Section 3

Workplace training overview and considerations

How do I organize training in my practice setting?

The complex care core competencies outline an extensive and diverse set of knowledge, skills, and attitudes for a complex care practitioner to master. Although some of these knowledge, skills, and attitudes can be screened for in the hiring process, others will need to be taught and reinforced in onboarding and ongoing training.

Training happens at different stages in the employee lifecycle, including onboarding, staff-wide initial and refresher training, and individualized learning plans. Onboarding training programs must balance both timing and content. A methodical, paced, and streamlined delivery of training materials can reduce overloading the staff with new information and expectations in the first week. However, there are also pressures to get the team members into the field as soon as possible so that they can start contributing to the work and supporting individuals with complex needs. Onboarding training is a balance of job-specific clinical competencies as well as legal requirements and organizational practices that are not competency-related.

Example: Complex care trainers and managers need to identify who receives which trainings and at what frequency. Which trainings does everyone in the organization receive versus just the care team members? Hill Country Community Clinic recognizes that everyone, including the maintenance and IT staff, interacts with their patients and interacts with community members outside of their working hours. Everyone on staff is trained in motivational interviewing and de-escalation because the clinic sees these as fundamental and vital skills both in the workplace and in the community.

For more on who at Hill Country Community Clinic gets trained in what, see: Hill Country Community Clinic **training matrix**. Through this process, they've learned that training all team members or all staff members requires interprofessional communication. Complex care managers need to speak and train in a common language so that it resonates with people from different professions, disciplines, and backgrounds.

Which topics do I prioritize?

Here are a few topics that complex care managers think should be prioritized during onboarding:

- Systems complexity and context (**see page 39**)
  - Organizational and complex care history, principles, and core values: This information builds culture, invites the new team member into a shared history, sets expectations, imparts values, and teaches basic definitions of services. Sharing personal and organizational stories helps bridge the story of self and the story of the team to help identify the commonalities and tap into powerful sources of lived experience.
  - Finding resources in the community: The community is an ever-changing environment and team members need to be connected to their local community to work effectively across sectors.
  - Equity: This provides a shared vocabulary and shared values, sets up expectations and accountability processes, and sparks and facilitates reflection, learning, and actionable commitments to equity and inclusion.
- Person-centered, relationship-powered care (**see page 29**)
  - Person-centered/whole-person care
- Human complexity and context (**see page 19**)
  - Harm reduction
  - Motivational interviewing
  - Trauma-informed care
- Integrated team collaboration (**see page 32**)
  - Flexibility: The environment in which team members are operating is ever-changing and full of barriers; the ability to adapt and change directions based on context, crisis, and needs is essential.
  - Team care: Taking care of the team means mutual support (including psychological safety), working effectively with other disciplines, and building team culture.
  - Role: Effective team members understand their role in individuals' lives; they need to understand and communicate limits and boundaries. They also need to have an understanding of their own and their teammates' roles to deliver comprehensive care effectively and efficiently.

Who should train my complex care staff?

In a practice setting, the best trainers are often other team members. They are familiar with the people, the context, and the available resources in the community. They can more easily adapt the information to the specifics of the site's population and culture, and have credibility because they have done the work. Developing in-house experts offers staff the opportunity to be leaders among peers and to serve as a real-time resource. This approach also creates a sense of accountability to teammates and offers the staff an opportunity to reflect and distill what they are learning in the field.

However, this comes at a cost: time spent developing or conducting a training is not available for clinical work in the field. This detracts from the care individuals are receiving and from team member productivity. Some complex care teams address this by batching new hires together or by conducting routine all-staff training at times when no one is expected to be in the field.

Consumers as trainers: Effective complex care requires practitioners to understand and value the life history, challenges, strengths, preferences, and goals of those being served. Consumers (particularly program graduates) are ideal teachers of these elements, which are rarely taught in a classroom. Consumers can also bring a critical perspective on what elements of care are effective and how team members should and should not act.

There are several ways to bring consumers in as trainers: in-person, on video, or in stories. Regardless of the method, consumers (as with all trainers) should be supported and compensated to provide the best training possible. Pre-training conversations can help frame the training and provide support as requested. Post-training conversations can help the consumer decompress and process. Managers have found that bringing consumers in to train has been easier than they anticipated as long as they provide open communication and appropriate compensation.

Related resources:

- **Building authentic and mutually beneficial partnerships with complex care consumers (Better Care Playbook)**
  Tips for building relationships with consumers including appropriate compensation.
- **Engaging people with lived/living experience: A guide for including people in poverty reduction (Alison Homer)**
  Resources and tips for partnering with consumers of complex care. (See page 15 of the resource for guidance on compensation.)

Quick tip: Here are a few ways to identify individuals with lived experience in your local community:

- ***Amplify*: A consumer voices bureau**
- **National Harm Reduction Coalition**
- **Local speakers bureaus (National Coalition for the Homeless)**
- **Speak Up! (CSH)**
- **Local National Alliance on Mental Illness (NAMI) chapter**

Example: One harm reduction organization facilitated a training for physicians on how individuals use heroin. Individuals with experience using heroin in various settings conducted the training and taught the physicians what the actual harms of injecting drugs might include and what it means to work with a person who injects drugs.

How do I train through supervision?

Supervision of a complex care team requires not only managing the day-to-day administrative and clinical needs of the team but also understanding and supporting the long-term professional development needs of the team. Supervisors should consider the following to get ahead of burnout and support their teams:

- Build team morale
- Celebrate staff and celebrate wins
- Proactively check in with staff members to prevent and address burnout
- Invest in relationships with team members as you would expect them to do with the individuals they serve. Practice authentic use of self and purposeful self-disclosure
- Set clear expectations of roles and healthy boundaries
- Normalize bi-directional learning
- Normalize struggle and set-backs
- Connect the daily work to the systems perspective
- Highlight team member progress and effort, not just outcomes

Complex care frontline staff are often under-resourced and focused on supporting the present needs of the patients. The manager's role is two-fold: to protect the time and cognitive load of staff to allow them to focus on patients by addressing structural barriers (e.g., data systems, bureaucracy), and to support the staff emotionally and clinically. The manager provides the latter at the team level by creating a culture of support and acceptance. They also provide it at an individual level by paralleling the manager-team member relationship to the authentic healing relationship between a team member and a patient.

The manager should be supportive, use motivational interviewing, ask questions, actively listen, collaborate on goals, empower team members, and demonstrate transparency without fear and radical curiosity. Complex care managers prioritize 1:1 supervision time and use the principles of **reflective supervision** to process and work through clinical challenges, countertransference, and symptoms of burnout.

The manager also uses this 1:1 time to observe individual needs and needs across the care team. When a need across a team is identified, they reinforce training through a refresher course or a shorter update version of a training. These will change and shift with the team culture and the current data.

How do I hire and train for attitudes?

Hiring for attitudes: Assessing potential complex care team members on their attitudes as well as skills and knowledge allows managers to consider fit within the team and the field. Complex care teams are looking for applicants whose values match those of the team's and of the field of complex care, as articulated in the complex care core competencies.

Quick tip: How to recruit and assess new hires for attitudes/culture:

- Include only the actual minimum necessary and realistic requirements on the job description. Consider the value of lived experience in addition to the value of formal education.
- Involve members of the team in the interview process. This makes sure that there are diverse perspectives, that the manager's own biases are not dominating the selection process, and that there is buy-in from multiple team members.

- Expose applicants to challenging or controversial content (e.g., a video that demonstrates a harm reduction approach like a safe injection site or **heroin-assisted treatment**) and then facilitate a conversation about it. Ask them how they felt and if they felt uncomfortable, what made them feel that way? Managers who use this tactic are not looking for one specific answer but value self-reflection and strengths-based language.
- Use behavioral interview questions. For example, ask applicants to name a time when they let prejudice or bias affect a situation with a colleague or patient. Managers who use this are concerned when interviewees are not able to name a time because they are looking for team members who are self-reflective, aware, and working on their biases.
- Conduct a role play or use a case study during the interview process using the scenarios in Section 4. Managers who do this look for the applicant to follow the individual's direction and preferences, and use harm reduction techniques. They also watch for non-verbal cues and any biases that arise.
- Use questions specific to your team's values or philosophies. For example, if your team provides trauma-informed care, use trauma-informed care specific interview questions.

There is no expectation that anyone will be free from bias or discomfort. Instead, managers are looking for applicants who are aware of their biases and are open to changing or improving them. They are not looking for saviors who might get burned out easily, not work well on a team, and set their own goals instead of listening to others. Instead, they are looking for team members who are passionate, curious, and empathic. Managers are also looking for team members who are familiar with the community and with the population. Assembling a complex care team that comes from the same community as the population served invests in the community, furthers the mission of improving health and well-being in that population, and facilitates authentic relationship-building.

Training for attitudes: A complex care team member's attitude is the foundation for all of their interactions with individuals with complex needs. Complex care managers do their best to hire individuals who will share common values with the team but this is not always possible. As managers train new team members, they should embrace the idea that attitudes can be informed and evolve through exposure and practice. Managers should encourage self- and group reflection so that all team members grow.

To teach these attitudes, complex care managers can model them by seeking education and spaces for self-reflection. A strong mission statement and set of core professional and/or organizational values can ground and guide a team and their training. Organizational practices that name, celebrate, and reinforce core values are also important to creating a strong culture.

Related resources: The following resources can be used to assess for attitudes and train attitudes necessary for complex care.

- The **Interprofessional Attitudes Scale** was designed to capture healthcare students' self-reported attitudes and beliefs about interprofessional education and interprofessional collaborative practice. Use this to understand baseline attitudes and growth.
- **HEALS training** prepares to facilitate difficult conversations triggered by differences in attitudes or perspectives.
- **Professional Codes or Social Action Statements** can be references for foundational attitudes.

- The **Jefferson Scale of Empathy** is used to measure empathy in physicians, and other health professionals involved in patient care in a clinical setting; as well as students studying medicine and other forms of healthcare in preparation for working in a clinical setting.

How do I train complex care staff?

Training new complex care team members is a critical investment: it can be expensive to pay them to be trained and to pay other team members to train, the timeline between hiring and going out into the field is necessarily short, and the quality of their work will directly impact the quality of life of individuals with complex needs. Training is an ongoing process that is a safe place to practice skills, express emotions and doubts, and build team competency and capacity. Below are a few engaging strategies and activities for training on complex care:

Didactic training: Short lessons or lectures paired with skills practice can help communicate and teach information quickly. In their training plans, managers should include relevant protocols, lead facilitators, target audience, quantifiable objectives, timing, cadence, logistical support needed, and opportunities for continuing education credits.

Quick tip: The following elements should be considered when designing a training module:

- The hook: why should they care?
- The lecture/ette: tell them what they need to know
- The model: show them (video or role-play)
- The rehearsal: they show you (role-play / switch)
- The debrief: they internalize lessons using their own voice (what did you learn?)
- The transition: connection to next training (how does A connect to B?)

Role-plays: Role-plays enable new practitioners to demonstrate and practice complex care skills and techniques in a safe, low-risk environment. A well-developed and standardized case can support practitioners' learning over time by providing new concepts and new challenges to match the didactic learning and situations they are experiencing in the field. Role-plays can happen in-person or virtually, and should include a debrief discussion.

Quick tip: To involve more than two team members in role-play, begin the role-play with an initial set of participants and then call on others to "tag in" to the care team member role at arbitrary intervals. Let the role-play proceed as much as possible but also call a timeout if a comment or question requires immediate feedback or correction.

Shadowing: Shadowing is an essential element of clinical onboarding because it is the best learning environment for new staff. New complex care team members can also be given roles (e.g., scribe, lead one task, listening for something specific) during the shadowing process so that they can practice using tools and techniques. Shadowing can also be used in the clinical hiring process so that the potential care team member and the manager can both assess for fit. Additionally, shadowing frontline complex care team members can be

useful to ground the work of all employees — from those in the finance department to those in HR — in a shared mission and understanding of the organization's impact on individuals and the community. However, this can become a burden when organizations grow rapidly or experience high turnover. It is always imperative to consider the emotional and physical safety of all involved and to obtain patient consent.

Example: Trainees at Southern Illinois University School of Medicine's Survivor Recovery Center have the opportunity to engage with patients in pairs to complete an ecomap. This provides them with the opportunity to use the tool in a genuine situation and understand the real challenges and opportunities of the tool. The pairing also encourages accountability and engagement. They then debrief with their supervisor. The supervisor has found that when trainees are given a role with real responsibilities that pushes them, the trainees rise to the challenge and learn in a deeper way.

Accountability and engagement: In some organizations, training can be viewed as optional or less important than addressing time-sensitive patient needs. To effectively teach challenging concepts and skills, participants must be prepared and fully engaged in the training activities. Here are a few ways managers have encouraged accountability and engagement in training activities:

- Assign team members to try a tool in the field and come to a debrief or training prepared to talk about the experience
- Include incentives in the homework such as, "the first person to find this line and email me will get a gift card"
- Tell everyone to review materials to prepare for a simulation or role-play then select only a random subset to participate
- Separate into breakout groups of pairs or triads. In a triad, A is the practitioner, B is the recipient, and C is the observer who provides feedback. Then everyone switches roles in the next round.

Observation as assessment: Managers use observation while shadowing and during role-plays to evaluate a potential team member for fit; to assess for gaps in knowledge, skills, and attitudes; and to inform future training. Often, non-verbal cues and body language are just as informative as verbal communication. Complex care team managers should watch to ensure that team members interact with individuals with dignity and person-centered care. Cues from the individuals receiving care can also be telling: Is the person opening up? Are they quiet and nervous or suspicious? What is it about the team member that may be triggering that? Prior to observation, managers should set expectations for roles and can inform the team member that they may provide cues to redirect or may step in to act as a buffer in the interaction if necessary.

Debrief: Debriefing is vital regardless of the educational strategy. This is where learning is made explicit and where changes can be integrated into practice. Although debriefs do not have to be formal, they should be built into routines so that they are normalized. Managers should incorporate concepts of growth mindset, exploration, and non-judgement among colleagues to create psychological safety to learn and practice new and very difficult skills. Questions can include:

- What worked?
- What didn't?
- What felt uncomfortable?
- What might you be taking home today (positive or negative)?
- What did you hear that you liked?
- What could I do differently?
- What surprised you?

Related resource:

- Here is an **example debrief session** from the Camden Coalition and Adventist Health.

Building team culture: Team routines can build accountability, cohesiveness, and competency. Here are a few routines that build team-based competencies among all members:

- Share metrics: To foster accountability and friendly competition on one team, metrics about enrollment are sent out every Monday morning. This friendly competition encourages each team member to do their best throughout the week. Metrics are part of many teams' feedback loop, but it takes trust in leadership to view this practice as an inspiration to build relationships with more individuals and not punitive for not checking enough boxes.
- Morning meeting and debrief: To increase team communication and cohesiveness, every day begins with a brief meeting to note who is there, who is covering, what needs can be anticipated, and if there are any updates. They also hold a debrief at the end of the day to process and prepare for the next day.
- Daily team huddles with rotating host: The host provides a silly or engaging opener that the team briefly discusses and then teammates exchange updates and shout-outs. This provides the team with an opportunity to be vulnerable, share how they are feeling, and build each other up. The rotating host position provides teammates with the opportunity for shared leadership and to set and run a meeting in a low-stakes environment. If attendance is open to all, this space can be used for others in the organization to routinely connect with care team members

How do I evaluate complex care staff?

The complex care core competencies and sub-competencies can be used to evaluate complex care team members. They can be used as a supervisory tool to identify gaps in learning and to measure progress. Here are a few considerations regarding team evaluation and fidelity:

- Conduct annual reviews that include a self-assessment, a managerial review, and a peer review. This requires comfort, trust, and communication on the team.
- Be specific when identifying team member strengths in the evaluation. Work with the team member to figure out how those specific strengths can help the team member overcome their challenges.
- Approach evaluation from a trauma-informed lens. This means recognizing that team members need support and encouragement in their evaluation rather than being treated like a set of numbers on an evaluation. Emphasize the importance of honesty and vulnerability in self-assessments. The most interesting and productive part of a self-assessment is the discussion that it prompts. This may mean eliminating numerical rating for categories and instead encouraging deeper written or verbal reflection.
- Evaluations can also be used to help team members recognize and understand non-clinical goals. For example, assessing documentation and productivity is important to make sure that individuals are receiving care and that communication about that care is clear, but it may also be important for funding purposes or to show potential for expanding to other sites. Help team members connect their clinical work to these larger goals.
- Develop a culture that values growth mindset, honesty, timely feedback, and is able to have crucial conversations. This will encourage ongoing communication, feedback, and growth.