Guidelines for the Administrator-In-Training Program

The Administrator-In-Training (AIT) program is a supervised 12-month full-time (40 hours per week) or 18-month part-time (30 hours per week) internship during which the AIT works under the guidance and supervision of a preceptor, a licensed administrator meeting the qualifications set out in Section .14 of the 10.33.01 regulations. The AIT program is a required phase of education consisting of both the supervised practice of nursing home administration in the environment of the nursing facility, and performing and participating in the day-to-day duties of each position, when legally permissible, in each of the following service areas:

(1) Administration	(7) Dietary
(2) Business office	(8) Maintenance
(3) Nursing	(9) Environmental, including
(4) Resident activities	housekeeping/laundry
(5) Social services	(10) Rehabilitation services; and
(6) Medical records	(11) Quality assurance

The AIT program will consist of twelve (12) months (for a full-time program) or eighteen (18) months (for a part-time program) of consecutive training in an approved nursing facility under a qualified preceptor, unless the AIT candidate receives partial credit for prior experience as outlined in Section .13 of the 10.33.01 regulations. It is required that applications be filed at least by the 15th of the month preceding the month the AIT candidate and preceptor are scheduled to appear before the Credentials Committee for a pre-authorization interview.

A written course of instruction, designed to include the 11 basic areas of the core of knowledge for Nursing Home Administrators as outlined in Section .13 of the 10.33.01 regulations, shall be developed by the candidate and preceptor and sent to the Board for approval. The course outline for provision of practical training, experience and learning situations for the twelve (12) months (or amount of time to be spent in training as determined by the Board and outlined in Section .13) shall be developed in line with the Board's recommended course content, the AIT's past experience and allocation of clinical experiences in the nursing facility. It is required that the written course of instruction be sent to the Board for approval by at least the 15th of the month preceding the month the applicant and preceptor appear before the Credentials Committee.

The preceptor shall perform direct on-site communication/conferences and/or supervision of the AIT as required by the specific program.

1.   Regular personal contact between the preceptor and the AIT is necessary, and every effort should be made to guide the AIT toward the ethics, philosophies and practices that should be required to promote the formation of a professional Nursing Home Administrator.

2.   Joint conferences may be planned with other nursing facility administrative personnel for instructive purposes (e.g. utilization review, staff meetings, fire drills, etc.) with the preceptor in attendance.

3.   Delegation of instructive learning experiences to other nursing facility personnel shall not replace the preceptor's prime responsibility for direct on-site conference. The preceptor must spend a minimum of 16 hours per week providing direct, on-site supervision to the AIT.

4.   If specific areas of concern are not available in the designated nursing facility (e.g. Medicare certification, department cost analysis, purchasing supplies, unionization, etc.), plans for provision of these topics should be designated elsewhere.

The Board will approve AIT programs to start monthly. It is recommended that applications should be filed and interviews planned at least thirty days in advance to have the approval granted to start the AIT program. Applications received after the 15th of the month preceding the planned starting month, will be held until the following month.

Progress Reports for Accountability: The AIT and preceptor shall maintain progress reports for the training program on forms prescribed by the Board every three months of the training program. The reports shall be submitted to the Board's office on the dates specified by the Board, and shall include the following:

1.   Brief description of activity/area covered, and dates of rotation.

2.   Evaluative checklist report including signatures from preceptor, AIT, and department managers to verify that the AIT trained in those departments.

3.   The final report shall include a brief survey to be completed by the AIT and returned to the Board's office providing feedback with suggestions for continuing improvements.

4.   If the reports are not submitted to the Board's office on the date specified by the Board, the AIT shall be deemed to have violated the terms of the AIT contract.

To confirm progression through the AIT program as planned by the preceptor, an on-site visit with Board-appointed members will be conducted during the training program. This visit is intended to assist the AIT in reviewing the training already completed, and to give the AIT the opportunity to assess the total program with the Board including goals, administrative processes, and core of knowledge.

Change of Program: Preceptor or AIT - Each is to report separately to the Board in writing any change of supervision or nursing facility within ten (10) days of such change or interruption of the program. Before such a change is made, it must have Board approval for consideration in order to continue in the AIT program (see COMAR 10.33.01.13).

Pre-requisite for the Nursing Facility Experience:

1. The designated nursing facility must provide appropriate environment for training and experience needed by the candidate in the AIT program.

2. The designated nursing facility must meet the conditions for participation in Title XIX.

Pre-requisites for Administrator-In-Training – Applicants:

The Maryland Board shall interview all persons prior to the issuance of approval as an AIT and shall satisfy themselves that the background, circumstances, etc. of the applicant and the preceptor are suitable to qualify for this position. Suitable means "fitness for the job" and the following are recommended qualities in establishing an applicant's suitability for licensure as a Nursing Home Administrator;

- Absence of physical impairments to perform duties of a Nursing Home Administrator including good health and freedom from contagious disease.
- Absence of any mental impairment that would appear to the Board to be likely to interfere with the performance of the duties of a Nursing Home Administrator.
- Ability to understand and communicate general and technical information necessary for the administration and operation of a nursing facility.
- Ability to assume responsibilities for administration of a nursing facility as evidenced by prior activities and prior experiences satisfactory to the Board.
- Ability to relate the physical, psychological, spiritual, emotional and social needs of patients to the administration of the nursing facility, including personnel of the nursing facility, and create a climate necessary to meet the needs of the patients.

Reference: Dept. H.E.W. - Program Regulation Guide - September 13, 1972.

The AIT shall have no outside employment during training hours or outside such training hours unless such employment is known to, and approved by the Board.

An AIT may be allowed two weeks' leave for compulsory military training, vacation, and sick leave each year without loss of credit for the required practical training and experience.

Reports

The following quarterly reports must be submitted to the Board's Office on the dates outlined in letter of approval. Please mail completed and signed reports to:

Maryland Board of Examiners of Nursing Home Administrators
4201 Patterson Avenue, Room 305
Baltimore, MD 21215-2299

1st Quarter Report of AIT Program – Also Submit Corresponding Dates of Completion

Name of AIT: Name of Preceptor:
Facility:
Domain of Practice (e.g., Administration, Business Office…):
Describe Activity/Area Covered and Dates of Rotation:

Affidavits

Administrator-In-Training

I hereby certify that this Report is a correct statement of activities/areas covered during the stated period of training.

_____   _____
Signature of Administrator-In-Training   Date

Preceptor

How would you rate the AIT's attendance? □ Excellent   □ Good   □ Fair   □ Poor

How many hours did you personally train this AIT? _____.

Did anyone else assist the AIT with their training? If so, please list name and title.

_____. _____.

Do you as the preceptor recommend the AIT progress to the next quarter of training? □ Yes   □ No

Do you hereby certify that this Report is correct and the information as indicated in the departments/area listed was under you personal supervision in the practice of nursing home administrator.

_____   _____
Signature of Preceptor   Date

Department Head

I hereby certify that the above named AIT rotated through this department as stated.

_____/_____/_____/_____
Signature of Department Head   Printed Name of Dept. Head   Department   Date

2nd Quarter Report of AIT Program – Also Submit Corresponding Dates of Completion

Name of AIT: Name of Preceptor:
Facility:
Domain of Practice (e.g., Administration, Business Office…):
Describe Activity/Area Covered and Dates of Rotation:

Affidavits

Administrator-In-Training

I hereby certify that this Report is a correct statement of activities/areas covered during the stated period of training.

_____   _____
Signature of Administrator-In-Training   Date

Preceptor

How would you rate the AIT's attendance?   □ Excellent   □ Good   □ Fair   □ Poor

How many hours did you personally train this AIT? _____.

Did anyone else assist the AIT with their training? If so, please list name and title.

_____.   _____.

Do you as the preceptor recommend the AIT progress to the next quarter of training?   □ Yes   □ No

Do you hereby certify that this Report is correct and the information as indicated in the departments/area listed was under you personal supervision in the practice of nursing home administrator.

_____   _____
Signature of Preceptor   Date

Department Head

I hereby certify that the above named AIT rotated through this department as stated.

_____ / _____ / _____ / _____
Signature of Department Head   Printed Name of Dept. Head   Department   Date

3rd Quarter Report of AIT Program – Also Submit Corresponding Dates of Completion

Name of AIT: Name of Preceptor:
Facility:
Domain of Practice (e.g., Administration, Business Office…):
Describe Activity/Area Covered and Dates of Rotation:

<div align="center">Affidavits</div>

Administrator-In-Training

I hereby certify that this Report is a correct statement of activities/areas covered during the stated period of training.

_____   _____
Signature of Administrator-In-Training   Date

Preceptor

How would you rate the AIT's attendance?   □ Excellent   □ Good   □ Fair   □ Poor

How many hours did you personally train this AIT? _____.

Did anyone else assist the AIT with their training? If so, please list name and title.

_____.   _____.

Do you as the preceptor recommend the AIT progress to the next quarter of training?   □ Yes   □ No

Do you hereby certify that this Report is correct and the information as indicated in the departments/area listed was under you personal supervision in the practice of nursing home administrator.

_____   _____
Signature of Preceptor   Date

Department Head

I hereby certify that the above named AIT rotated through this department as stated.

_____ / _____ / _____ / _____
Signature of Department Head   Printed Name of Dept. Head   Department   Date

4th Quarter Report of AIT Program – Also Submit Corresponding Dates of Completion
Name of AIT: Name of Preceptor:
Facility:
Domain of Practice (e.g., Administration, Business Office…):
Describe Activity/Area Covered and Dates of Rotation:

Affidavits

Preceptor

How would you rate the AIT's attendance? □ Excellent □ Good □ Fair □ Poor

How many hours did you personally train this AIT? _____.

Did anyone else assist the AIT with their training? If so, please list name and title.

_____. _____.

In general, what is your overall rating of the AIT? □ Excellent □ Good □ Fair □ Poor

Does the AIT know the regulatory resources governing nursing homes in Maryland? □ Yes □ No

Does the AIT possess the knowledge, skills and ability to oversee/manager or direct a long term care facility?
□ Yes □ No

Do you hereby certify that this Report is correct and the information as indicated in the departments/area listed was under you personal supervision in the practice of nursing home administrator.

| Signature of Preceptor   /   Date | Signature of AIT   /   Date |

Department Head

I hereby certify that the above named AIT rotated through this department as stated.

| Signature of Department Head | Printed Name of Dept. Head | Department | Date |

SURVEY ON THE MARYLAND BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS AIT PROGRAM

We are interested in your thoughts and experience about the AIT program in Maryland. As a part of our internal quality assurance, your comments are extremely important.

1. Was the information provided to you over the telephone or through the website accurate and helpful?
    Poor ___   Fair ___   Good ___   Excellent ___.
2. Did the Board's office address your concerns?
    Poor ___   Fair ___   Good ___   Excellent ___.
3. Were the instructions for completing the information on the application form easily understood?
    Poor ___   Fair ___   Good ___   Excellent ___.
4. Overall, were you satisfied with the service you received from the Board's office?
    Poor ___   Fair ___   Good ___   Excellent ___.
5. List any change or recommendation for improving customer satisfaction:

6. How would you rate the following aspects of the AIT program:
    a. Application process including paperwork and turn-around time.
            Poor ___   Fair ___   Good ___   Excellent ___.
    b. Appearing before Credentials Committee.
            Poor ___   Fair ___   Good ___   Excellent ___.
    c. The 16 hours of direct on-site supervision per week by your preceptor.
            Poor ___   Fair ___   Good ___   Excellent ___.
    d. The preceptor's level of knowledge:
            Poor ___   Fair ___   Good ___   Excellent ___.
    e. The coverage of core content areas during your rotation.
            Poor ___   Fair ___   Good ___   Excellent ___.
    f. The visit made by a Board Member and Executive Director during your program:
            Poor ___   Fair ___   Good ___   Excellent ___.
    g. The examination process.
            Poor ___   Fair ___   Good ___   Excellent ___.
7. List any change or recommendation for improving the licensure process:

8. Was the completion of the 100-hour course beneficial, both to the training program and as preparation for the national examination? Yes? No? Please explain:

9. Would you prefer to extend the program completion time in order to incorporate outside employment, e.g. spend 30 hour per week in the AIT program, but take 18 months to complete your rotation? Yes? No? Explain:

Overall, how would you rate the quality of training that you received in your AIT program in Maryland?
    Poor ___   Fair ___   Good ___   Excellent ___.
Explain (Add additional pages if necessary):

Maryland Board of Examiners of Nursing Home Administrators
Preceptor/Administrator-In-Training Agreement

I (name of proposed preceptor) _____ , agree to be preceptor for

(Name of proposed AIT) _____ , at

Facility: _____ ,

Facility Address: _____

_____ .

Starting date: _____ .

Facility Telephone Number: _____ .

Years of experience as a nursing home administrator: _____ .

Last experience as preceptor in Maryland: _____ .

I fully understand my responsibilities as stated in the Code of Maryland Regulations 10.33.01.13 and 10.33.01.14, and recommended course content areas of the AIT program. I agree to file quarterly reports on forms supplied by the Board. I also agree to inform the Board immediately if there is any change in this arrangement. Attached is a detailed program of study including the dates of rotation submitted for approval by the Board.

It is understood that in addition to the attached program of study, the AIT must also have a baccalaureate or masters degree in health care administration from an accredited college or university; or have a baccalaureate or masters degree in a field other than health care administration from an accredited college or university and complete a minimum of 100 hours in a course of study in health care administration approved by the Board.

At the appropriate time, the AIT must pass the NAB Examination for Nursing Home Administrators and a written test on Maryland's laws, rules, and regulations that apply to nursing facilities.

_____   _____
Signature of AIT   Date

_____   _____
Signature of Preceptor   Date

Administrator-In-Training (AIT) Program – Domains of Practice

Curriculum Based on 52 Week Internship Program

Name of AIT:	Name of Preceptor:

Instructions: *Please submit outline with completed dates of rotation for initial review and approval. Use outline form for subsequent quarterly reports indicating dates of completion, with signature of AIT, preceptor, and department head.*

A. ADMINISTRATION – 5 WEEKS   **DATES OF ROTATION:**

Demonstrate an Understanding of:	Dates of Completion
Facility wide staffing and budgeting	
Job descriptions	
Policy and procedures – development and implementation	
Long range planning	
Pertinent Federal, State and local laws and regulations	
Survey procedures and governmental interrelationships	
Quality improvement	
Patient rights and patient abuse	
Community agencies and other resources	
Departmental organization and management	
Electronic data processing	
Consultant and contractual services	
Orientation of new employees	
Labor laws, union organizing, negotiations and contracts, civil rights laws	
Collective bargaining – policy, agreements and procedures	
Record keeping and documentation	
Salary and wage administration	
Diversity awareness	
Written and verbal communications to personnel	
Employee interview process	
Basic counseling procedures and Grievance procedures	
Federal requirements for personnel files	
Recruiting procedures	
Employment history and verification procedures	
Procedures to analyze absenteeism and turnover	
Staff disciplinary procedures	
Legal liability	
Staff recognition and appreciation techniques	
Employee benefits policies	
Medicare and Medicaid	
Licensing boards and Governing entities	
Mission statement, bylaws, legal aspects of types of ownership	
Legal liability of the facility and legal liability of administration	
Ethical policies of the governing entity	
Professional ethics of the nursing home administrator	
Signatures of AIT: Preceptor: Department Head:	

B. BUSINESS OFFICE – 5 WEEKS   **DATES OF ROTATION:** _____

Demonstrate an Understanding of:	Dates of Completion
Departmental staffing and organization	
Job descriptions	
Business office procedures	
Basic accounting and bookkeeping methods	
Basic computer operations for budgeting	
Techniques for determining costs	
Financial statements	
Reimbursement mechanisms and income sources	
Facility's capital needs	
Regulatory requirements for budgeting, purchasing procedures and controls	
Need for reserve/profit	
Third party payment organizations	
Record keeping requirements	
Documentation for reimbursements	
Purchasing procedures	
Inventory control	
Revenue and expense reporting	
RUGS	
Cash flow procedures	
Cash flow needs and trends	
Basic property, liability, and casualty requirements	
Banking procedures	
Financial reports	
Regulatory accounting requirements	
Collection procedures	
Billing procedures	
Resident financial assessment	
Resident banking procedures and account management	
Ancillary and other revenue-producing sources	
CPA audit reports	
Staffing hours and wages in relation to staffing schedule	
Payroll procedures and documentation	
Signatures of AIT: Preceptor: Department Head:	

C. NURSING – 12 WEEKS   **DATES OF ROTATION:** _____

Demonstrate an Understanding of:	Dates of Completion
The aging process (psychological)	
The aging process (physiological)	
Basic principles of restorative nursing	
Definition, concept and basic principles of nursing	
Medication monitoring	
Basic principles of drug administration	
Basic pharmacological terminology	
Drugs, alcohol and their effect on patients and staff	
Role of the medical director and staff physicians	
Principles of infection control related to resident care	
Resident care needs	
Overall care plan requirements and process	
Techniques of auditing care outcomes	
Professional ethics of licensed nursing personnel	
Departmental staffing and organization	
Job descriptions	
Relevant codes, rules and regulations	
Disease recognition and prevention	
Medical terminology	
Care plans	
Utilization review/Assessment of needs	
Prevention of accidents and falls	
Orientation and training of employees	
Nurse and aide satisfaction, performance and turnover	
Quality assurance	
Patient rights and patient abuse	
PRI/MDS/QI Indicators	
Dealing with dementia	

Signatures of AIT: _____ Preceptor: _____ Department Head: _____

D. RESIDENT ACTIVITIES – 3 WEEKS   **DATES OF ROTATION:** _____

Demonstrate an Understanding of:	Dates of Completion
Basic therapeutic recreational needs of residents	
Types of recreation and activity needs of residents	
Individual needs assessments	
Adaptive therapeutic equipment	
Volunteer resources/Community resources	
Care plan requirements	
Techniques of activity program evaluation	
Job descriptions	

Signatures of AIT: _____ Preceptor: _____ Department Head: _____

E. SOCIAL SERVICES – 4 WEEKS   **DATES OF ROTATION:**

Demonstrate an Understanding of:	Dates of Completion
Personalization of environment	
Departmental organization and staffing	
Job descriptions	
Relevant codes, rules and regulations	
Social, psychological, spiritual and financial needs of residents and families	
Basic principles of family consultation	
Dynamics of interpersonal relationships	
Social worker functions	
Social worker functions	
Community, local and state resources	
Grieving process	
Death and dying	
Group dynamics	
Anxiety, Depression, Motivation, Separation reaction	
Admitting procedures/discharge planning	
Group work, e.g., resident council, newcomers groups, relative councils	
Care plan requirements	
Residents' rights	
Advanced medical directives	
Signatures of AIT: Preceptor: Department Head:	

F. MEDICAL RECORDS – 3 WEEKS   **DATES OF ROTATION:**

Demonstrate an Understanding of:	Dates of Completion
Departmental staffing and organization	
Job descriptions	
Relevant codes, rules and regulations	
Basic medical record-keeping systems	
Medical terminology	
Clinical medical record content	
Federal documentation requirements including minimum data sets	
Basic confidentiality policies	
Safeguarding clinical record information	
Signatures of AIT: Preceptor: Department Head:	

G. DIETARY – 6 WEEKS   **DATES OF ROTATION:** _____

Demonstrate an Understanding of:	Dates of Completion
Departmental staffing and organization	
Job descriptions	
Relevant codes, rules and regulations	
Cost control and Inventory control	
Meal planning	
Basic nutritional requirements	
Effects of dining experience on residents	
Frequency of meals	
Types of therapeutic diets	
Principles of dietary sanitation including dishwashing and water temperatures	
Dietary service audit techniques	
Role of registered dietician	
Food service delivery	
Food storage temperature	
Storage and serving	
Nutritional supplement requirements	
Adaptive feeding equipment	
Care plan requirements	
HACCP plan (Hazard Analysis Critical Control Points)	
Disaster plan, emergency menus	
Food borne illnesses	
Signatures of AIT: Preceptor: Department Head:	

H. MAINTENANCE – 5 WEEKS   **DATES OF ROTATION:** _____

Demonstrate an Understanding of:	Dates of Completion
Codes, rules and regs. for buildings, grounds, equipment, and maintenance	
Departmental staffing and organization	
Job descriptions	
Preventive maintenance systems	
Equipment and operating manuals	
Disaster/emergency planning	
Equipment replacement program	
Fire safety	
Physical plant needs	
Environmental design needs of nursing home residents	
Evacuation resources	
Cost control	
Inventory control	
Security measures	
Basic safety training programs	
Federal rules and regs. governing employee health and safety, including OSHA	
Injury prevention procedures	
Signatures of AIT: Preceptor: Department Head:	

I. ENVIRONMENTAL – 5 WEEKS INCLUDING HOUSEKEEPING AND LAUNDRY DATES OF ROTATION:

Demonstrate an Understanding of:	Dates of Completion
Job descriptions	
Departmental staffing and organization	
Relevant codes, rules and regulations	
Infection control and sanitation	
Inventory control	
Patients' needs and wants to personalize their environment	
Basic housekeeping concepts and procedures	
Basic sanitation concepts and procedures	
Basic infection control concepts and procedures	
Pest control	
Basic concepts regarding safety devices	
Potential hazards	
Required lighting	

Signatures of AIT: Preceptor: Department Head:

J. REHABILITATION SERVICES:

Demonstrate an Understanding of:	Dates of Completion
Basic principles of rehabilitation	
Roles of all rehabilitation service disciplines	
Rehabilitation equipment	
Audit procedures for evaluation of rehabilitation program outcomes	
Overall care plan requirements and process	
Departmental staffing and organization	
Job descriptions	
Relevant codes, rules and regulations	
Medical terminology	
Care plans	
Utilization review/Assessment of needs	
Prevention of accidents and falls	
Orientation and training of employees	
Billing and Reimbursement	
Consultants and Contractual Services	
Record Keeping	

Signatures of AIT: Preceptor: Department Head:

K. QUALITY ASSURANCE

Demonstrate an Understanding of:	Dates of Completion
Policy and procedures – development & implementation	
Pertinent Federal, State & local laws & regulations	
Survey procedures & government interrelationships	
Quality improvement	
Patient rights & patient abuse	
Techniques of quality care outcomes	
Long range planning	

PRECEPTOR'S REPORT – page 1
(One report should be submitted each quarter of the AIT program)

This confidential report is to be scanned and e-mailed, faxed, or mailed in a separate envelope to the Board Office. Please provide specifics of your AIT's progress and how he/she is learning the course content you have planned. Examples to include are: learning abilities (ease or difficulty); ability to assume problem-solving responsibilities; exercises in good judgment (insight into problems); initiative to learn the administrator role; personnel relationships and reactions to your program of practical training. Continue on additional pages, if necessary. **ALL INFORMATION IS CONFIDENTIAL.**

QUARTER_____

Name of AIT_____
(Printed)

Name of Preceptor_____
(Printed)

Signature of Preceptor _____

Date_____

Name of AIT_____
                        (Printed)

Name of Preceptor_____
                          (Printed)

Signature of Preceptor _____

Date_____