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Office of Apprenticeship Training
Employer and Labor Services (OATELS)
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United States Department of Labor



**Registered
Apprenticeship
Trends in
HEALTH CARE**

Registered Apprenticeship In the Health Care Industry



Registered Apprenticeship training plays an important role in developing skilled workers. With the combination of on-the-job learning, related instruction, mentoring, and incremental wage increases, the apprenticeship model can be an effective system for addressing human resource issues and skill shortages that many industries/businesses face. Registered Apprenticeship can provide the expertise and knowledge individuals need to do their jobs effectively and advance in their careers.

Twenty-first century apprenticeship allows for a flexible competency-based training strategy that enables apprentices to move through a program at her/his own pace, benchmark the achievement of each set of core competencies and build a portfolio of skills and interim credentials that validate the acquired skill levels. Additionally, the related instruction is articulated with many two- and four-year colleges, allowing apprentices to work toward a degree. This is good news for the health care industry because it meets many of their human resources and skills training needs.

The apprenticeship training model is used extensively in health care without being called "apprenticeship." Simply look at how doctors and nurses are trained. Today's health care professionals are integrating the Registered Apprenticeship model into their

training strategies to create a continuum of career advancement opportunities from entry-level positions to advanced professionals.

With the health care workforce shortages looming over the next several decades, providers need to look at new ways to recruit and retain workers, improve patient care and watch the bottom line. The Registered Apprenticeship model has proven its ability to address these and other issues in other industries and should become part of the human resources and training strategy for health care. The model offers an efficient, flexible training system that is responsive to new technology to keep workers up-to-date on skills they need to do their jobs.

The U.S. Department of Labor (DOL), Employment and Training Administration (ETA), Office of Apprenticeship Training, Employer and Labor Services (OATELS) has made a strategic decision to introduce the model to the health care industry. "Advancing the Apprenticeship System" is one of the department's key initiatives, with investments of more than \$12 million to fund apprenticeship programs in new industries through the President's High Growth Jobs Training Initiative. They include:

- Health Care
- Advanced Manufacturing
- Information Technology

- Maritime Trades - Transportation
- Military - Indiana National Guard
- Geospatial Technology

The following case study looks at early results of investments and marketing efforts in health care. Even though the project is young, there are promising trends that point to the value of apprenticeship:

Benefits to Employers

- Greater competence of employees
- Reduced turnover rates
- Greater employee retention
- Lower investment in recruitment
- Higher productivity
- Improved quality of patient care
- Improved quality of services
- More diverse workforce

Benefits to Apprentices

- Nationally recognized and portable certificates
- Improved skills and competencies
- Increased wages as a result of mastered competencies
- Ability to advance in career
- Higher self-esteem based on enhanced skills and certifications

Industry: **HEALTH CARE**

Critical Skills Shortages Prompt Shift in Training Approach

The health care industry is one of the nation's largest industries and is expected to add nearly 3.5 million new jobs between 2002 and 2012—a projected growth of 30% compared to 15% total employment growth. With the rapid growth of the aging population and the continuous advances in medical technology, the health care industry faces critical worker and skill shortages, especially in nursing occupations.

- Ten out of 20 occupations projected to grow the fastest are in health services.
- Fastest growing health occupations include: medical assistants (59% growth), physician assistants (49% growth), home health aides (48% growth), medical records and health information technicians (47% growth), and nurses (27% growth and projected to produce the largest number of jobs).
- About 800,000 long-term caregivers are needed in the next seven years, with nursing homes facing an immediate shortage of 115,000 workers.
- Hospitals constitute less than 2% of all private health care establishments, but employ nearly 40% of all workers (45% when government hospitals are included).
- Most jobs in health care require less than four years of college, but most technical jobs require at least a two-year technical degree.

Source: Bureau of Labor Statistics, 2004

Project Overview

The health care industry faces critical skill and worker shortages, particularly in nursing occupations. To help address the challenge, DOL awarded the Council for Adult and Experiential Learning (CAEL) an 18-month grant in spring 2003. CAEL, a national nonprofit organization, creates and manages effective learning strategies for working adults through partnerships with employers, higher education, government, and labor.

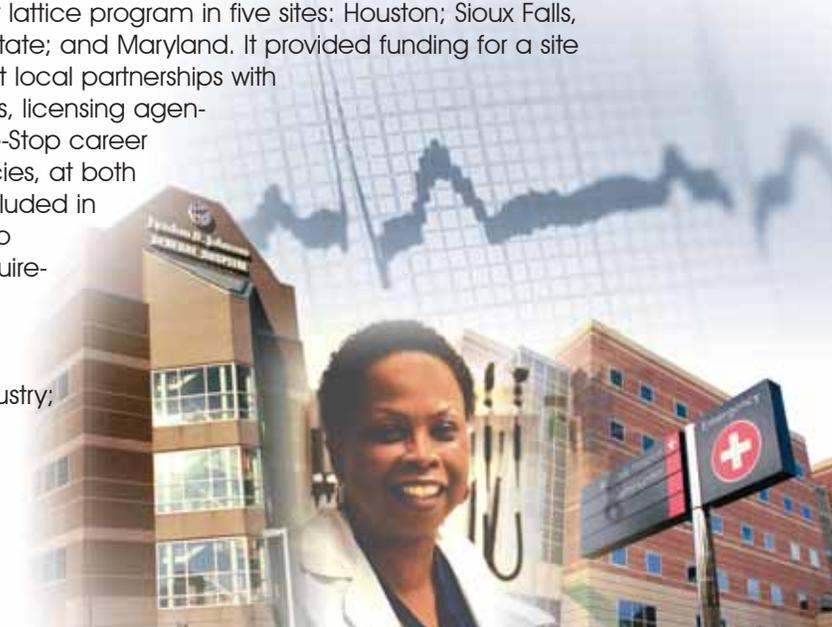


Traditionally, programs have focused on training Registered Nurses without consideration to creating a pipeline. CAEL took this unique approach of building a career lattice, so that anyone with an interest in a nursing career could enter at a lower, middle, or upper rung. CAEL designed a nursing career lattice to increase the number of Certified

Nursing Assistants (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs). It combined the Registered Apprenticeship training model for the CNA and LPN with online instruction and clinical training for the Associate Degree in Nursing (ADN).

CAEL implemented the nursing career lattice program in five sites: Houston; Sioux Falls, South Dakota; Chicago; Washington State; and Maryland. It provided funding for a site coordinator at each location who built local partnerships with health care providers and associations, licensing agencies, educational institutions, and One-Stop career centers. Health care regulatory agencies, at both the national and state levels, were included in all phases of program development to address issues related to licensing requirements.

Registered Apprenticeship was a new training model for the health care industry; therefore, CAEL, OATELS, and State



Apprenticeship Council (SAC) staff worked together to educate potential partners about its structure and benefits prior to recruiting employers. To provide broad-based leadership, CAEL established a national advisory board, as well as a local advisory board at each of the five sites.

Over the course of the grant, site coordinators mentor training curricula and developed standards to comply with licensing requirements for CNA specialties, including pediatric, geriatric, dementia, and restorative care.

Employers at all the CAEL sites began by focusing on training and developing their existing employees to increase retention and reduce recruitment costs. Many of the apprentices came from other departments such as housekeeping and food service. They prepared them for CNA certification or trained existing CNAs in specialty areas. By providing a career lattice for CNAs, with a flexible training schedule, wage increases, and the opportunity for career advancement, employee retention was expected to increase. This, in turn, would reduce recruitment costs and worker shortages.

CAEL staff took steps to ensure the sustainability of the program at all sites through working to shift financial support for the site coordinator to local partners. At the end of the grant period, local OATELS/SAC staff continued to expand Registered Apprenticeship to other health care employers.

Role of Registered Apprenticeship

Local OATELS and SAC representatives play a major role in establishing Registered Apprenticeship programs. Apprenticeship staff recruit employers, form partnerships, and provide technical support throughout program implementation. They educate partner representatives on the structure and benefits of Registered Apprenticeship and ensure the sustainability of the programs after grant funding ends. In Houston, for example, OATELS staff introduced the training model to the Harris County Hospital District (HCHD) prior to the implementation of the CAEL nursing career lattice. Similarly, the state director in South Dakota began establishing relationships with the Good Samaritan Society one year before program implementation.

Employers indicated that they value Registered Apprenticeship as a long-term solution to their workforce needs. Including Registered Apprenticeship as an opportunity for career advancement, they report, attracts many applicants and raises the professionalism of the CNA position. This is particularly critical for long-term care facilities, where CNAs are in great demand. According to employers, the CAEL career lattice is a natural fit for them to promote employee advancement and reduce turnover. Employee retention is the main reason employers said they adopted Registered Apprenticeship. When the career lattice was introduced to HCHD, for example, unit clerks—a position that was

Workforce Challenges

State workforce professionals and senior executives within the health care industry identified the following workforce challenges:

Recruitment and Retention

- High turnover rates, especially for entry-level occupations (e.g., CNAs)
- Difficulty recruiting, especially in rural areas
- Insufficient career appeal

Education and Training

- Limited qualified nursing faculty
- Insufficient basic skills of potential trainees (e.g., insufficient prerequisite courses met)
- Difficulty meeting state licensing requirements
- Limited funding/resources and training capacity
- Lack of training flexibility (e.g., schedules)
- Increased need for high-tech training

Workforce Diversity

- Lack of diversity among health care workers (e.g., ethnicity, language, age)
- Limited feasibility for nontraditional students (i.e., those not following formal academic training) to enter and advance in nursing professions
- Insufficient marketing of career opportunities to youth and young adults

Sources: DOLIETA Environmental Scan;
DOLIETA High Growth Industry Profile

Apprentice Profile

Ana Cavazos is a mother of five children; her goal was to advance beyond receptionist. She watched other colleagues advance in their careers, but her personal circumstances prevented her from getting the formal education needed to become a CNA. The nursing career lattice provided the opportunity Ana needed to pursue her ambitions.



Ana Cavazos
Apprentice
Lyndon B. Johnson Hospital
Houston

It was not an easy path for Ana. She had to get her GED while preparing for her CNA certification. She had dropped out of school a long time ago and returning to the classroom was a new experience. Ana's teachers, however, made her feel comfortable and her coworkers, nurse supervisors, and family members provided encouragement and support.

Ana took advantage of the weekend Registered Apprenticeship program designed by the Houston Community College and was able to continue her regular work hours. The hands-on experience gave Ana the chance to put what she learned in the classroom to practical use.

As Ana transitioned to clinical work, she gained confidence and earned the respect of patients. They began asking for her by name because she cared about them. "I have been one person to make a change," Ana said. "I take my job more seriously now, and I care about patients."

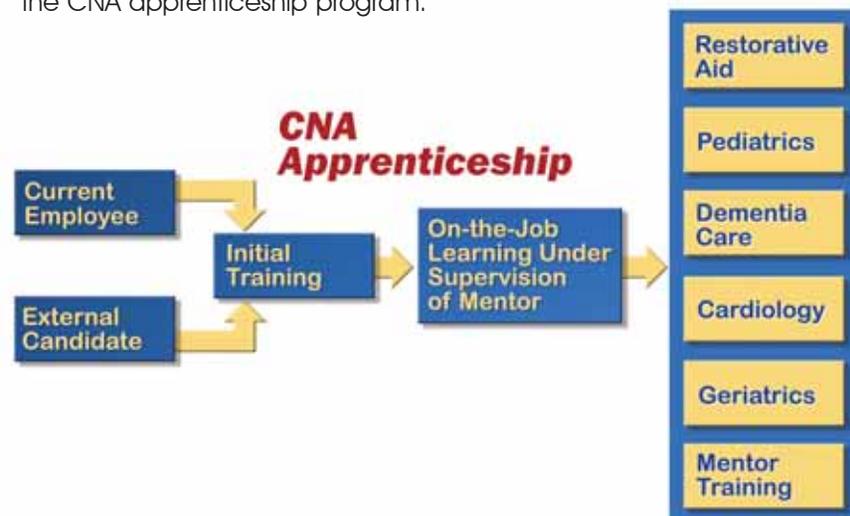
Ana received her CNA certification, as well as a salary increase, and was promoted to Clinical Clerical Technician. She gained experience by working with doctors and learning the medical aspects of her job. Ana now hopes to pursue her LVN and RN degrees. "I know I can do it," she said.

being eliminated—were allowed a two-year period to obtain their CNA certification. By training them to become CNAs, HCHD was able to retain existing employees, many of whom were bilingual and committed to the organization. According to the director of staffing services at Genesis ElderCare in Maryland, "reduced CNA turnover results in reduced LPN/RN turnover, reduced use of recruiting agencies, reduced work stress, and increased quality care and customer satisfaction."

Registered Apprenticeship provides an avenue for enhancing worker skills, according to employers. The nursing career path, employers said, provides a competency-based learning method that enhances the skills of existing CNAs and increases the quality of patient care. Having a program that can be implemented in a nontraditional way (i.e., other than formal academic training) particularly helps health care facilities in rural areas where most Good Samaritan Society centers are located.

Apprentices perceive the Registered Apprenticeship program as an avenue to expand their education and professional growth. Registered Apprenticeship enables apprentices to advance in their careers while maintaining their income, according to some apprentices who were interviewed. It also increases their nursing skills, improves their self-esteem, and helps them provide better patient care.

The following diagram shows the progression of the CNA apprenticeship program.



Employer Profile



Dr. Neal Eddy

Vice President for

Learning & Strategic

Integration

Good Samaritan Society

Sioux Falls, SD

if “I wanted to provide more curriculum and training for CNAs and focus on competency-based learning. Registered Apprenticeship is an excellent means by which that happens.”

The Society seeks to train individuals at the entry-level all the way to Registered Nurses. It already had a “Grow Our Own” program to develop Registered Nurses, but adopted Registered Apprenticeship to train CNAs in specialty areas. “The concept of Registered Apprenticeship appealed to us,” Dr. Eddy said.

The Evangelical Lutheran Good Samaritan Society is the nation’s largest not-for-profit long-term care organization. The Society owns or manages more than 240 centers in 25 states, employs 24,000 staff members, and serves more than 28,000 residents.

Many Society facilities offer various specialty services, including Alzheimer’s, restorative, and hospice care. Its main campus, a residential care facility, is in Sioux Falls, South Dakota. The facility also houses a distance learning system. About 70% of the Society’s centers are in rural areas, where access to traditional methods of training is limited or unavailable.

According to Dr. Neal Eddy, the Society adopted Registered Apprenticeship because

The OATELS state director at the time introduced Dr. Eddy and his staff to the concept of Registered Apprenticeship. In fall 2003, the Society began implementing CAEL’s nursing career lattice program in five of its centers, using the apprenticeship training model. Related instruction was delivered through the Society’s distance learning center, while on-the-job learning was accomplished at each center. During the 18-month pilot program (March 2003-September 2004), 65 CNAs were trained in specialty areas, including geriatric, dementia, and restorative care. The Society expanded the program to include five additional centers and plans to implement apprenticeship in all its centers in the future.

Registered Apprenticeship is an important tool for retaining staff and is a step toward ensuring career development. It also builds employees’ confidence and self-esteem, which in turn improves the quality of patient care, according to Dr. Eddy. As the director of one center explained: “We are a service industry. Our customer service needs to be top-notch. The goal is to provide the best possible care for the residents and their families. The program is a tool for that goal. Ultimately, that is the reason we do what we do.”



Role of Educational and Training Organizations

Local community colleges work with employers and licensing agencies to design instructional programs to meet state requirements, as well as the educational needs and work schedules of apprentices. The Houston Community College, for example, has a weekend CNA instructional program to accommodate the training requirements of incumbent workers at the Harris County Hospital District community health care centers. The Good Samaritan Society has its own curriculum and uses its distance learning facilities to reach the centers where Registered Apprenticeship programs are established for the CNA program.

Each CAEL site has partnerships with one or more community colleges. Community colleges include:

- Chicago City Colleges; Oakton Community College (Chicago)
- Houston Community College; San Jacinto Community College (Houston)
- Montgomery College; Columbia Union College (MD)
- Lake Area Technical Community College; University of South Dakota (Sioux Falls, SD)
- South Seattle Community College; Healthcare Education Institute (WA)



Role of Workforce Development System

Each CAEL site partners with the state workforce development system (i.e., One-Stop career centers and local Workforce Investment Boards) and uses available resources and services. OATELS/SAC and CAEL staff play a major role in establishing these partnerships. SAC and CAEL staff in Maryland, for example, partner with the health care committee of the Governor's Workforce Investment Board (GWIB) and tap into available funds for tuition reimbursement. WorkSource in Houston provides the needed funds for tuition fees for qualified apprentices. Health care employers increasingly seek qualified applicants from the local workforce development offices. One-Stop career center staff say, however, that the number of skilled health care professionals they could refer is limited. Educating career center staff about Registered Apprenticeship is an important step in gaining acceptance of the training model.

Participating workforce development systems and community partners include:

- Mayor's Office of Workforce Development; Chicago Workforce Board; Workforce Board of Northern Cook County; Metropolitan Chicago Healthcare Council; Illinois Council on Long-Term Care (Chicago)
- The WorkSource; Greater Houston Area Health Education Center (Houston)
- Governor's Workforce Investment Board; Montgomery County Division of Workforce Investment Services; Maryland Hospital Association (MD)
- South Dakota One-Stop Career Centers (Sioux Falls, SD)
- Snohomish County Workforce Development Council; Workforce Training and Education Coordinating Board; Eastern Washington Partnership Workforce Development Council (WDC); Southwest WDC; Sea-King WDC (WA)

Preliminary Observations

Registered Apprenticeship, which is the training model used in implementing the CNA and LPN rungs of the nursing career ladder, addresses the health care industry workforce needs in many ways.

Recruitment and retention:

Interviews with employers and apprentices indicate that job seekers who have a clear understanding of position requirements, and have an opportunity for advancement along a career lattice, once hired are more likely to remain in their jobs longer. On the other hand it appears that current employees, who are vested in the organizations, tend to stay on when given the opportunity to advance in their careers while maintaining their income. Registered Apprenticeship is expected to “defer turnover, which is very costly,” according to the vice president of the Maryland Hospital Association.

Cost-effective training method:

Staff replacement and recruitment are among the highest costs to health care. By increasing retention, recruitment costs decrease. Employers indicate that they prefer training their own employees to recruiting new hires. As the chief operating officer of Ben Taub General Hospital in Houston says, “Investing in improving worker skill sets is less costly than recruitment expenses.”

Improved quality of patient care:

Health care professionals trained through Registered Apprenticeship gain knowledge, experience, and confidence, which in turn help improve the quality of patient care, according to employer interviews.

Increased diversity:

The model is helping to increase diversity, according to health care providers. One of the goals is that the health care force approximate the composition of the patients they serve.

Participating Employer Sponsors:

- University of Chicago Hospital (acute care); Renaissance at South Shore (long-term care); Council for Jewish Elderly (6 assisted living, 2 adult day care, and one nursing home and research center) (Chicago)
- Harris County Hospital District (3 hospitals, 11 community health centers, 11 homeless shelters, and 8 school-based clinics) (Houston)
- Adventist Health Care System (acute care); Genesis ElderCare System (26 long-term care facilities) (MD)
- Good Samaritan Society (largest national long-term care provider with 240 centers nationwide) (Sioux Falls, SD)
- SunBridge Health Care (109 long-term care facilities) (WA)

Apprenticeable Occupations Include:

- CNA 1
- CNA Advanced
- CNA specialties: pediatric, geriatric, dementia, restorative, cardiac, and acute care
- LPN/LVN (in process)
- Allied Health (in process: surgical tech, radiology tech, pharmacy tech)



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