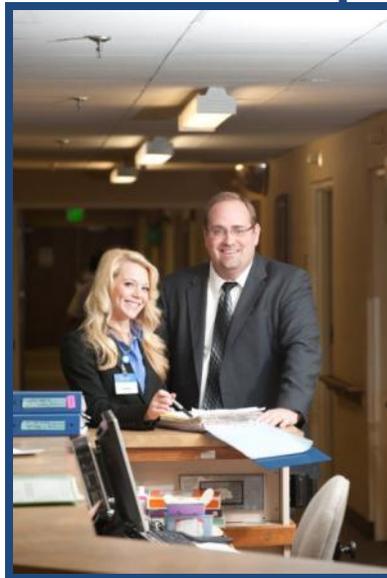
Overall Thematic Areas

The four thematic areas are described below, with an initial commentary on the results and some preliminary discussion on the implications for the professional field.

Preceptor Characteristics

Previous experience, with support from the literature, has suggested that the individual in the preceptor role seems to make a significant difference in the learning experience of the student, and the research done as a part of this study suggests the preceptor is the key to a good Practicum/AIT experience (Irby, 1994; Olson and Dana, 2007; Center for Creative Leadership, 2007; Barker, 2010; Davis, 2009; Schaubhut & Gentry, 2010; Biggs, 2010; DeWolfe, Laschinger, & Perkin, 2010; NAB Job Analysis, 2007). The qualitative expert reviews and surveys drew our attention to further develop this area. The validation of this factor with quantitative data further supports its importance. The number of years the preceptor has been with the organization, the number of students he/she has mentored, how involved the preceptor is in the profession, and their level of education are all significant factors to the success of the student. The experience level of a preceptor at an organization certainly is an area that seems worth considering as a requirement to accept students, such as a minimum number of years of service. A second general observation worth considerable attention is the development of an adult-learner oriented, educational course or certification process for preceptors.

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Learning Environment

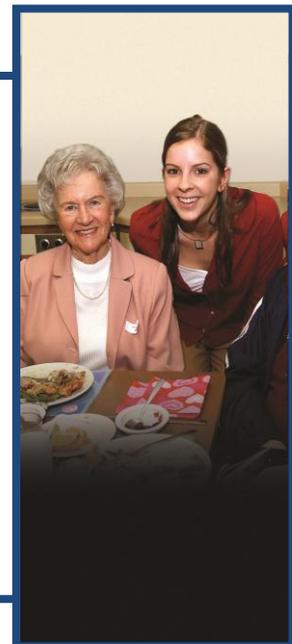
This research points to the learning environment as the second critical element to a good Practicum/AIT experience. The qualitative expert reviews helped identify this less obvious thematic area and although this area has a smaller amount of research behind it in the literature, the stakeholder surveys also supported its significance. The learning environment refers to an environment that communicates that the student is wanted, accepted, encouraged to engage with the work of the organization, and that the overall culture of the organization encourages a climate of learning. The quantitative data also validate the need to pay attention to this factor with a number of components being significant to the student's success. First, the provision of office space, with a computer and phone, sets a positive, tangible environmental condition for students.

One of the takeaways also learned through this research was that a student's assessment of their own learning experience at a site could be a good indicator for future faculty and subsequent students to pay attention to. The research also found that the stability of the department head team and the level of organizational support for employees and administrative interns to continue their own professional development, for example, by attending conferences, were important factors contributing to a strong learning

environment. Another factor indicative of a strong learning environment was the number of educational relationships with universities or other organizations the facility had in place, for example, sites that also serve as clinical training sites for social work, nursing, or CNA students. As noted above, one of the most significant measures was the experience of past students at that site, but that also raises the question of how this potentially sensitive information can be effectively used by students, programs, and sites.

There is an opportunity for development of this area with Practicum sites, through the dissemination of high impact practices for organizations. Take, for example, the fact that providing a designated place and space for students sends a positive message that seems to play a crucial role in their overall development. In addition, it seems that consideration should be given to past students' evaluations of site experiences, and the careful, transparent use of this information.

“The most important factor related to quality experiences in performance factors is the level of advancement of culture change within the organization.”



Performance Factors

When seeking ideal training sites, the performance factors of an organization may be considered, on the premise that if there is a high level of instability among staff or leadership teams or difficult regulatory challenges, that the preceptor may be distracted, and unable to devote adequate time to developing their student (NAB Academic Forum, June 2011; Castle & Engberg, 2005; Dobbs, Temple, & Andel, 2011; Kramer, Eilertsen, Donelan-McCall, & Palmer, 2004; Rahman & Schnelle, 2008). However, organizational performance does not seem to play as critical a differentiating role in the development of students. The most important factor related to quality experiences in this area is the perceived level of culture change advancement within organizations. The findings also suggest that based on the preceptor's perspective, above and beyond just culture change, turnover, customer service, and participation in advancing excellence play a role in the student's success. However, some caution is urged with these preliminary findings, due to the selection bias of chosen sites in this data pool generally being higher performing organizations.

One of the areas worth immediate consideration is how the degree of an organization's culture change engagement can involve the trainee. The research team involved in this study believes this driver of proactive care delivery can be important to the site selection process and should also be considered as the student and supervisor develop their educational training plan. In addition, person-centered care initiatives and leadership change strategies should be a part of effective student curriculums in health and aging service administration programs.

Site Context Descriptors

The types of variables that differentiate sites from each other include size, ownership, governance, scope of services, and business practices such as integrated medical systems or electronic medical records (Olson and Dana, 2007; NAB Academic Forum, 2011; Lynn, 2011; O'Neill, Harrington, Kitchener, & Saliba, 2003; Harrington, Woolhandler, Mullan, Carrillo, & Himmelstein, 2001). Although this broader thematic area does not seem to play as critical a role as others, one important variable demands consideration. The factor deemed important both qualitatively and quantitatively was the diversity of services offered by a site, as measured by total number of services, including skilled nursing, assisted living, dementia care, senior housing, home care, rehab services, and other alternatives. This finding requires both operational and policy deliberation based on some current licensing requirements with established criteria concerning the number of skilled nursing facility (SNF) beds.

Conclusions

One of the clearest messages is that a quality Practicum experience is very dependent on an experienced, educated, and committed preceptor, and there is great opportunity for academic programs, state boards, and/or the industry at large to find ways to recruit and develop these candidates. It is also important to consider the broader learning environment for the student, and find ways to help develop this culture within organizations, perhaps by sharing and encouraging the use of best practices. Finally, as leadership development for the health and aging services field continues, training sites that currently model contemporary trends and desired practices, such as diversity in scope of services, active involvement in quality initiatives (QI) (e.g., Advancing Excellence, Quality First) and advancement of resident-centered care, are well suited to offer a quality learning experience.

In consideration of the findings from this project, researchers have made the following recommendations/guidelines to policy influencers such as NAB, the NAB Education committee, and state boards, while also providing suggestions for application of the project findings by academic programs. The findings of this project and developing profile are useful in site and preceptor selection and matching processes, and are also informative in helping any candidate, at any site, to understand and develop their own learning experience. In conclusion, the positive impact to make some of these incremental changes far outweighs the modest cost or energy investment required by the stakeholders involved in the Practicum/AIT field experiences. The stakeholders of this profession have an opportunity that requires both attention and action for the enhanced development of future leaders in this critical, human care and service field.



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Recommendations

This recommendation section of the white paper is organized in three areas based on key stakeholder groups; state boards, NAB Accreditation guidelines, and educational programs, including both academic and the respective provider organizations. The recommendation focus areas include:

- State board high impact practices
- NAB academic program accreditation guideline recommendations
- High impact practices for academic programs, state boards and corporate AIT programs

The authors recognize the roles and impacts of state licensing boards, academic programs, market forces, and other practical constraints, but hope that this research and these recommendations will stimulate discussions, stakeholder engagement, and positive future changes that advance professional quality within the field. The authors have tried to make bold recommendations, grounded in research findings, without being too directive or restrictive. It is recognized, that perhaps every student, in practice, may not be able to have the “ideal” experience, and that many state boards, program policies, and even accreditation guidelines, by definition, often establish minimal acceptable standards, while attempting to ensure adequate levels of quality and competency. However, we would be remiss to not also illustrate what we believe to be optimal educational training conditions, as well. Beyond our recommendations below, please also find what we consider to be “Ideal conditions for an exceptional AIT experience” in Appendix D.

State Board High Impact Practices

Currently, state licensing boards differ greatly in terms of their requirements for Practicum training sites, programs, and preceptors. For example:

- Topics Covered: While nearly half specify the contents of the Practicum, they vary from requiring coverage of the NAB Domains of Practice to topic areas developed on a state by state basis;
- Site/Service Requirements: A majority of state licensing boards provide no guidelines in terms of the minimum size of the training sites, quality indicators, or services provided. Those that do have minimum size requirements vary from 25 to 75 beds. Most must approve the training site. A few specify that the site must not have excessive citations against them;
- Preceptor Certification/Training: Most state boards require that the preceptor be approved, but only a few specify standards for approval. The most common requirement addresses years of experience, but those vary greatly. Some state boards provide training and certification for preceptors, but they also differ in detail;
- Length: Some state boards require no field experience at all, while others require everything from 120 to 400, 640, 1040, or 2000 hours and a few beyond.

This research project provides a valuable service in developing guidelines for state licensing boards who are looking for evidence upon which to base required criteria. Based on the current research findings, it is reasonable to advance several suggested practices.

State licensure boards should consider the following ideas when establishing standard parameters for selecting sites and/or preceptors. Based on a literature review, expert feedback, and the results of this study, researchers propose states consider the following recommended guidelines:

- Establish an “experience” requirement for designated preceptors. The consensus in the field, and based on the current research, suggests a minimum of 1-2 years of experience as a licensed nursing home administrator (LNHA), preferably at their current organization.
- Establish inclusion/exclusion criteria for selection of clinical training sites.
 - In the face of the changing landscape of long term care services being expanded across the care continuum, especially as NAB moves forward with a combined job analysis, there is strong support for the premise that someone seeking LNHA status should also have exposure to other service

lines across the continuum, preferably by completing the clinical training experience at a site with a diversity of services.

- As a board considers how or whether to adopt such a guideline as above, they are also urged to consider whether existing size requirements for training experiences are still appropriate, i.e., is a 5 or 50 bed requirement relevant? Is it too little or too much? What if the number of licensed SNF beds is reduced but the trainee is exposed to the whole continuum of care? We are also cognizant that sites that do not have a wide variety of services can and do make arrangements to ensure that the students get additional exposure to alternative services (e.g., assisted living, senior housing). While state boards may currently be bound by existing statute, they might consider efforts to advance changes to statute, or to assist trainees in understanding the value that exposure to a diversity of services during the training experience will have on their future marketability, and find ways that will allow them to gain such experience, even if off-site, without jeopardizing their licensability.
 - Another minimal performance factor consideration is to not use facilities on the CMS Special Focus facility list based on some of the results of the project, as well as the experience of the program directors associated with the research team.
- Advance recognition of the importance of exposure to and involvement in QI, proactive care delivery approaches, such as person-centered care and the advancement of culture change within a facility. This issue warrants discussion by state boards to identify approaches that would work for their particular state.

One of the concerns the authors have with this approach of recommending the consideration of high impact practices is the potential that a number of states will not participate. Therefore, broader participation facilitated by NAB in disseminating these best practices on a regular basis to the state agencies and other affiliated parties, (e.g., Center for Medicare and Medicaid Services) is strongly encouraged.

NAB Academic Program Accreditation Guideline Recommendations

Based on the great deal of variability among state standards regarding required AIT experiences for NHA licensure ranging from zero to 2000 hours and beyond, with little commonality in how the AIT is defined, one grassroots and alternative effort to promulgate desirable, raised standards, is for NAB to consider what appropriate standards for NAB Accreditation should embody. It seems that NAB Accreditation Standards have largely been based upon meeting the learning requirements of the identified Domains of Practice that stem from the industry job analyses that occur every five years. Given that the NAB Executive Committee is appointing a task force to examine the NAB Accreditation Process and Guidelines, it is worthwhile to revisit the goals, objectives, and purpose of NAB Accreditation, potentially including broader programmatic standards to review. Whether Accreditation is reflective of academic programs meeting minimum standards or ideal standards (or somewhere in between) is an answer NAB must conclude. To that end, if Accreditation is designed to offer assurance that a program not only meets minimum standards to entry, but also follows several innovative and progressive high impact practices, it may be time to raise the bar on some of the NAB Accreditation standards as well.

As recommended to state boards above, it is also recommended that NAB consider advancing approaches of programs to establish standard parameters for selecting sites and/or preceptors for the program's clinical training experience. Based on a literature review, expert feedback, and the results of this study, researchers propose the NAB Education committee consider the following five recommended guidelines:

- Establish an "experience" and learning requirement for designated preceptors, considering the guidelines recommended above.
- Promote innovative activities to encourage a strong learning environment for students in the Practicum/AIT field experience. A good start would be to request that the program provide evidence that they are paying attention to this area of critical emphasis.
- Continue to advance the emphasis on proactive care delivery approaches, such as culture change and other person-centered, quality models and QI, both within the coursework curriculum, as well as in the applied learning experience of the Practicum.

"...it is also recommended that NAB consider advancing approaches of programs to establish standard parameters for selecting sites and/or preceptors for the program's clinical training experience."

- Broaden the view around establishing inclusion/exclusion criteria for selection of clinical training sites. In the face of the changing landscape of long term care services being expanded across the care continuum, especially as NAB moves forward with a combined job analysis, there is strong support for the premise that someone seeking LNHA status should also have exposure to other service lines across the continuum, perhaps by completing the clinical training experience at a site with a diversity of services. Although it will be important to ensure that any given student will still be licensable in their state given that students are preparing to be long term care leaders in the future, it is incumbent upon training programs to ensure that their students are exposed to service lines other than just nursing home administration. While it is important to choose Practicum sites which are in alignment with a given state's licensure requirements, it is also recommended that students be exposed to a diversity of services as a part of their clinical training experience in some form. This could be exposure that occurs as part of the Administrator-In-Training experience or by supplemental internship or applied coursework exposure, but should include exposure to, at a minimum, long term nursing home care, skilled nursing care and rehabilitation, and residential care/assisted living, with adequate exposure to dementia care and hospice.
- Lastly, request that programs outline outlier performance that would not be conducive to a good AIT field experience, such as the factor outlined earlier in this paper noting special focus facilities, with procedures for how to handle such situations.

High Impact Practices for Academic Programs, State Board & Corporate AIT Programs

Collaborative Development Opportunities

This project has led to several discussions about opportunities where academic programs, professional associations, state boards, and even corporate training programs, could potentially work together to develop core competency criteria, models or standardized tools that could help to advance the quality of clinical training experiences for future long term care administrators. Some such areas, ripe for collaboration might include:

Preceptor Development

One area that requires certain time and attention is the advancement of more focused efforts around the development of preceptors. This influential group has been shown to be one of the most significant factors influencing the AIT's success.

- Development of a preceptor guide or, at the very least, the development of a template to share with programs and organizations to help them customize their efforts.
- Development of preceptor training courses and/or sharing of existing resources. This area could also include consideration of certification that could be used as a standard of excellence for external recognition.
- Development of a members only web site, perhaps hosted by NAB, that would allow for the sharing of best practices among programs for selecting sites and/or evaluating the development success of a site-various applications stemming from this project, could become tangible benefits afforded to NAB Accredited Programs.
- Consideration of role/alignment with the ACHCA Mentoring Initiative based on the fact that the mentoring skill set is clearly a foundation of practice for effective preceptors.

Other Recruitment or Preceptor/Site Issues

Some other factors worth consideration are focused on recruitment factors. First, organizations may consider the development of approaches to help match sites and students (e.g., based on learning style, given the importance of the preceptor relationship). It is clear that how a preceptor interacts with students is important, so finding ways to communicate the preceptor's style in a way that facilitates a suitable match with the student will ultimately enhance compatibility and the quality of the relationship and learning experience. Also, in

recruiting clinical training sites, it is important to ensure a student can be exposed to a diversity of services, and can also have an opportunity to be involved in the advancement of proactive care delivery processes, such as culture change and person-centered care initiatives. Finally, there should be a way to use past student feedback about their experience with a site and preceptor for site recruitment, matching, and development purposes.

Learning Environment Development

Develop a standardized approach for encouraging and/or measuring the “learning environment” at a site, and consider using it as a benchmark for site selection or as an opportunity to help an organization better develop these best practices. These could include:

- Allowing students to attend external professional programs (e.g., ACHCA, Leading Age, AHCA), or local, state, or national association meetings.
- Inclusion of a student’s statement of responsibilities during the training such as a signed learning contract between the student and the preceptor.
- Ready access to the preceptor, regularly scheduled, and frequent.
 - Develop better ways to help communicate with and involve department heads in the student training experience, helping them understand and appreciate the importance of their role.
 - Develop ways academic programs, state boards, or organizations can help to improve an organization’s student learning environment, perhaps by supplying them with enhanced recommendations in this area as part of the preceptor guide or the preceptor training course.
 - Recommend a variety of practical strategies that influence the perception of the student role, such as dedicated office space, access to technology, etc...
- Lastly, the authors advocate for some type of evaluation tool to obtain the perceived satisfaction and success of the experience used by both the student and preceptor.
- Engage HR directors in developing training programs for AITs that reflect best practices in monitoring and evaluating the AIT experience.

Role of the Supervisors

The following ideas relate to faculty supervisors (for schools), training directors for corporations, and would fall back on the AIT themselves (if someone is working independently with a state board).

Because the impact that these four critical thematic areas have on a student trainee’s field experience is now better understood, the faculty supervisor, training director, or students

themselves should consider gathering information in these four areas as they make their Practicum site selections, as well as in establishing a professional development plan for their impending experience. Once gathered, this will help a trainee better understand the relative strengths and weaknesses the preceptor and organization offer as a training site, and can be useful in determining what steps to take to best enhance the student's experience. For example:

- If overall experience of the NHA preceptor is low, the role of the faculty supervisor becomes even more important, and additional mentoring support of both the student and the preceptor may be suggested.
- If the LNHA is new to the organization, ensuring the student additional support from corporate and/or department leadership with longevity may be important.
- If a site is low on offering a diversity of services, the student can make sure to get exposed to alternative models of care at a sister facility or other off-site location to ensure they understand the broader care continuum.
- If a site has not been very progressive with QI or advancing culture change, perhaps advancing some person-centered care initiative or other QI would be a good student project opportunity.

Based on many years of collective experience in the field, one final high impact practice the authors strongly encourage is the use of the pre and post NAB preparatory test for all programs with Practicum/AIT experiences of significant duration. We challenge program directors to adopt this readily available tool for use within their programs for both student growth and program assessment purposes. The students themselves play an important role in the quality of the overall learning experience, and knowledge about their own relative strengths, weaknesses, and intentional exposure to important contemporary practices will best facilitate their development process. As the profession continues to raise its own bar, it is imperative that the voice of the student and emerging leaders participating in the learning program be captured.

Future Research Considerations

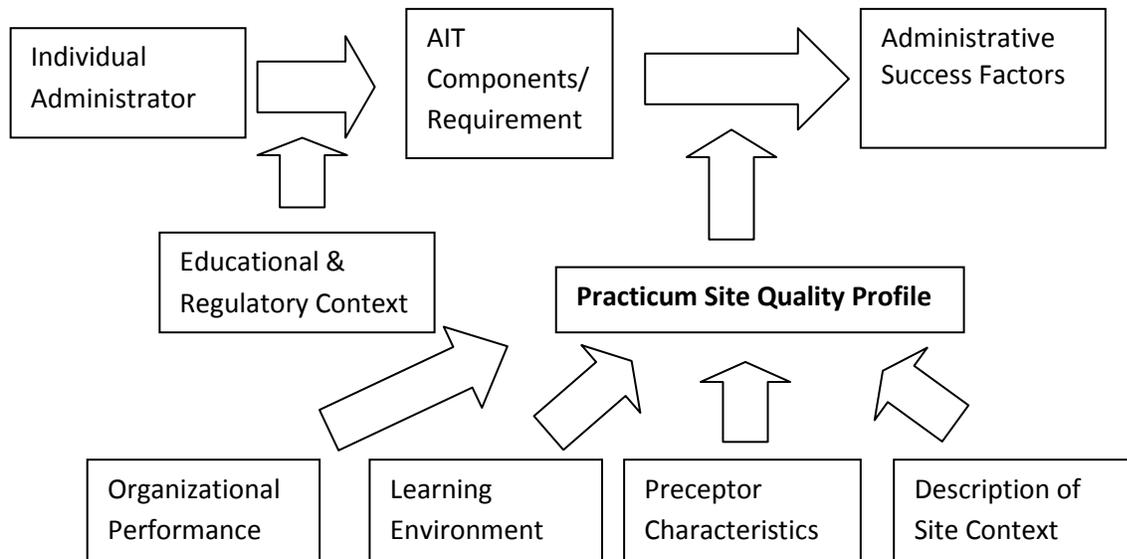
The researchers have identified a number of areas that have the potential to be more closely examined in subsequent studies. It is important to note that some of the insights in this white paper are based on their well-grounded professional experience, yet would also suggest that the researchers have tried to stay in a proactive position of leadership with their program. The hope is that more collaborative research between programs and interested stakeholders (Appendix D) can be one additional result of this work as the impact of it unfolds.

In addition, several other factors, which may also be critical to a quality field experience, were outside the scope of the current study. There is great opportunity to conduct further research evaluating the rigor of differing educational and field experience requirements and the impact these tactics have on how prepared administrators are for their future careers. There are many other individual factors that likely contribute to a well-prepared, high quality administrator, such as their engagement in the field, their commitment to their preparation and future career, and how they have taken initiative to develop critical characteristics that quality senior care leaders must possess.

This relatively unstudied area of leadership development in the field of health and aging services administration requires expanded attention and focus. The profession needs to support research that will provide further results for advancing evidence-based national guidelines and standards regarding leadership development and education of future long term care administrators.

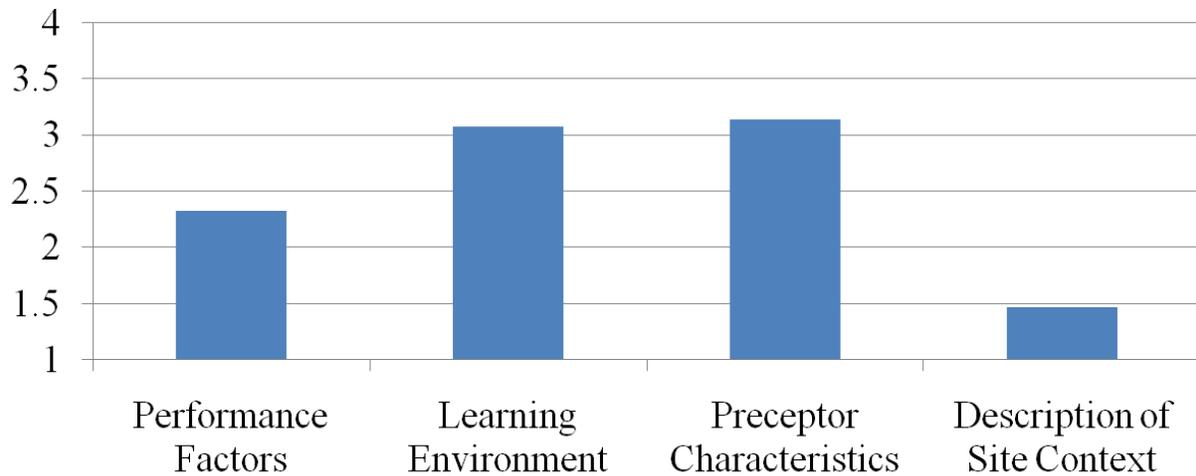
Thank you for taking the time to read and review this white paper reporting on the progress and results of this critical effort. The authors encourage your use of this document to help advance related efforts that you are involved with to further the leadership development of the long term care profession. The authors also welcome your comments, which can be sent directly to Dr. Douglas Olson, who served as the Project Director, at olsondou@uwec.edu, or Dr. Jennifer Johs-Artisensi, who served as the Co-Project Director at joharjl@uwec.edu.

Appendix A. Conceptual Model



Appendix B. Broad Expert Survey Results

Importance of Practicum Profile Thematic Areas - reported mean ranking scores



Appendix C. Overall Analysis Reporting p Scores Using Various Dependent Measures*

Variables	NAB Score Change	NAB Score Change – with GPA (.003)	Preceptor Total	Preceptor Satisfaction	Student Total	Student Satisfaction
Preceptor Characteristics						
<i>Length of time preceptor has been an NHA</i>						
<i>Length of time the preceptor has been at the organization</i>	.007	.010	.037			
<i>Number of students the preceptor has mentored</i>	.060	.003	.077			
<i>Whether preceptor is active in professional /trade organizations</i>	.003	.001	.054			
<i>Education level of the preceptor</i>	.003	.000	.000		.069	
Learning Environment						
<i>Facility's "spirit of openness":</i>						
<ul style="list-style-type: none"> <i>Student access to adequate technology?</i> 		.066	.000		.026	
<ul style="list-style-type: none"> <i>Student access to org's intranet/e-policies/e-mail?</i> 						
<ul style="list-style-type: none"> <i>Student provided with personal work space (desk)?</i> 	.094	.041	.001		.030	
<ul style="list-style-type: none"> <i>Student provided with computer access?</i> 			.000			
<ul style="list-style-type: none"> <i>Student provided with phone access?</i> 	.003	.004				
<i>Past students likely to recommend this training site</i>	.015	.003	.000	.027		
<i>Organization's commitment to education & talent development:</i>						
<ul style="list-style-type: none"> <i>Active tuition reimbursement program?</i> 						.043
<ul style="list-style-type: none"> <i>% employees attending state conferences w/org support?</i> 	.002	.000			.029	
<i>Department head turnover rate</i>	.006	.001	.030			
<i>Other teaching or University relationships</i>	.004	.000	.001			

Variables	NAB Score Change	NAB Score Change – with GPA (.003)	Preceptor Total	Preceptor Satisfaction	Student Total	Student Satisfaction
Performance Factors						
<i>Staff turnover rate</i>			.000			.044
<i>Org's participation in Advancing Excellence Campaign</i>		.012	.015			
<i>Org's 3 year ave CMS 5 Star Rating</i>	.071	.017				
<i>Org's indicators of quality:</i>						
<ul style="list-style-type: none"> <i>Number of quality awards received</i> 						
<ul style="list-style-type: none"> <i>3 year customer service trend on "How strongly would you recommend our home/care facility to a friend?"; equivalent?</i> 			.001			
<i>Advancement of culture change</i>	.041	.017	.001		.044	
Site Context						
<i>Number of different service lines</i>	.000	.000	.000			
<i>Organization is technologically advanced:</i>						
<ul style="list-style-type: none"> <i>Org's use of Electronic Medical Records</i> 	.009	.000				
<ul style="list-style-type: none"> <i>Org's use of integrated clinical and business systems</i> 						
<ul style="list-style-type: none"> <i>Availability of internet access for residents</i> 	.004	.001				
<i>Organization's ownership type</i>			.084		.047	
<i>Recent ownership change</i>			.028			.044

* Variables without reported scores were eliminated from the analysis based on their impact yielding the least significance with each model until a .10 p value was reached

Appendix D. Ideal Conditions for an Exceptional AIT Experience

Looking ahead without the restrictions of agencies, providers or the market, the authors would advance the following ideal set of conditions for an optimal field experience for an AIT in a senior care environment:

- All preceptors would be credentialed with at least a bachelor's level of education, five years of experience as a licensed nursing home administrator, at least two years with their current organization, and have completed a preceptor training course that includes exposure to best practices in mentorship and developing talent.

There would be a broad exposure to the continuum of services allowing students to experience skilled services, assisted living independent living and home and community based options, available within the site's organization. This demonstrates the organization is progressive and forward-thinking, and we would hope that exposure to a diversity of services would build the spirit of meta-leadership of operating across the silos of services.

- Experiences would occur at sites that demonstrate a commitment to further enhance their person-centered practices with an accepted culture change assessment tool. All students should be exposed to a person-centered care curriculum in their educational course of studies to build awareness and knowledge of culture change practices, and should also be engaged in applied learning experiences to advance these practices within the organization during the field experience.
- A minimum number of performance thresholds should also be established, including not allowing special focus facilities to serve as training sites. An "ideal" training experience would occur at a site with a minimum of a three star CMS rating, would participate in the Advancing Excellence program, and would have turnover rates lower than the industry average, especially within the leadership/management team.
- Practicum/AIT sites would follow established best practices to develop an "optimal learning environment" culture within their organization.

Note: As future research findings emerge to support additional recommendations (such as length of Practicum or value of compensation), these should also be included in any recommendations.

The authors hope that the research-supported criteria and factors outlined above will be considered by students, participating sites and organizations, and coordinating faculty or state agencies when designing optimal field experiences for future senior care leaders.

Appendix E. Description of Contributing Stakeholders

The researchers for this project conducted three expert panel sessions. The first one was with our Center for Health Administration and Aging Services Excellence board in September 2010. The second was in conjunction with the National Board of Examiners meeting in early November 2010. The final session was held with the American College of Health Care Administrators Winter Market Place in December 2011. An evolving white paper was used to frame the conversation with each of these groups.

The research team used a variety of other approaches to make sure that a good sampling of stakeholder groups were used for this project during the investigation phase.

Initially they surveyed UW-Eau Claire August 2010 graduates of the Health Care Administration program.

The project was also shared, including its implications with all of the program preceptors, via a webinar in the Fall of 2010.

The team also had two separate on-campus group projects focused on the needs of students pursuing an upcoming practicum location.

The researchers also reached out and followed up with other key experts that were not able to attend a formal expert panel. This includes representatives from the Consumer Advocate, Center for Medicare and Medicaid, Senate Committee on Aging, and the Pioneer Network.

A wide variety of stakeholders were electronically surveyed to assess the relative importance of the four thematic areas, and the appropriateness of corresponding usable proxy measures to move forward with a valid profile. This group included the following representative groups: students, alumni, preceptors, CHAASE board members, NAB program directors, other academic faculty, professional and trade association representatives and other identified experts in the field. Additionally, current active Practicum students and preceptors were used in the validation phase of the project this past July and August.

The project team is additionally reaching out to these same groups to get further feedback and critique of this white paper to help insure its applicability and future use for both operational and policy changes in the future.

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