



Hybrid Virtual Home Health Aide Training Pilot: *Lessons Learned*

INDUSTRY BRIEF | DECEMBER 2020

PROGRAM OVERVIEW

In response to the COVID-19 public health crisis, in June 2020 the New York Alliance for Careers in Healthcare (NYACH) and the New York City Department of Small Business Services (SBS), in partnership with the City University of New York (CUNY), launched an emergency hybrid virtual home health aide (HHA) training program to help meet a sudden increase in demand in the healthcare workforce. The need for HHAs in New York City skyrocketed during the early days of the crisis due to 1) increased HHA absenteeism and attrition out of fear of infection; 2) quarantine policies that keep HHAs out of the field after an exposure to COVID-19; and 3) the halt of in-person, employer-based training that typically allows for a steady pipeline of HHAs.

According to 2019 Bureau of Labor Statistics data, there are almost 150,000 HHAs in NYC and over 900 homecare agencies. Homecare represents the number one fastest growing occupation in the country, due to a rapidly aging baby boomer population reaching retirement and a declining family caregiver-to-elder ratio.

HHAs care for individuals in their homes under the supervision of nursing staff. They provide personal care to patients including supporting them with activities of daily living, such as general housekeeping, meal preparation, bathing, dressing, and grooming. HHAs may also perform routine health tasks, such as checking vital signs, changing bandages, and dressing wounds. While HHAs generally work for home care agencies, as of writing, a NYS executive order allows HHAs to work in NYC's 168 skilled nursing homes as nursing assistants during the COVID-19 crisis as well.

The training program launched in mid-June 2020 with the final cohort concluding in late-November, training a total of 112 individuals. Successful training

participants are entered in the [NYS Home Care Registry](#) and begin work with one of three NYC-based homecare employers who partnered on this initiative.

This industry brief details this pilot initiative including lessons learned from the implementation team's observations as well as survey feedback from participating trainees and instructors. We hope this information will be of value to others in the sector interested in establishing their own hybrid virtual trainings.

This program was designed with three objectives in mind. First, it was intended to address the acute workforce shortage resulting from the pandemic by directly training workers. Second, the program was designed as a pilot to determine whether hybrid virtual training could be used during the pandemic as an emergency measure to support the pull-back of in-person training. Lastly, the pilot was forward looking, designed to inform if a virtual modality could hold additional value for the training pipeline after the pandemic.

Given both the success of the pilot and the real operational challenges of implementing the program, we strongly recommend that training providers embark on offering a hybrid virtual training only after careful consideration and upfront planning. Hybrid virtual trainings are only of value to providers and the industry if they produce workers who feel adequately prepared to do their job, and if done with sufficient resources dedicated to staff development, curriculum adaptation, and technology support needed that the results of this new modality can be reasonably compared to in-person training.

PROGRAM QUICK FACTS

Training providers:



NEW YORK CITY COLLEGE OF TECHNOLOGY
CITY TECH

Training Staff:

Each cohort was staffed by:

- Nurse Instructor
- Teaching Assistant
- Educational Case Manager

Both training providers were supported by a Nurse Coordinator who was responsible for class preparation and adapting curriculum for online training, supervising staff and tech support from both colleges, and coordinating the Supervised Practical Training (SPT) with Employer Partners.

Participant Eligibility Requirements:

- Completion of application including full registration with SBS's Workforce1 system
- Fluency in English
- Willingness to work with COVID-19 positive patients
- Passing a brief cultural competency and math assessment
- New York City residency

Recruitment/Screening Process:

1. Application published on SBS website and promoted by partners at Human Resources Administration (HRA), New York City Housing Authority (NYCHA), and NYC Department of Education District 79.
2. SBS/Workforce1 reviewed complete applications on a weekly basis.
3. Eligible applicants completed brief assessment and phone screens conducted by Workforce1.
4. CUNY information session and interview (step added only for final/fourth cohort).
5. Employer partners interviewed selected applicants by phone.
6. Selected applicants were admitted to training program.
7. WF1 contacted applicants that were not selected to discuss alternative training and/or employment opportunities.

By the Numbers:

Program timeline

June 2020 - December 2020

Number of cohorts

4 cohorts

2 classes per cohort

Maximum class size of 20 students

Numbers

3,400 total applicants

135 applicants admitted to program

112 trainees enrolled

86 trainees completed program

33* received at least one home care case

**as of writing, hiring data was available for only 3 of 4 total cohorts.*

Training Model:

- 1 day per session of orientation to technology and instruction
- 15 days of live remote online instruction (100 hours total)
- 2 days (16 hours) of SPT in-person and on-site at employer partner facility.
 - SPT was conducted in groups of up to 10 training participants and with accommodations for PPE and social-distancing requirements.
 - While on-site for the SPT, employer partner HR representatives typically met with students to provide them with onboarding information and paperwork.
- Optional tutoring sessions offered weekly by Teaching Assistant

Technology:

- Didactic class sessions taught live via Zoom online meeting platform
- Classroom material, attendance, and other logistics support by Google Classroom
- CUNY IT professionals helped instructors and training participants with technology setup and troubleshooting

Curriculum:

- The standard HHA curriculum was used with modifications for the remote-learning context and with additional modules/activities on enhanced communication skills and caring for clients during COVID-19.
- Instruction was conducted as a combination of lecture, presentations, videos, breakout group activities, and independent reading.
- Course worksheets and readings were posted in Google Classroom, where training participants contributed to written discussions and submitted assignments.
- The instructors tracked training participants' grades and attendance in Google Classroom.
- Training participants' information and materials were kept confidential by instructors in accordance with standard CUNY policy.

Authentication:

- Application, enrollment, attendance, and completion records compared for consistency
- Training participants required to be on-camera for all Zoom class sessions and to sign into Google Classroom at the beginning of each training day
- SPT conducted in-person

FEEDBACK AND EVALUATION

The evaluation was collected through site visits, mid-point and end-point surveys, and an instructor-feedback survey, as well as in regular check-ins with employers on participation in the model and employment status of training participants.

Student Feedback

Student job preparedness

Students generally reported feeling comfortable and well prepared for the SPT and for the job of HHA:

Survey item	Agree/ Strongly Agree
The classroom training prepared me to complete my 16-hour Supervised Practical Training.	90%
I feel comfortable and prepared to provide all aspects of personal care – including transferring and feeding patients.	95%
I feel comfortable and prepared to communicate with clients, client family members, and employers.	95%
I felt prepared to start working when I completed the training.	92%
n = 61	



The virtual classes are excellent! The instructors and staff are extremely knowledgeable and make the class fun and intriguing. The textbooks and worksheets are also clear and easy to learn.



Experience with virtual instruction

Students were generally positive on the hybrid virtual experience:

Survey item	Agree/Strongly Agree
It is easy for me to use the virtual classroom (Zoom and Google Classroom).	87%
Did you go to virtual office hours, and if yes, did you find them helpful?	31/75 students went to office hours 30/31 found them helpful
Would you do another virtual training?	97%
Would you tell another person to take this class?	98%
n = 61	

While not all students preferred virtual, it was clearly a better option for some:

“I enjoyed having the option to learn from home. I am normally shy but here I feel like I don’t need to be embarrassed because I don’t know something.”

That said, when asked what they would change, students universally expressed concerns about the amount of class time spent on Zoom, and especially the length of time they were required to be on camera:

“It was not very effective in helping learn the material to me. It was uncomfortable being watched every second on video for many hours unable to move or have a moment to use the bathroom without being asked why you stepped away for a short time.”



Instructor Feedback

Instructors largely had a positive experience teaching the online HHA training, with all instructors rating their experience as Very Good (highest rating option). At the same time, however, all indicated that remote instruction was “somewhat more challenging” than live instruction.

Before the online training program began, instructors made changes to the curriculum to better suit an online learning environment. As one instructor noted:

“The curriculum was updated to become more user friendly. We also incorporated Power points [sic] to assist the students with their reading assignments, especially the slow readers or the ones dealing with family issues. We also made some changes with the quizzes to reflect the changes in the curriculum. The power points filled in for use of the black board and other types of presentations that would have been made in a traditional classroom.”

Feedback on ease of teaching curriculum through a virtual modality

Instructors had mixed feelings on the ease of transitioning the standard curriculum to the virtual format:

- When asked to compare their experiences teaching individual modules virtually or in-person, roughly two-thirds of instructors consistently reported that the virtual modality made no difference to their teaching experience, with one-third reporting that they preferred in-person instruction.
- Three modules stand out, however, for which all instructors preferred in-person instruction: Food Nutrition and Meal Preparation, Care of the Home and Personal Belongings, and Personal Care.

Instructor experience with Google Classroom and Zoom

- Experience was largely positive, with all instructors indicating that the technology was either “somewhat easy” or “very easy” to use. As to be expected, there were more challenges with the technology at the beginning of the program, with instructors becoming more familiar with the tools as the program progressed.
- Instructors were also grateful to have the orientation and troubleshooting support of SBS and CUNY technology support.

On the requirement of students to keep their cameras on

- Instructors reported the most challenging aspect of running a virtual classroom was reminding students to keep their cameras on.
- While training providers recognized that keeping cameras on was the best way to ensure students were paying attention and to verify their identity, instructors on the whole did not think this was the best practice:

“Students should not be on Zoom for such long period of time for the class. Zoom should be used for attendance and Introduction for (30mins) daily, then students should go into the Google classroom and complete assignments.”

Experience with in-person, properly protected, SPT

- 67% of instructors rated their experience teaching the in-person SPT as Very Easy, and 33% rated their experience as Neutral.
- Instructors reiterated the importance of clearly communicating to students in advance the PPE and social distancing protocols required for the SPT, to ensure students were adequately prepared for the experience.

IMPLEMENTATION & LESSONS LEARNED

Prepare technology support for instructors and trainees

Issues with technology posed the biggest challenges at program launch, including instructors' lack of familiarity with virtual instruction and the lack of clear technology requirements for training participants.

To address instructors' challenges, we added additional technology upskilling sessions hosted by SBS and CUNY IT provided ongoing support during training. While this certainly helped and got the program to a place where it could function, instructors did have persistent challenges with adapting to virtual teaching and incorporating best practices that were shared with them.

To address challenges in recruiting appropriate candidates, we added clarity to the recruitment and screening process, providing greater detail on required technology to participate in instruction. Most notably, this included

informing candidates that they could not use their cell phones as their only learning device, and being clear that they could not prioritize other tasks while learning (e.g. childcare, a second job, etc.). We also implemented a technology orientation day starting with the second cohort, which allowed participants to become familiar with Zoom and Google Classroom functions and best practices.

The curriculum also needed to be adapted in order to be successfully conducted virtually. For example, something as simple as a handout typically used for an in-person classroom needs to be reformatted so that it is editable and accessible via a learning management system (LMS). The selection of the type of LMS is also critical for remote instruction, as there are a number of different platforms and careful selection is critical for the training's success.

Consider trainees' access to technology

In theory, a virtual training, with its flexibility and lack of commuting time, creates more access to training for New Yorkers. While this is true for many, there are also many New Yorkers who do not have access to the required technology or consistent internet connection.

The program included a limited technology support budget for training participants, however due to administrative hurdles posed by the pandemic when the program began, the procurement and distribution of laptops/tablet devices to participants was not feasible.

Therefore, candidates' participation in the program required that they had pre-existing access to the necessary technology, which ultimately did not impede enrollment given the large number of initial applicants.

Anyone considering starting a similar program should understand that eligible training candidates may not have access to a laptop or tablet with camera. Implementing a similar program may require a plan to procure and distribute devices, including their purchase, delivery, and eventual collection.

Set clear expectations for candidates before enrollment

In addition to technology expectations, many prospective training participants did not fully understand the schedule and participation requirements which resulted in some participants dropping out of the course shortly after they were admitted. Commonly cited reasons for this drop-off included: lack of childcare, schedule conflicts (participants were only allowed to miss 1 day (8 hours) of instruction), health issues, and—to a lesser extent—alternate/conflicting employment.

To address this issue, we modified the recruitment process, introducing additional information sessions and

interviews before selection, adding an over-enrollment strategy to account for an expected drop-off, and modifying the division of responsibilities between Workforce1 and CUNY.

This adjusted recruitment process can be tentatively considered a success—the last cohort, which ended November 24, began with 18 students enrolled out of the 21 invited for CityTech, and 15 students enrolled out of the 19 invited for City College.

Ensure on-camera time is warranted and effective

Given that the length of on-camera time for training participants was particularly challenging for students and instructors did not feel strongly that it was necessary, we recommend anyone implementing a program like this to consider reducing this requirement.

In particular, we recommend requiring students to have their cameras on for the beginning and end of a class session for attendance and authentication purposes. Beyond that, we encourage training providers to consider where and how they can reduce on-camera time. On-camera time may not be necessary for all of lectures, activities, independent reading, assessments etc.

In-person SPT is important

In May 2020, when we were first designing this virtual HHA training program as an emergency response effort to the COVID-19 pandemic, we believed that we should attempt to convert all parts of the training, including the SPT, into a virtual format. After discussion with representatives from NYS government, PHI, and other key stakeholders we arrived at the model described in this report – one where didactic instruction was conducted virtually, but the SPT was kept in person. In retrospect, this was incredibly important to the success of the program. We at NYACH and SBS, the instructors, and the participating employers are all in agreement that conducting the SPT in person was critically necessary to ensure the competence of workers before they are assigned their first case.

It should be noted that the in-person SPT created a couple of additional logistical challenges and instructional benefits:

- Social distancing required fewer students in a classroom at a time, which was beneficial for instruction, but effectively doubled the amount of time required for both classroom space reservation and instructor availability.
- PPE required additional costs above and beyond what would ordinarily be necessary for conducting the SPT component of the training.
- As PPE was required during the SPT, students were more prepared to follow PPE-related protocols while on the job.

Additional implementation observations

We encountered a few additional challenges with the set-up and recruitment for the program not otherwise discussed in this report, due to the speed and concomitant pressure of trying to get the pilot up-and-running as quickly as possible to react to the urgent demand.

As is to be expected, the desire to expedite an emergency launch presented new challenges to standard administrative processes (e.g. contract management, coordination across program partners).

Furthermore, it affected the customary division of labor between Workforce1 and training partners in the recruitment and screening of applicants. Workforce1 was exclusively responsible for this process at launch, with in-

depth screening ultimately transitioned to CUNY staff for the fourth cohort when they were up to speed on the initiative, reflecting historical precedent. They were able to provide a more robust explanation of course requirements, which proved to be helpful with the attrition rates.

There were also a number of candidates who submitted an interest form but did not register with Workforce1, an applicant oversight that interrupted normal recruitment workflow. In the end, this fact did not impede the launch of the program as there was an overall high volume of interest, but it could have been if program interest had been less.

CONTACT US

If you would like to learn more about the experience implementing this Hybrid Virtual HHA Training Pilot, or if your organization is considering implementing your own hybrid virtual training, NYACH and the SBS Healthcare Training team are happy to discuss further the experience of launching this pilot program, answer any questions, and connect you to additional resources. To do so, please reach out to NYACH Director Daniel Liss: dliss@sbs.nyc.gov

For further reading on efforts to support the long-term care sector during the pandemic, please read NYACH'S September 2020 industry brief [NYC COVID-19 Emergency Response Efforts in Long-term Services and Supports](#).

ABOUT THE NEW YORK ALLIANCE FOR CAREERS IN HEALTHCARE

The New York Alliance for Careers in Healthcare (NYACH) is the healthcare industry partnership at the NYC Department of Small Business Services. Founded in 2011, NYACH is a public-private partnership with the NYC Workforce Funders to better inform investments in the fast-changing healthcare sector.

As the healthcare industry partnership, NYACH: convenes stakeholders throughout the sector to identify and address employer and workforce needs; helps education and training organizations adapt their approach to better meet those needs; builds accessible onramps and community pipelines to ensure low-income and unemployed New Yorkers have access to viable career pathways in healthcare; and serves as a healthcare industry subject matter expert for City stakeholders.

NYACHnyc.org

ABOUT THE NYC DEPARTMENT OF SMALL BUSINESS SERVICES

The NYC Department of Small Business Services (SBS) helps unlock economic potential and create economic security for all New Yorkers by connecting New Yorkers to good jobs, creating stronger businesses, and building thriving neighborhoods across the five boroughs.

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