Health Care Assistant Program

PROVINCIAL CURRICULUM 2015 SUPPLEMENT

Ancillary Resources

BRITISH COLUMBIA

Ministry of Advanced Education

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INTRODUCTION

The *Health Care Assistant Program Provincial Curriculum (2015) Supplement* has been produced to support the delivery and assessment of the required learning outcomes and course content set out in the *Health Care Assistant Program Provincial Curriculum (2015)*. In the previous version of the *HCA Provincial Curriculum (2008)*, suggested learning strategies, approaches to assessment and resources that could be used by teachers to enhance student learning were included for each course, following prescribed learning outcomes and curriculum content. However, to ensure that these supplementary materials can be updated on a more regular basis than the HCA Provincial Curriculum, they are being published in as a separate document.

Developed alongside the expertise and recommendations of representatives on the HCA Provincial Curriculum Steering Committees (see Appendices 1 and 2 for membership), resources included in the supplement have been created to reflect stakeholder input and current trends in health care. Examples of case studies, learning strategies, assessments and resources have been added to incorporate information on traditional medicine and healing practices, work safety, violence prevention, dementia and acute care. The learning strategies suggested within each course are intended to provide examples of some of the processes that might contribute to helping students comprehend and apply new learning.

A section on computer literacy has been incorporated to address the need for health care assistants (HCAs) to be prepared to use technology in the workplace. While it is recognized that the use of information technology differs by workplace and that employers will provide job-specific training, this section can be used to provide HCA students with baseline computer skills.

Finally, this ancillary resource addresses the role of the HCA in the acute care environment. Addition of this content is at the level of introducing the HCA student to the acute care environment in their theory / lab coursework only. Practice experiences in acute care are not part of the current Guide revisions. Health authority employers will be responsible for providing HCAs hired into acute care settings with opportunities for structured and ongoing mentorships in order to transition them effectively into this environment.

It is recognized that educational institutions delivering the HCA Program may already have effective teaching / learning methodologies and assessment mechanisms in place. It should also be noted that the resource material within this supplement is intended to provide suggestions but is not considered to be comprehensive. Educational institutions offering the HCA program would be expected to further adapt this material and to develop their own teaching and learning resources and assessment tools.

SECTION 1: SUGGESTED LEARNING ACTIVITIES, ASSESSMENTS AND RESOURCES FOR HCA COURSES

Preamble

This section includes suggested learning strategies, case studies, approaches to assessment and resources that can be used to enhance student learning for each HCA course.

For each course in the HCA Curriculum Guide (2015), this section includes:

1. Suggested Learning Strategies

   A few examples of teaching/learning strategies are included to show how the course content might be used to further students' abilities to:

   - Apply concepts of caring (with a strong focus on person-centred care).
   - Think critically, solve problems and make decisions using knowledge/skills/ values inherent in the course content.
   - Maintain a professional approach to practice by assuring safety of self and others, functioning within the parameters of one's role and functioning interdependently with others.

2. Suggested Approaches to Assessment

   A few examples of assessment strategies are included that reflect how the learning outcomes might be appropriately assessed.

3. A list of books, articles and online resources is provided which may be useful to teachers and students engaged in the course.

Note:

<u>Traditional Medicine and Healing Practices</u>
Content related to traditional medicine and healing practices has been added in some courses. Educators are encouraged to include this content in other areas as appropriate.

<u>Acute Care Content</u> (see Appendix 3 for more detailed information)
Addition of acute care content in the current Guide is at the level of introducing the HCA student to the acute care context only. Learning outcomes and content have been revised to include this introduction of acute care settings in theory and lab courses only. Practice experiences in acute care are not part of the current Guide revisions.

Unless otherwise specified, all learning outcomes should include all health care settings in which HCAs typically are employed (residential, community and acute care).

Health and Healing: Concepts for Practice

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Invite students to work in small groups to discuss situations in which they have felt cared for or cared about and situations in which they did not feel cared about.

   Ask the groups to describe the characteristics of each experience. Also, ask them to identify the emotions experienced related to the differing situations. How did they feel about themselves in each situation? How did they feel about the other person?

2. Invite students to read the Values, Beliefs and Principles in the introduction to the curriculum guide, with particular emphasis on the section about Caring and Care-giving. Encourage them to identify as many characteristics of caring as they can from their reading.

   Now ask students if they can identify other characteristics of caring based on their own experience. Ask students to see if the characteristics of caring can be grouped i.e. are there themes that come through?

   Possible groupings might include:
   - Knowing and understanding the other person.
   - Respecting and trusting the other person.
   - Respecting and trusting oneself.
   - Recognizing the connectedness or similarities between ourselves and others.

3. Invite students to work in small groups to examine two or more simulated situations. For each situation, ask the group to consider: What is there about this situation that reflects caring and what does not? Could the situation have been handled differently? If so, how?

   Some situations that could be discussed:

   Joan is a Health Care Assistant working in a complex care facility. She enjoys her work a lot - especially, as she says, "working with my sweet little old ladies." Joan is well-organized and makes every effort to assure that the clients in her care are safe, clean and comfortable. Today, when

she completed bathing Mrs. DeVito, Joan dressed her in a flowery dress and placed a bright red bow in Mrs. DeVito's white hair, saying: "There you go, dearie. You look so cute." Mrs. DeVito is deaf so she didn't hear Joan's comment. She just smiled and nodded.

The instructor enters a room where a student, Evira, is giving a client a bedbath. The instructor stands on the opposite side of the bed from Evira and talks directly to her, saying: "We will have our group meeting at 11:00 am, Evira. See you then." The instructor immediately hurries out of the room.

A HCA, Alex Ipe, is working for a home support service in a small city. He was recently assigned to provide care for a rather cantankerous older gentleman named Gordon. After his first two visits to Gordon's small apartment, Alex feels frustrated and discouraged because he can't seem to please Gordon. Alex decides to talk with an experienced colleague, Viv, in hopes of getting some helpful advice. After hearing his concerns, Viv responds by saying: "Well, you know how it is with these old guys. They are all like children – just so picky and needing attention. It can be pretty frustrating, I know, but you mustn't let it get to you."

Strategies that focus on critical thinking, problem-solving and decision-making

1. Problem-Solving Process

Since this course is the first time students will be presented with the concept of a systemic problem-solving process as it relates to the HCA role, it is important that they grasp how important it is that a careful analysis of the situation precedes decisions.

Ask students to work in small groups. Give them a fictitious problem that they can relate to. For example:

"Imagine you have taken the first major exam in the HCA program and received a failing grade."
In analyzing this problem students should ask:

- Why has this problem arisen?
- What caused it?
- Who is involved?
- What is my goal i.e. how will I know when the problem is "solved?"
- What feelings am I experiencing?

Once the problem has been analyzed, have students (again, in small groups) identify as may options or choices as possible. For each option, ask them to identify the positive and negative consequences of that particular action. For example:

Option	*Positive Consequence*	*Negative Consequence*
Withdraw from the program	• No more study stress • Possibly more money (if I could get a job)	• Would feel like a quitter • Would miss the group • Wouldn't be able to work as a HCA • I'd disappoint my family

Once the students have completed their analysis of the problem, have them decide on the "best" decision or solution. How did the analysis help them come to a decision? Could a different decision be "better" for other people or situations?

Have students discuss how care-givers can best help others to analyze problems and look at possible options before jumping to a solution. Have them discuss the ways in which problem-solving can be a caring process.

Have students, individually, conduct the same analysis using a real problem from their own lives (see Student Handout form for use with this exercise). This process could be used as an assignment for this course.

Student Handout

Problem-Solving/Decision-Making Exercise

DIRECTIONS: Select a problem you now face and use the problem-solving, decision-making process you've learned in class to analyze the situation and come to a decision. Follow the points below and use the template on the next page to document your processes and outcomes.

A. Describe a personal problem you now face.

B. Analyze the problem:

- Describe the problem.
- Why does this it exist? What caused it? Who is involved?
- What is your goal or desired outcome i.e. how will you know when the problem is "solved?"
- What options do you have? What are the consequences, positive and negative, of each of these options?
- Are there people or resources that might give you assistance – either in analyzing the problem, considering alternatives or deciding on the best course of action?

C. Decide on the best course of action for YOU. Why is this the best course of action?

D. Carry out your decision. What steps would you need to follow in order to carry out the plan?

E. Evaluate – how did it turn out? What criteria would you use to evaluate your plan?

Self-reflection: Was this a new way for you to deal with a problem? How did it feel to you? Were you happy with the outcome? What did you learn from the process?

Student Handout

Problem-Solving Exercise: Template for Report

PROBLEM:

ANALYSIS OF THE PROBLEM:

YOUR GOAL OR DESIRED OUTCOME:

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

SOURCES OF ASSISTANCE:

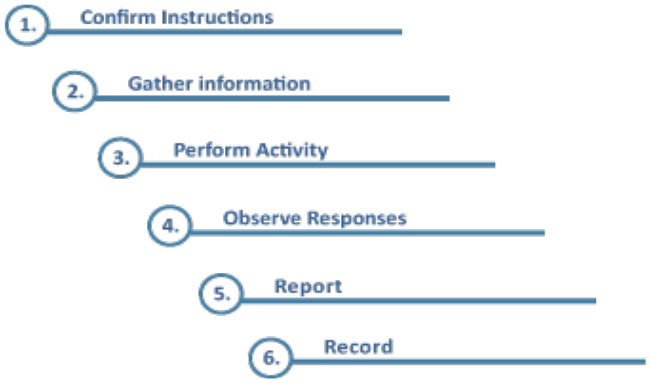
YOUR DECISION:

EVALUATION / REFLECTION ON THE DECISION AND THE PROCESS:

2. Problem-Solving and Decision-Making in a Clinical Situation

The following case study and steps for decision-making regarding care provision are used with permission of Island Health.[1] The "6-steps" provide a framework for decision-making by the HCA and could be used in a variety of situations. The case study could also be used in Healing 3: Personal Care and Assistance.

"6-Steps"



Case Study

A Case Example: Assisting a Patient to Mobilize with Oxygen in Acute Care

Ms. Jackson lives in an assisted living residence and is 87 years old. She receives assistance with housekeeping and meals, which are taken in the common dining room. She has a history of COPD and uses a four-wheeled walker. The walker is outfitted with a portable oxygen tank for use in the dining room as well as for outings into the community.

Twelve days ago, Ms. Jackson had a fall in her home getting up to go to the bathroom at night. As a result of the fall, she fractured her hip and required a dynamic hip screw surgery. She is now recovering in acute care and is being encouraged to mobilize daily. Her goal is to be walking independently with her 4 wheeled walker, so that she is able to walk the 75 feet necessary to get to the dining room when she gets home. When walking, she is permitted to put her full weight, as tolerated, on her operated side. She

[1] Island Health Authority, the BC Health Education Foundation and the Ministry of Health Services are acknowledged for granting permission to adapt material from the Island Health *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum (2012)*.

is currently using 2.0 L of oxygen by nasal prongs. She is mobilizing with a two wheeled walker and requires stand by assistance for safety. As the HCA, you have been asked to assist Ms. Jackson with her mobilization routine, which involves walking up and down the hospital corridor.

The six steps below highlight some factors to consider.

1. Confirm Instructions

- Determine who is asking you to complete this mobilization – the Registered Nurse (RN), the Licensed Practical Nurse (LPN), the Physiotherapist (PT) or the Occupational Therapist (OT). Determine method to communicate should problems/issues arise.
- Consider if you have the training/experience to complete this task. Have you ever assisted someone with a 2 wheeled walker and oxygen? If not, you may need to ask for assistance and guidance.
- Clarify the distance you are expected to assist with walking. Are there any breaks to be planned into the walk? If so, where? How does this line up with Ms. Jackson's treatment goals at discharge (working towards ability to walk the 75 feet at home).
- Ask if there are any specific details/techniques you should be reinforcing? (E.g. proper technique with two-wheeled walker or positioning of the oxygen tank).

2. Gather Information

- Look in the Patient Chart, nursing flow sheets, and/or walking board to see how Ms. Jackson did with her mobilizing on the previous shift. Was any additional assistance required? Did she sleep well? Did she have any confusion?
- Confirm current weight bearing status (full weight bearing) as well as expected oxygen delivery method. Does she have any movement precautions?
- Ask nursing staff if there are there any medications required prior to mobilizing that may increase Ms. Jackson's comfort while walking.
- See if Ms. Jackson has any other scheduled appointments that may conflict with her ability to complete mobilization at a certain time (e.g. medical imaging, group activity sessions).

3. Perform Activity

- Have a member of the health care team check the oxygen delivery system (how it is applied, the rate of flow to the portable tank) and Ms. Jackson's status prior to ambulating.
- Complete a pre-handling check list (or other pre-mobility assessment) to determine if Ms. Jackson is safe to ambulate. Health care team members can assist with this.
- Ensure oxygen tubing (or other lines and tubes) does not pose a tripping hazard, but still has enough slack to allow for ease of movement. Depending on the portable oxygen tank, it may or may not be attached to the walker. Assist as necessary.

4. Observe Responses

- Look for any of the following during the activity:
    - signs of distress or discomfort
    - signs of infection
    - signs of change in anticipated performance level

5. Report

- Report back to the health care team member who requested that you assist with the mobilization.
- Provide information regarding such factors as distance travelled, any observed changes in comfort or performance and any assistance offered to Ms. Jackson for handling the oxygen delivery system and/or mobility equipment.

6. Record

- Depending on the unit, there may be specific locations where you record that you completed the mobilization and any observed responses. Examples may be a walking communication clipboard or whiteboard, the patient chart or a flow sheet.

Evaluate your performance and consider the following:

- What worked well?
- What didn't work? Why? How would you approach this type of situation differently in the future?
- Are there any areas where you may need to seek additional support? Who could you speak to get this support?

Strategies that focus on professional approaches to practice

Have students, in groups, consider the following case study:

> *Juliana is a HCA who recently moved to BC and was hired by a home support agency. One the first clients she is assigned to visit is Mr. James Johnson. Jim is a 43 year old man with AIDS who is receiving end of life care. His husband, Brent, cares for Jim 24 hrs per day. Juliana is assigned to visit for respite care, 4 hrs twice per week. On this first visit, Brent does not want to leave the house because he doesn't know Juliana and is concerned she won't know what Jim wants or needs. Brent shows Juliana around the house and is friendly towards her, but spends most of the time sitting by Jim's bedside, frequently patting his hand or hugging him.*
>
> *Juliana's training did not include much information on AIDS or on sexual diversity. Her personal values and beliefs make her uncomfortable with the situation. She is polite, but makes sure to wear gloves whenever she touches Jim, any of his belongings, or even when she shakes hands with Brent. When it is time to leave, she tells Brent that maybe another HCA will come for the next visit.*

Ask students to discuss:

- Did Juliana exhibit professional behaviour? Why or why not?
- How could she use knowledge of the major concepts of this course to help her to act professionally? e.g.:
    - Person-centred care.
    - Basic human needs.
    - Human development.
    - Safety and protection.
    - Family.
    - Diversity.

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of human needs, human development and safety/protection (Learning Outcomes #1, #2 and #4).

2. An individual project aimed at utilizing a problem analysis/decision-making processes in a care-giving context. Students could be provided with a scenario from a practice environment or students could be asked to identify a problem from their own practice experiences and then directed to use a systematic problem-solving process to come to a decision (Learning Outcome #3).

3. An elder-awareness project. Each student will conduct an interview with an elder (i.e. someone who is over the age of 75) preferably someone who is also different from the student in gender, culture, ethnicity and/or socio-economic level. Students will be invited to share their interviews with their student peers in small groups. Students will also be invited to discuss what these interviews tell them about generational differences, diversity, and changing family structures. Students will be expected to submit this exercise as a project paper (Learning Outcomes #1 and #5).

4. A WorkSafeBC safety awareness project. WorkSafeBC accepts time loss claims from about 47,000 injured workers each year. About 9,000 of those claims originate in health care and social services workplaces, more than any other sector in BC. The workers at greatest risk of injury are those who provide direct care. HCAs are the most injured workers in the province, with about 3,000 claims accepted annually. The greatest hazards they face are from lifting and transferring, as well as exposure to violence and infectious disease, all of which are directly related to the people they are caring for.

   In order for students to get a better sense of the hazards facing them in the workplace, they should have a research assignment that requires them to go to the WorkSafeBC website health care section at http://www2.worksafebc.com/Portals/HealthCare/Home.asp and research a topic to increase their awareness related to hazards and safety. Specific hazards to research (with most relevance to HCA safety) are: patient handling, slips and trips, violence prevention, infectious disease. Students could be required to select and review a publication or watch a video related to one of the top health care hazards and to describe the potential hazard(s) and risk(s) to HCA safety. Focus should be on how to best manage and prevent risks to safety. (Learning Outcome #4)

RESOURCES

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Health Care Assistant: Introduction to Practice

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Invite students to form small groups and discuss what qualities and characteristics they would want in a care provider for themselves or a family member.

   Have them work to describe the "perfect" care provider in terms of:

   - Personality.
   - Work habits.
   - Knowledge level.
   - Relationship with other health team members.
   - Relationship with family members.
   - Other characteristics that seem important.

   Which qualities/characteristics would be considered MOST important? What does this tell you about the qualities and characteristics of an effective care provider?

2. Questions that could be used to elicit discussion on caring:

   - If we truly care about and for our clients, what sort of environment will we want them to live in? (e.g. client-centred model of care)
   - In what ways does a team approach contribute to better care for a client?
   - How are legal and ethical standards related to a philosophy of individual worth?
   - How is striving for increased personal competence related to being a caring health care provider?
   - How does maintaining professional boundaries by the caregiver show caring for the client?

Strategies that focus on critical thinking, problem-solving and decision-making

Have students, either alone or with colleagues, discuss an issue that presents itself to them. One that might be appropriate is the following:

As you move towards completion of the HCA program, you will have to decide within which health care context you'd like to find a job and/or whether you might want to continue your education.

The handout on the next page will help students analyze this problem and come to a decision that best "fits" for them at this point in time.

Student Handout
Problem-Solving/Decision-Making Exercise

DIRECTIONS: Consider the following problem:

As you move towards completion of the HCA program, you will have to decide within which health care context you'd like to find a job and/or whether you might want to continue your education.

Use a problem-solving, decision-making process to analyze this problem and come to a decision that best fits for you at this point in time. Document each step in your process.

1. Analyze the problem:

    - What do you know about the choices available to you?
    - What are the pros and cons of employment in various settings (community, residential, acute care)?
    - What are the pros and cons of continuing your education at this time?
    - Are there other options you might consider?
    - Do you need more information? If so, how will you get it?
    - What are your particular talents, abilities and preferences?
    - What roles and responsibilities do you have outside of work?
    - How do these fit with the choices you are considering?
    - What are your overall goals or desired outcomes? What is most important to you?

Use a table like the following to analyze the pros and cons (for **YOU**) of each choice.

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

2. Based on your analysis, what is the best choice(s) for you at this time?

3. Based on your choice(s), what are your next steps? How will you evaluate your choice(s)?

4. Self-reflection: Was this a new way for you to come to a decision? How did it feel to you? Were you happy with the outcome? What did you learn from the process?

Strategies that focus on professional approaches to practice

1. Defining Professional Practice Exercise

Invite students, as a whole class or in smaller groups, to discuss what is meant by "professional approach to practice." Ask them to consider what sorts of behaviours reflect a "professional" approach. As the ideas are forthcoming, write them on a blackboard or flipchart. Afterwards, encourage students to determine if there are any themes or major descriptors of professional approaches to practice. These may include:

- Respect for the client.
- Respect for self as a health care practitioner.
- Providing safe, competent care and assistance.
- Being organized.
- Functioning within defined parameters of one's role.
- Being dependable, reliable and honest.
- Working collaboratively with other members of the health care team.
- Being ethical.
- Being a reflective practitioner, recognizing and seeking ways to improve competence.
- Etc.

Invite students to identify what they will need to know and be able to do in order to function in a professional manner as a HCA in relation to the descriptors they have identified. Ask each small group to examine one of the major elements of professional practice and discuss the learning needs related to it. They may use a graph such as the one below.

Major elements of a professional approach to practice	What I'll need to know and be able to do in order to reflect professionalism in my practice
EXAMPLE: Working collaboratively with other members of the health care team	EXAMPLE: Need to know/understand: • The health care system in British Columbia. • Roles and responsibilities of various members of the health care team within various settings. • The roles and responsibilities of HCAs within various settings. • Legal/defined limitations and obligations of HCAs. • What to do when a situation exceeds defined

	parameters of one's role. • Supervision and delegation of tasks. • Lines of communication and how these might vary in different settings. • Basic concepts of team development and group processes. • Benefits and challenges of working in a team. • Facilitating effective team functioning – principles of collaboration. Need to be able to: • Use caring, respectful communication with all members of the health care team. • Seek clarification, guidance and assistance from other health team members when needed. • Contribute observations and information to care planning sessions. • Communicate changes in the client's health status to the appropriate health team member in a timely fashion. • Communicate with confidence and appropriate assertiveness. • Offer support and assistance to other health team members as appropriate. • Report and record relevant information in a clear, concise and objective manner. • Identify problems, concerns and conflict within the health team and discuss these with appropriate team members. • Approach problems or conflict in a constructive manner.

2. Case Scenarios

Invite students to form small discussion groups and discuss situations in which a care provider is confronted with an ethical or legal dilemma. Ask them to discuss the situations and put forward suggestions for how each situation should be handled based on what they have learned in the course.

Here are some examples of situations:

Mr. Singh, aged 76, was a well-known business man and was considered a leader in your community. You got to know him and his family well as you served as one of his many care providers during his final illness. Shortly after his death, you are approached by one of your neighbours who is a newspaper reporter. She asks you for information about Mr. Singh. You were fond of Mr. Singh and would like him to be remembered for the fine gentleman he was. What will you do?

Mrs. Rosen is a 93 year old woman who is physically frail but able to walk. She has been exhibiting signs of moderate dementia. When you are at work, at the complex care facility where Mrs. Rosen lives, you notice that Mrs. Rosen often follows you around talking and trying to gain your attention. This makes it difficult for you to get your work completed as Mrs. Rosen gets in the way, even following you into the rooms of other residents. Another care provider suggests that you take Mrs. Rosen into to the lounge and tie her in a chair in front of the T.V. so she can't bother you so much. What do you think of this suggestion? Are there other ways you might solve your problem with Mrs. Rosen?

Mrs. Subin is a wheelchair-bound resident who is unable to transfer herself. While eating lunch, she tells you that she needs to go to the bathroom right away. You are very busy, but you quickly take Mrs. Subin to the bathroom and assist her onto the toilet. After washing your hands, you rush back to the dining room. You forget to go back to help Mrs. Subin off the toilet. She gets tired of waiting, tries to get herself back onto the wheelchair and falls. Fortunately, Mrs. Subin is not badly hurt, just a bit "shaken" by the incident. What happened in this situation that might be legally compromising? How might the situation have been avoided? What can be done now?

Ms. Cedar is a 57 year old client of your home support agency. Her diagnosis is multiple sclerosis. She is obese and has poor muscle control. She requires two HCAs to provide care on the days she has a shower. Today, you and your co-worker Jessie are helping Ms. Cedar with her shower. You notice that Jessie is quite rough in the way she handles Ms. Cedar. She also sounds angry when she talks to Ms. Cedarand

raises her voice a little, even though Mrs. Cedar has no hearing loss. While you and Jessie are helping Ms. Cedar to transfer from the shower to her wheelchair using the ceiling lift, she reaches out and puts her hand on Jessie's arm to help stabilize herself. Jessie slaps Ms. Cedar's hand away, saying "don't grab me." What will you do at that moment? What will you do later?

Mr. Garret is a 77 year old man who is a client on the acute medical ward where you work. His admitting diagnosis was pneumonia and he is finishing a course of IV antibiotics. His history includes a CVA six years ago which resulted in swallowing difficulties and an inability to walk. He mobilizes using an electric wheelchair. He has a permanent J-tube for nutrition and can also have fluids by mouth if they are thickened to pudding consistency.

Mr. Garret has not been off the ward very much since he has been in hospital the past few days. At home, he usually he travels about his local community in his electric wheelchair, shopping or attending various activities. He is feeling much better today and has left the ward "to get some air." When you go to the cafeteria to get your lunch, you see him sitting at a table with two other hospital clients. He has a large bottle of soda pop. You know this is not safe for him to drink because of his swallowing problems.

What will you do? Discuss your decision in relation to ethical principles.

The following case study is used with permission of Island Health[2]

Jane is a HCA who works on an inpatient orthopaedic unit and has worked on this unit as a casual for the past three months. Jane is participating in a morning huddle and hears about Gladys, a patient who was admitted two days ago with a fractured right hip that she sustained when she slipped on an icy patch outside her church.

Gladys lives alone in a 2-level townhome, with a cat. She has one son who lives in town, who reports that his mom has lost a lot of weight since her husband passed away six months ago. The team leader reports that Gladys is one day post-op from a right hemiarthroplasty (partial hip replacement); she does not have hip precautions and is weight-bearing as tolerated (WBAT). Gladys would like to be discharged home with supports in a week.

[2] Island Health (2012) *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum.*

Discussion Questions:

1. Identify four members of the health care team who may be involved with Gladys' care.
2. What unique contributions might Jane expect from the members of the interprofessional health care team that would support the goal of being discharged home?
3. What might Jane's role be with Gladys' care?
4. How might Jane demonstrate interprofessional communication with the team?

3. Understanding Worker's Rights and Responsibilities Activity

Invite students, as a whole class or in smaller groups, to identify the rights and responsibilities of workers. As the ideas are forthcoming, write them on the whiteboard or on a flipchart. After the brainstorming session, review the suggestions and add the worker rights and responsibilities listed below. Ask students to apply each right and responsibility to the role of the HCA, using the suggested questions if helpful.

- Rights
  - Right to a safe workplace
    - *What does a safe workplace look like / mean? Consider both facility and community settings.*
  - Knowledge of the hazards they face
    - *What types of hazards do HCAs face in their daily work? Have students make a list. Would hazards differ in facility and community settings?*
  - Safe equipment
    - *What specialized equipment do HCAs use?*
  - Training (including orientation)
    - *What are some features of effective workplace training? What is typically included in an orientation?*
  - Supervision
    - *What does effective workplace supervision look like / mean to you?*

- Responsibilities
  - Protect their own health and safety as well as that affected by the worker's acts or omissions
    - *As a HCA, how can you protect your own health and safety?*
  - Follow safe work procedures
    - *What types of procedures have you learned about so far in the program? How can you ensure you are following safe procedures?*
  - Use equipment and devices safely
    - *What specialized equipment do HCAs use? Will the equipment be the same at all sites?*
  - Report unsafe conditions
    - *What types of things might you report? Who might you report to?*
  - Not work impaired
    - *What does this look like / mean to you? Should you work if you have taken any drugs or consumed alcohol? What about prescription or OTC medications?*

Source: Adapted from the Workers Compensation Act s. 115 (General duties of employer) and s. 116 (General Duties of a Worker)
http://www.bclaws.ca/civix/document/id/complete/statreg/96492_03

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of the British Columbia Health Care System; workplace settings; roles and responsibilities of health team members; legal/ethical aspects of care-giver practice and human rights (Learning Outcomes #1, #2 and #3).

2. An assignment in which students analyze one or more scenarios taken from practice situations. Students discuss the role of the HCA, rights and

responsibilities, legal/ethical implications, and appropriate caring (person-centred) approaches (Learning Outcomes # 1 and #3).

3. A written assignment in which students describe the qualities and characteristics of an "ideal" care provider, with emphasis on how an "ideal" HCA works both independently and collaboratively. Each student will compare themself to this ideal and use this comparison to delineate self-development needs (Learning Outcomes #1, # 3 and #4).

4. A written assignment in which students develop a personal mission statement related to their work as HCAs, and career goals, both short and long term. The students should then use the internet to look up mission/value statements of various employers. Using this information and their knowledge of the challenges and rewards of various workplace settings (e.g., community, residential, acute care), the students will describe where they would like to work and why, e.g. how this fits with their own beliefs, values, goals and interests. (Learning Outcome #5).

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Health 1: Interpersonal Communications

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Invite students to form small groups to discuss the following:

Think of a time when you really felt comfortable with another person and you were both able to talk freely. What were some of the characteristics of that interaction? Have the groups share their responses with the whole class.

From these discussions, the class can develop a list of the characteristics of effective interpersonal communication which will likely include points such as:

- There is a feeling of trust between the people involved.
- There is a sense that the two people involved understand each other and what each is experiencing.
- Both individuals feel that the other likes or respects them.
- Often the two people have similar values, ideas and experiences.

All effective interpersonal communications have one thing in common: each person involved feels valued, respected and worthwhile.

Based on this understanding of effective interpersonal communications, ask students to discuss some examples of communications approaches that they have experienced that they have found to be particularly unpleasant, even dehumanizing. Some examples might include:

- Moralizing, judging or blaming.
- Threatening.
- Ordering or commanding.
- Shaming.
- Stereotyping.
- Ignoring.

Invite students to think of times when they may have used these approaches and the outcomes of these responses. Why do we sometimes use dehumanizing communications?

Application to the work place: Invite students to discuss how approaches to elderly clients might inadvertently be dehumanizing (e.g. ageism). What are some better choices?

2. Questions that could be used to elicit discussion about caring:

How are self-caring and self-esteem interrelated? Why is it so difficult to care for oneself? In what ways might a person with healthy self-esteem be a more effective care provider?

What is the difference between task-oriented touching and caring touch in a health care environment? In your caregiving role, what are some ways you might appropriately show caring through touch? What are some other non-verbal behaviours you might use to exhibit caring?

Consider the following statement: *When we make an effort to truly understand the other person, we are exhibiting caring*. Do you agree with this statement? How is this related to the interpersonal communications skills you have learned in this course?

What are some potential challenges to caring communication in an acute care settingor an acute situation? Examples:

- *Not being in the client's usual home situation may create more barriers, such as unfamiliar sights and sounds.*
- *An acute illness may cause fear/increased need for empathetic communications skills.*
- *Increased urgency of caregiver tasks may interfere with active listening.*
- *A changing client condition requiring immediate action may make caring communication more of a challenge in the moment.*
- *Etc.*

Why is assertiveness on the part of the caregiver important to the care of the client? Why is it important and caring for a HCA to say "no" sometimes? How is self-respect related to one's ability to act assertively?

Strategies that focus on critical thinking, problem-solving and decision-making

1. Problem-solving exercise

When students are learning about conflict resolution, it might be helpful for them to grasp how a problem-solving process might be applied even (and possibly especially) in situations of heightened emotions.

Using one or more scenarios taken either from clinical practice or personal experience, invite students to work in small groups to analyze the problem, suggest alternative choices, determine the best outcome and suggest how it will be evaluated.

The Student Handout on the next page could be used to direct this discussion.

Student Handout
Problem-Solving Exercise: Resolving Conflicts

DIRECTIONS: Consider the following problem/dilemma:

Carol and Jason, both in their early 30s, have been living together for less than a year. They have a lot in common and enjoy each other's company – going to hockey games and movies together, skiing in the mountains in the winter and hiking in the summer. They share responsibilities around the apartment and each contributes equally to the costs.

A conflict has arisen, however, that is causing considerable strife in their relationship. Jason has a small group of buddies that he has socialized with since high school. Carol has made it clear that she does not want to socialize with these friends (all guys). She refers to them as "losers" and "adolescents." Jason is devoted to his friends and enjoys the crazy and comfortable camaraderie he experiences when he is with them.

Both Carol and Jason had thought that their relationship had potential to blossom into a long-term commitment, even marriage. This conflict is causing them both to reconsider.

A. Define the Conflict

- Facts:
  - What is the relevant information here?
  - How might Carol get more information on the rewards that Jason gets from these friends?
  - How can Jason discover exactly what Carol doesn't like about these friends?

- Feelings**:**
  - How might Carol feel when Jason goes out with his buddies?
  - How might Jason feel when Carol refuses to spend time with his buddies?

- Negative Outcome**:**
  - How might this relationship deteriorate if Jason continues to spend time with his buddies?

- How might the relationship deteriorate if Carol continues to comment negatively about these friends?

- Positive benefits:
  - What opportunities might be gained if Jason continues to see these friends without Carol?
  - What is the best thing that could happen?

Is there further information you need to adequately understand this problem? If so, what is it and where would you get this information?

B. Examine Possible Solutions

Based on your discussion, consider as many possible solutions as you can to this conflict. Try to think of obvious and not so obvious alternatives. For each one, consider the positive and negative outcomes – for both Carol and Jason.

OPTIONS	**POSITIVE CONSEQUENCES**	**NEGATIVE CONSEQUENCES**

C. Based on your analysis, what is the best choice for Carol and Jason at this time?

Some questions to consider: Is this a win-win solution i.e. do both partners gain – or, alternately, are the losses shared? Is the solution worth the costs to each person and/or to their relationship? Are the costs and rewards evenly distributed between both partners? Might other solutions be more effective?

D. Evaluate the solution

What questions would you want to ask to find out if the solution was, in fact, successful?

Self-reflection: Was this a new way for you to come to a decision in a conflict situation? How did it feel to you? What did you learn from the process?

2. Case study – the following case study is used with permission of Island Health[3]

Barbara is a HCA who has been working on the general medicine unit for the past year. Today she is being asked to mentor David, a newly hired HCA. David has been working as a casual in residential care and will be working as a casual HCA on Barbara's medical unit as well. Today is David's first mentorship time with Barbara.

Just as Barbara and David are about to get Mr. Roberts out of bed, Barbara is called by the LPN to offer assistance to Mrs. Jones in the next room. When she returns to Mr. Roberts' room, she sees David struggling to get Mr. Roberts out of bed. David identifies that the physiotherapy assistant who just popped in the room a few moments ago stated that Mr. Roberts can get out of bed on his own.

Mr. Roberts is an ALC patient and has been on the medical unit for the past 30 days and is well known to Barbara. A second patient on this unit, also a Mr. Roberts, had been admitted for pneumonia several days ago and is awaiting his discharge.

Discussion questions:

1. How might Barbara approach David about his decision to get Mr. Roberts out of bed?
2. What recommendations should Barbara suggest to David about his future decision-making processes related to patient care?
3. What other team members should be made aware of this situation?
4. Identify two ways that interprofessional communication could be improved in this scenario.

[3] Island Health (2012)

Strategies that focus on professional approaches to practice

A professional approach to practice presupposes an ability to "tune in" and respond appropriately to clients in a variety of situations.

1. Provincial Violence Prevention Curriculum – E-Learning Module Completion

   It is recommended that students are provided with an opportunity to complete the Provincial Violence Prevention curriculum created by the Provincial Violence Prevention Steering Committee. The curriculum was developed to fill a need for effective, recommended and provincially-recognized violence prevention training. After completing this curriculum, HCA students will have received education and tools to prevent, defuse and/or deal with potentially violent situations.

   The Violence Prevention curriculum is available online and is free of change at the Health Employers Association of BC website [direct link: http://www.heabc.bc.ca/Page4272.aspx]. The curriculum consists of eight e-learning modules: modules 1-7 are recommended for health care staff and module 8 is recommended for staff involved with violence behavioural care planning. It takes about 45 minutes to complete each e-module (approximately 6 hours in total). Where possible, it is also recommended that classroom teaching be provided to supplement on-line module learning.

   After completing each module in a self-paced format, the students can then take a module quiz to check their knowledge. Quizzes can then be collectively reviewed as a class to provide opportunities for discussion and consolidation of learning.

   It should also be noted that some health authority employers may also require that new employees take this training and supplement it with site-specific information to ensure workers can apply the violence prevention strategies into practice at their workplace.

2. Communication Skills Practise

   Good communication skills are invaluable to the effective HCA and these skills need to be practised. Below are several approaches that are aimed at giving students opportunities to practise effective communication.

Practising non-verbal listening skills

Invite students to select partners to practise non-verbal listening skills. While one partner assumes the role of speaker, the other is the listener. The speaker can talk about anything, but a topic that elicits opinions or feelings is best. While the "speaker" is talking, the "listener" will practise excellent listening, i.e.:

a. Face the speaker.
b. Make eye contact whenever possible.
c. Lean slightly toward the speaker.
d. Maintain a relaxed, open posture.
e. Maintain a facial expression appropriate to the content.
f. Nod the head or in other non-verbal ways give the message that the speaker is being heard.

After 5 or 10 minutes, the interaction is stopped and the partners change roles.

Once both participants have had a chance at both roles, discussion should take place guided by the following:

What was it like for you to be a non-verbal listener? Was it easy to listen this intensely? Was it hard to keep your mind from wandering? What did you learn about the speaker's opinions, feelings and ideas? What did you learn about yourself as a listener?

What was it like for you to be the speaker? Did you feel that the other person was truly listening to you? Was it helpful for you to clarify your own thoughts, opinions or feelings?

Practising paraphrasing

Invite students to get into groups of three for a short discussion period. Each member of the group will take on one of these roles:

- Listener
- Speaker
- Observer

The speaker can talk about anything, but may be helped by some suggested topics such as those below:

*I think that the worst part about being a student is*_____

*I think that the best part about coming back to school is*_____

*What I enjoy most about my work is*_____

*The reason I decided to take the HCA program is because*_____

The things that I am most concerned about in becoming a HCA is _____

The process for each group will be as follows:

a. The speaker makes a comment related to the chosen topic.
b. The listener must paraphrase what the speaker has said in their own words and must do it to the speaker's satisfaction. Once the speaker is satisfied that the listener has understood the meaning, then the listener is allowed to take on the speaker role and make a comment.
c. The observer serves to make sure that the rules are being followed i.e. the listener may not become the speaker until they have paraphrased the content of the communication to the satisfaction of the speaker.
d. Take turns in each role.

Following this practice, invite the groups to discuss the difficulties they experienced trying to understand the other person and trying to be understood. Students should identify what they learned from this exercise about speaking and listening.

Practising empathic responding

Invite students to practise empathic responding in two "real life" situations. Ask them to pick one person they don't know well (e.g. a sales person in a store, a new client in the practice setting) and one person they do know well (e.g. a close friend or relative). Instruct the student to initiate a conversation with each person and attempt to "tune in" to what the other person is saying and what they seems to be feeling. Ask the student to attempt to respond empathically.

At the next class, discuss the following questions:

- Was it difficult for you to really "tune in" to the other person? If so, why do you think it was difficult?
- Did you find your mind wandering as the other person was speaking?

- Did you feel ill-at-ease with the active listening and empathic responding? If yes, why do you think this felt uncomfortable for you? What might make it more comfortable?
- How did the other person respond?
- Reviewing what you said, how might you improve your responses in future interactions?
- Did you feel that you had a better understanding of the other person when the conversation was over?
- What did you learn about yourself as a result of this exercise?

Practising assertive communication

Using a scenario such as the one below, have students practise using their assertive communication skills to refuse a request. One student will act as the Team Leader (TL), and one student will act as the HCA.

Student 1 (TL): *Hi _____. I'm going on my lunch break now. Janice will cover this team as TL while I'm on my break, but she is really busy, so you can go ahead and change Mr. Grey's IV bag when it's empty. The new one is on the bedside table all ready to go.*

Student 2 (HCA) – you know this is not in your defined role as aHCA. What will you say to the TL?

Following the exercise, discuss the following:

- Were you able to say "no" to the requestor did you agree to do it?
- How comfortable were you saying "no" to the request?
- Did you use assertive vs. aggressive communication?
- What would you do/say if, after you said no, the TL says to just do it anyway?

Other scenarios for practising assertive communication skills:

- A resident's daughter wants to give you a gift: ***"We are so appreciative of what you do for our father. Please accept this bottle of wine as a thank you from our family."***
- You are a student in a complex care facility. You ask for assistance to transfer a client using the ceiling lift as you know the policy is to always have two people when using the ceiling lift. The HCA you ask to help you says: ***"Just do it on your own. We don't have time to have two of us use the lifts. This is the real world."***

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of the concepts and principles underlying effective interpersonal communication (Learning Outcome #1).

2. An assignment in which students analyze one or more scenarios in which communication was ineffective. They will be asked to identify the barriers to effective communication displayed in the scenario and suggest alternative approaches that might have been more effective (Learning Outcomes # 1 and #3).

3. A written assignment in which students describe a situation in which they used communication skills they learned in this course. Students will describe what they did or said and analyze the outcome, with particular focus on self-reflection and self-appraisal (Learning Outcomes # 2, #3 and #4).

4. A written assignment in which students analyze a video-recorded interaction with a simulated client (other student or actor). Students will identify where they used specific communications skills (paraphrasing, empathic responses, perception checking, etc.) and/or where they could have used these skills to improve the interaction. (Learning Outcomes #3 and #4).

5. An assessment – or series of assessments – of students' abilities to use the skills learned in the course. This may take place in the classroom where students conduct guided role-playing or it may be assessed as part of the lab or clinical experiences (Learning Outcome # 3).

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Health 2: Lifestyle and Choices

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Caring and Care-giving

   Invite students, as a whole class or in small groups, to discuss the following questions:

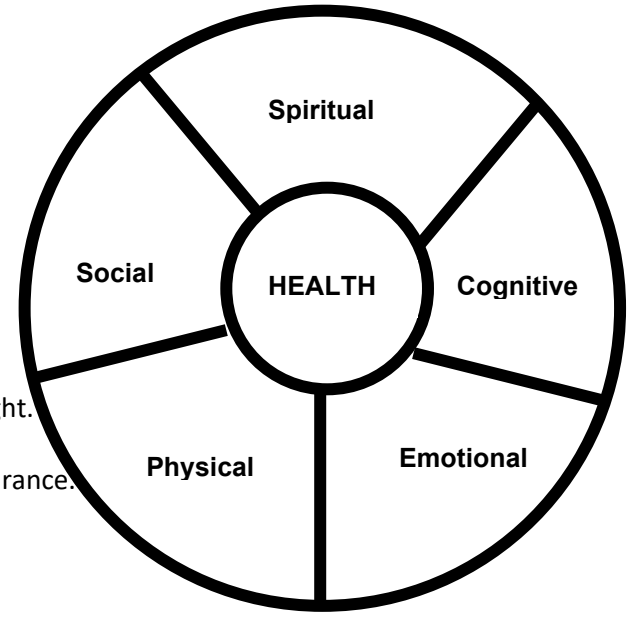
   - How is caring about your own health related to being an effective care provider? How do your lifestyle choices reflect your caring for yourself?
   - If we truly care for and respect our physical bodies, how will this be reflected in our lifestyle choices?
   - How is psychological/emotional health related to the ability to express caring for others?
   - How does social connectedness relate to physical and emotional health? What does this tell you in terms of social needs of clients with whom you'll be working?
   - How does cognitive ability relate to over-all health? Why is this important for you to understand as you work as a care provider with cognitively challenged individuals?
   - In what ways is caring in all its dimensions related to spiritual health?

2. Building a Health Wheel

   Caring always presupposes a person-centred approach to all care-giving practice. In order to fully understand the uniqueness of each client, students need to grasp how changes in one dimension of health affects and is affected by all the other dimensions. The following exercise helps to portray this interaction:

   - Begin by drawing a health wheel which identifies the five components or dimensions of health. Encourage students to suggest indicators or signs of health in each of the five components (see diagram on next page with some suggestions for indicators of health).

The Health Wheel: Indicators of Health



Physical

- Healthy body weight.
- Sensory acuity.
- Strength and endurance.
- Flexibility.
- Coordination.
- Energy.
- Recuperative ability.

Emotional

- Ability to cope effectively with the demands of life.
- Ability to express emotions appropriately.
- Ability to control emotions when necessary.
- Possessing feelings of self-worth, self-confident and self-esteem.

Cognitive

- Ability to process and act on information, clarify values and make sound decisions.
- Ability to take in new information and understand new ideas.
- Ability to learn from experience.
- Ability to solve problems effectively.

Spiritual

- Having a sense of unity with one's environment.
- Possessing a guiding sense of meaning and value in life.
- Ability to experience love, joy, wonder and contentment.
- Having a sense of purpose and direction in life.

Social

- Ability to initiate and maintain satisfying relationships with others.
- Knowing how to behave in a variety of social situations.
- Having a group of friends and family who care and provide support.
- Ability to provide understanding and support to others.

3. Exploring the implications of the Health Wheel

In order to assist students to see the intimate interconnectedness of the five components or dimensions of health, guide the students through the following exercise:

- Identifying "symptoms" or indicators of challenges to health
  - Draw a circle around the health wheel and label it "symptoms." Encourage students to identify "symptoms" or challenges to health in each of the five dimensions.
  - Your question might be: *What are physical symptoms or indicators that something is wrong? What are emotional symptoms or indicators? Cognitive? Social? Spiritual?* As the students identify these, write them in the circle (see next page for examples).

- Identifying "causes" of health challenges.
  - Draw another circle and label it "causes." Encourage the students to give suggestions for possible causes of health challenges in each dimension.
  - Your question might be: *What are some physical causes of ill-health? Emotional causes? Cognitive? Social? Spiritual?* As the students identify these, write them in the circle (see next page for examples).
  - NOTE**:** The "causes" do not need to match the "symptoms."

- Identifying behaviours that contribute to health.
  - Draw a third circle and label it "approaches to health". Encourage students to give suggestions of behaviours or choices that contribute to health in each dimension.
  - Your question might be: *What are some behaviours or choices in the physical dimension that contribute to health? In the emotional dimension? Cognitive? Social? Spiritual?* As students identify the behaviours, write them in the circle (see next page for examples).
  - NOTE: The "approaches to health" do not need to correspond with the already listed "causes" or "symptoms."

- Examining the interconnectedness of the dimensions.
  - Choose a student from the group and ask that person to secretly select one of the "symptoms" and write it down, another to secretly select a "cause," a third to secretly select an "approach to health" and a fourth to secretly select a "sign of health." Encourage these students to select from *any* of the health dimensions.

  - Invite the students to reveal their selection by using the following script: *Here's a situation in which a person is experiencing _____(symptom), caused by _____(cause). The approach to health that will be undertaken is_____ (approach to health), and the result, hopefully, will be_____(sign of health).*
  - Experiment with this exercise two or three times. Since each dimension of health represents a part of a whole, no combination will ever be too far-fetched.

- Invite students to discuss what this exercise has displayed in respect to:
  - The degree to which one dimension of health affects every other dimension.
  - The degree to which choices or "approaches to health" in one dimension affect the other dimensions and what this suggests for creative thinking when individuals are searching for remedies or treatments.
  - In Canadian society we tend to be more comfortable with the physical dimension of health and most often seek physical treatments for physical symptoms. Is this adequate? Could we be more creative and discover more options?
  - How might traditional medicines or alternative treatments contribute to holistic health?

Understanding Holistic Nature of Health

Symptoms

Physical
- Pain
- Fatigue
- Constant infections (e.g. colds)
- Insomnia
- Constant accidents
- Lack of energy

Cognitive
- Memory loss
- Inability to concentrate
- Loss of humour
- Loss of imagination
- Apathy
- Confusion
- Poor decision-making ability
- Poor problem-solving ability

Social
- Loneliness
- Feelings of being unloved or unappreciated
- Withdrawal from friends and family
- Extreme shyness
- Avoidance of social interactions

Emotional
- Depression
- Loss of confidence
- Uncontrolled anxiety
- Aggressive acting out
- Feelings of rejection
- A sense of being unworthy
- Uncontrolled emotions
- Feelings of constantly being stressed out

Spiritual
- Guilt
- Despair
- Loss of meaning
- Helplessness
- Joylessness
- Emptiness

Causes

Physical
- Unhealthy eating habits
- Inadequate exercise
- Using harmful substances (eg coffee, tobacco, drugs)
- Not getting enough sleep
- Sleeping too much
- Unhealthy hygiene habits

Cognitive
- Too little mental challenge
- Too much happening – feeling over-extended
- Lack of goals
- Boredom
- Apathy

Social
- Too many people to please
- Loss of a job
- Moving from one city to another
- Change in status e.g. from worker to student

Emotional
- Failure
- Lack of direction
- Loss of self-confidence or self-esteem
- Increasing demands and stresses

Spiritual
- Doubts
- Disappointments
- Lack of commitment
- Uncertainty about direction in life
- Uncertainty about personal values

Approaches

Physical
- Get more exercise
- Eat better
- Sleep more
- Stop or modify bad habits (e.g. smoking, drinking, drugs)
- Massage, chiropractic, physiotherapy
- Medication, surgery or other physical therapies

Cognitive
- Find new pursuits and challenges
- Read more or on different topics
- Go back to school
- Write in a diary
- Take a course on decision-making/problem-solving
- Watch less TV
- Join a discussion group
- Change jobs

Social
- Join an interest group
- Join a sports team
- Reach out to others
- Become more assertive
- Change entertainment patterns
- Smile more at others
- Initiate contacts with family and friends

Emotional
- Use positive self-talk
- Learn new way for handling negative emotions such as anger and aggression
- Keep a mood diary
- Get feedback from trusted friends
- Find ways to be more accepting of self

Spiritual
- Clarify values
- Spend time in nature
- Make a commitment to something
- Undertake personal reflection
- Take up mediation
- Spend time in activities that give you joy or contentment

Strategies that focus on critical thinking, problem-solving and decision-making

1. Determinants of Health – Critical Thinking Exercise

   Have students work in small groups. Each group chooses, or is assigned, two to three Determinants of Health. The groups develop and write down scenarios to illustrate how the multiple Determinants of Health interrelate and influence health. The groups then share their scenarios with the rest of the class.

2. Lifestyle Change Project

   Invite students to undertake a Lifestyle Change Project – which may be a marked assignment for the course. This assignment will encourage students to actively use an informed problem-solving process to make positive changes in their lives. If possible, have students carry out the change for a period of three to four weeks. This allows time for them to understand the difficulty in sustaining the change, especially during the time of other changes in their lives, e.g.being a student.

   - Assessment: They will be invited to assess their present health status in light of what they have learned in the course.
   - Goals: They will set achievable goals related to their assessment.
   - Planning: They will be guided to plan carefully for their change project.
   - Evaluation*:* They will be guided to evaluate the effectiveness of their project and reflect on the process.

(Students may be invited to form small groups to share their change projects and what was learned).

See next page for a Student Handout to guide this Lifestyle Change Project.

Student Handout

Lifestyle Change Project

The purpose of this project is to provide you with an opportunity to apply knowledge learned in "Health 1: Lifestyle and Choices" to the development and implementation of a personal lifestyle change process.

A. Identify the need for a health-related change or alteration.

- Based on assessments you have done of your current lifestyle choices related to health, what one thing would you like to change or alter?
- What will be the pay offs in making this change or alteration i.e. why do you want to do it?

B. Set your goal(s).

- When deciding on a goal, remember that it is best to start with small achievable goals rather than big life-changing goals that are more likely to fail. **It is much better to have small successes than large failures.**
- Write one or two goal statements that describe the behaviour/lifestyle choices you want to change. Phrase your goal(s) in positive language e.g. "I will…"
- Your goal statement(s) should reflect specific, measurable behaviours rather than general outcomes e.g. "I will go for a 30 minute walk every day" is better than "I will get more exercise." "I will eat 5 servings of fruit and vegetables every day" is better than "I will eat more fruits and vegetables."

C. Plan your change process by asking yourself:

- What will I have to give up to make this change or alteration?
- What difficulties or obstacles (habits, thoughts, feelings, attitudes, time demands, inadequate social supports, etc.) are presently holding me back or might be problems in achieving my goal(s)? How might I overcome these obstacles?
- Who are the people in my life who will support me?
- What other ways might I build in support for this change? Are there ways I can reward myself for success? Are there people who might join me in my activities?

- What are the steps in the achievement of my goal?
- How can I make sure that I am recognizing my successes along the way?

D. Carry out the change process.

- Set yourself a target date for the achievement of your lifestyle change goal and begin the process.

E. Evaluate your experience. In reviewing your experience with the lifestyle change process, discuss:

- Your achievements. Did you meet your goal(s) fully? Partially? Did you have to change your goal(s) as the process progressed?
- Any problems or difficulties encountered in achieving your goal(s). How might these have been avoided or diminished?
- What you learned about lifestyle change from undertaking this project. How might this learning be useful to you in your role as a care provider? What suggestions would you have for others who might want to make changes of a similar kind?

Remember: Even if you aren't completely successful in meeting your original goal, you will be successful in learning something about yourself and your needs that can be very useful to you in the future as you strive to make health-enhancing lifestyle choices.

Strategies that focus on professional approaches to practice

Invite students to form small discussion groups and discuss the following scenarios.

Students will be directed to determine to what degree the care-giver is behaving in a professional manner. Ask students to consider: to what degree is self-care related to professional practice?

Sharon Sandhu is an experienced HCA working for a Home Support agency. Sharon has struggled with her weight for many years, knowing that the extra 30 pounds she carries around could be increasing her chances for high blood pressure, diabetes and cancer. One of her elderly clients, Mable Chung, is an outspoken, sometime brutally honest, 90-year-old lady who regularly advises Sharon that "there is no excuse for being fat." One day, after hearing Mable's comments many times, Sharon responds sharply: "Oh, for goodness sake Mable, get off it. I'm sick of hearing your nagging."

Marg Thompson is a HCA who works in a Special Care Unit with clients who have dementia. She loves her work but often feels tired and lacking in energy. She knows she would feel better if she could cut back on her smoking and get more exercise. She tells herself that she will start exercising next month, or when the weather improves, but somehow she never actually gets started. She also promises to stop smoking every New Year's but, so far, she hasn't. One day Marg's supervisor mentions to her that he has noticed Marg's lack of energy which can seem like apathy. He has also noticed that Marg has had more illness (mainly colds) in the past year than anyone else on the unit. He wonders if she is unhappy with her job and, possibly, should consider working somewhere else.

James is a HCA on a surgical unit in an acute care hospital. He works steady afternoon (1500-2300) shifts. This works well for him, as his wife works day shifts, so he can take his children to school and they only need a couple of hours of after-school childcare per day. They are saving to buy a house and every penny counts!

This evening, one of the clients who had surgery today is very confused and agitated. The nurse assigns James to do 1:1 observation with the client. James keeps the client safe and reports his observations to the nurse. At the end of the shift, the nurse asks James if he can "do a double" (work until 0700) as the night HCA who was booked for 1:1 phoned in sick. James really needs the money, so decides to accept the shift, even though he only slept a few hours the night before and this is the third double shift he has done this month. James leaves the hospital at 0710 to drive home—a 35 minute drive. He really has trouble keeping his eyes open on the way home.

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of effective approaches and lifestyle choices that support health (Learning Outcome # 2).

2. An assignment in which students analyze their personal nutrition level and/or physical activity routines. Invite students to discuss how their choices in nutrition and/or exercise affect all other dimensions of their health (Learning Outcomes #1 and #2).

3. A written assignment in which students report on a personal health and lifestyle change process (Learning Outcomes # 1, #2 and #3).

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Healing 1: Caring for Individuals Experiencing Common Health Challenges

Strategies that focus on caring

1. Contributing to a broadened understanding of common health challenges:

   Using the health wheel from "Health 2: Lifestyle and Choices" as a guide, invite students, working in small groups, to discuss how common health challenges might affect all areas of health and healing.

   Each group may be assigned a specific health challenge and given the task of identifying the primary components of the health challenge (e.g. pain, loss of function, immobility, fatigue, confusion, stress, etc.).

   With this information, the group will identify how these changes might affect all other aspects of the person's health (e.g. how fatigue might affect social, cognitive, emotional and spiritual health).

   The group will then discuss how changes in each dimension of health might positively contribute to healing. Each group will report back to the whole class.

2. Contributing to person-centred care:

   The above process could be undertaken using scenarios of real or fictitious individuals who are struggling with one or more of the common health challenges studied in this course. Students, in small groups, will discuss how the changes in health brought about by the health challenge(s) are affecting all dimensions of the person's health and healing and how each level of needs (as described by Maslow) is affected. The group will then discuss how changes in each dimension of health might positively contribute to healing. Each group will report back to the whole class.

3. Case study – the following case study is used with permission of Island Health[4]

A 61 year old male is being admitted to the unit by stretcher from Emergency. He was receiving palliative end-of-life care at home, but has been admitted due to a pain crisis. You enter the room with the RN from your unit and under the direction of the RN, assist in moving the patient from stretcher to bed. With a gentle touch and a caring smile, you introduce yourself.

As the RN gets the report, you continue to help position the patient. Perhaps you have to go for more pillows to help with positioning, get a warm blanket or retrieve other care items. You ask the RN how you can help (find an IV pole, collect mouth wash supplies or get ice water, for example.)

Once the patient is settled, you turn your attention to the family. You consider how many chairs they will they need in the roomand ask if you can get them something to drink. You may show them where the washroom, ice machine and public telephone are located. Remember to consider the family in planning the care of your patient. The death of a loved one is an experience that stays with most people forever. It is our job to be supportive during this time.

The RN will need to pay attention to eliminating the pain crisis and attend to the other needs while you help to create a caring environment.

Questions for discussion:

- Have you ever visited someone who was dying in the hospital?
- What did staff do to help make your loved one feel better?
- What could have been done differently that would have helped your loved one?
- How did staff help you during this time?
- Empathy – what does it mean to you? How could you demonstrate empathy with the patient?

[4] Island Health (2012)

Strategies that focus on critical thinking, problem-solving, and decision-making

1. Developing a Best Practices Tool to Support a Client Who is Dying

Invite students, working alone or in small groups, to develop a tool that would aid them when they are supporting a client who is dying, for example, a checklist of best practices.

Based on what they have learned about end-of-life care, what regular observations should be made:

- In respect to physical changes and comfort needs of the client?
- In respect to mental or emotional changes in the client?

After developing the tool, students will discuss how the information will influence choices they will make about care-giving practice and how they will evaluate the care they provide.

2. Case Study: Decision-Making Regarding Reporting Changing Client Condition

The following case study is used with permission of Island Health It is not unusual for client status to change quickly in acute care settings; HCAs need to be aware of how to most effectively communicate changes in client conditions in order to ensure their safety and well-being.

> *For the past few months, Greg, a HCA, has been working full time on a surgical unit. He is getting to know the team members and enjoys the opportunity to work in partnership with the health care team.*
>
> *For the past few shifts, Greg has been supporting care for Mr. Stark. Mr. Stark is 67 years old and is a retired teacher. He had surgery 6 days ago to remove a tumour in his small intestine and now has a colostomy bag. He has been progressing well after the surgery and is looking forward to returning home to his wife. Mr. Stark plans to independently manage his colostomy care with assistance from community based nursing as required.*
>
> *Greg is stopped by Mr. Stark while doing his hourly care rounds. Mr. Stark indicates that he is feeling like he is going to vomit and needs help. Mr. Stark's RN, Jane, is currently in a family meeting with another patient.*

Ask students to consider the “who, what, when, where, why and how” for this situation.

Who to communicate with:

It is important to get the assistance of nursing staff with this as there may be a variety of factors contributing to the nausea. If unable to interrupt Jane, contact RN that is covering for Jane, or the Team Leader.

What to communicate:

Tell the RN what you saw (observations), when you saw it and what Mr. Stark reported to you re: his nausea. Determine if the RN wants you to record this on any special forms. Be prepared to answer some questions from the RN.

When:

This nausea is a change for Mr. Stark. Because of this, it is important that you verbally communicate this information immediately.

Where:

It may be that you are asked to record this information on a special form or chart. Depending on the outcome, this may be a topic that is addressed in a team huddle as well. Collaborate with the RN to determine who will report this information and where. Ensure patient confidentiality and privacy is respected during verbal communication.

Why:

It is critical that this information is shared in a timely way as Mr. Stark will require the assessment of his condition and possible treatment. Timely communication will also reassure Mr. Stark that his care needs are being addressed.

How:

You may be able to use the nurse call bell system, pager or voice activated devices to alert team members that you require assistance.

Consider what forms and meetings you can use to share information once immediate needs are addressed.

Strategies that focus on professional approaches to practice

Maintaining professional boundaries when caring for a dying person can sometimes be particularly challenging. Elizabeth Causton, in her writings on the "The Dance," (see reference list) provides care-givers with a metaphor that may be helpful as they work closely with clients and families.

Have students read the description of "The Dance" (reprinted from Causton's essay) and ask them to discuss the following:

- Does the metaphor of the dance make sense in relation to professional practice when caring for dying individuals?
- What does the author mean by "hooks" in this context? Can you think of any "hooks" that might affect you in an end-of-life context?
- Have you seen or could you envision care-giver behaviours, such as those described, that reflect lack of perspective? How would a care-giver behave who is kind, compassionate and caring yet maintains professional boundaries – who is able to "feel deeply and to act wisely."
- How might the ideas in this reading apply to other care-giving contexts (e.g. with clients who are vulnerable but not necessarily dying)?

Student Handout

"The Dance" by Elizabeth Causton

The Dance

When we work with a conscious awareness of where we stand in relationship to patients and families, respecting their unique "dance" in response to grief and loss, we are less likely to become over involved or to get lost in our work.

The idea of a family dance is not new, but it works particularly well as an image that reminds us of the importance of paying attention to boundaries as we work with people who are "vulnerable and broken." The image can also be used to describe the sense of continuity of the family dance, which has evolved over generations. It reminds us that every family dance has its own history and that every step taken on the family dance floor has a reason in the context of that shared history.

So, when one member of the family either sits down or lies down on the dance floor because of terminal illness, the dance may look quite clumsy as the family tries to modify their routine to accommodate the changes, but the new steps are not random. They, too, have meaning in the context of what has gone on before.

Still, as we watch families struggle with a difficult dance, to music that always gets faster and louder in a crisis, we may be tempted to get onto their dance floor to try and teach them a new dance, with steps from the dance that we are most familiar with – our own. Of course, this rarely works, for the obvious reason that our dance steps do not have a history or a reason in the context of another family's particular dance. Our valuable and unique perspective is lost the moment we step out onto someone else's dance floor. Regardless of our good intentions, we truly become lost in our work.

The greater value of our role is to stay on the edge of the dance floor and from that vantage point, to observe, comment on, and normalize the process that the family is going through. We may suggest options, new dance steps that the family hasn't thought of, but we do so with the recognition that they can only consider new ideas in the context of their own history. This is what it means to work from a "therapeutic distance", to work with an awareness of where we stand in relation to the people with whom we are working.

However, whereas working with this kind of clarity and respect for boundaries may be our goal, experience tells us that it is not easy to achieve. The edge of the family dance

floor is often, in fact, a fluid border as difficult to define as it is to say exactly where the sea meets the sand. In addition, each of us has "hooks" – people or situations that may touch us in some deep, unconscious place. Because we have an obligation to do this work with awareness, it is important that we do our "homework", seeking to identify our "hooks" and paying attention to signs that we may have stepped over the line.

The signs that we are losing our perspective are: 1) experiencing an extreme emotional reaction to a person or situation that (perhaps without our knowing it) resonates with an unresolved issue or a difficult relationship on our own dance floor; 2) feeling a sense of ownership as reflected in language such as "my patients" or "my families," or difficulty in letting go or sharing individuals with other team members; and/or 3) experiencing a need to influence/control patients and families by directing their options and choices or by making ourselves indispensable to them.

Despite having identified signs of over-involvement, it is also important to understand the challenges inherent in our work and be gentle with ourselves as we strive to be "good enough." We need to remember that maintaining a therapeutic distance does not preclude strong emotions and deep caring. Two of the great advantages of knowing where we stand and being clear about what we bring to our work are being able both to feel deeply and to act wisely.

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SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of human anatomy and physiology, normal changes of aging, nutrition in healing, and common challenges to health and healing (Learning Outcomes #1, #2 and #3).

2. An assignment in which students, working in small groups, research a common health challenge and present their findings to the class. Each group should be prepared to discuss the physical, social, emotional and cognitive changes that a person dealing with the particular health challenge might face. Each group should also identify community resources and discuss the HCA role in caring for and supporting individuals experiencing the health challenge (Learning Outcomes # 2 and #4).

3. A written assignment in which each student identifies what they would want in a care provider for themself or a close family member who is dying. Each student will discuss this fictitious "perfect" care-giver in terms of the person's:

   a. Comfort with the death and the dying process.
   b. Knowledge of and ability to provide palliative care.
   c. Ability to communicate with the dying individual.
   d. Relationship with other health team members.
   e. Relationship with family members.
   f. Ability to communicate with family members during the dying process and immediately after the death of the client.
   g. Ability to adapt to cultural, religious or other person-centred care requirements.

   Each student should reflect on their strengths as a care-giver as these relate to end-of-life care and identify areas of personal/professional development that would assist them to become more effective or confident in providing end-of-life care (Learning Outcomes #4 and #5).

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Healing 2: Caring for Individuals Experiencing Cognitive or Mental Health Challenges

Course Guideline:

The main focus of this course (at least 70%) should be on:

- Learning Outcome 1 – Describe ways to organize, administer and evaluate person-centred care and assistance for clients experiencing cognitive health challenges (dementia).
  and
- Learning Outcome 3 – Demonstrate and understanding of effective approaches to disruptive or abusive behaviours.

A maximum of 30% of course hours should be dedicated to:

- Learning Outcome 2 – Describe ways to organize, administer and evaluate person-centred care and assistance for clients experiencing mental health challenges (other than dementia).

Strategies that focus on caring

1. Contributing to a broadened understanding of cognitive health challenges:

   Invite students to "experience" what it is like to suffer from a cognitive health challenge, particularly dementia. Have students sit comfortably, close their eyes and take several deep breaths.

   Speaking softly, lead them through the following scenario:

   Imagine yourself walking alone through a forest. It's a lovely warm spring day. The sights and sounds and smells of the forest are refreshing and you are enjoying your walk.

   As the afternoon progresses, you realize you aren't sure which direction you should take to get back to your friends and family. As you look around, you realize that you are lost. As you realize your situation, you experience a twinge of fear.

You decide to keep walking in hopes of seeing something familiar, but find that the further you go, the more lost you become. Time passes and your fear is verging on panic. As evening draws closer, you realize that you may have to spend the night alone in the forest.

Invite students at this point to open their eyes and discuss their bodily experiences, feelings and thoughts. Invite them to discuss how this is similar to what some cognitively challenged individuals might experience.

The client with cognitive changes may constantly feel lost. No matter what they do or where they go, they can find nothing that is familiar.

What feelings, therefore, would this person be likely to have? How is this related to some of the behaviours we might see in a cognitively challenged person?

Invite students to close their eyes once again and visualize themselves back in the forest. Continue the scenario as follows:

You are back in the forest, still feeling lost and fearful. As dusk begins to settle, you notice that there is a strange man who seems to be following or observing you. Can you see him? He is about 30 feet away. When you attempt to speak to him, he answers in a language you don't understand.

Invite students to open their eyes and describe their responses to the stranger. What feelings were stimulated? How does this relate to how a cognitively challenged individual might experience the people in their environment (even family members)? How might this help us understand some of the responses of clients?

2. Contributing to person-centred care:

Using the health wheel from "Health 2: Lifestyle and Choices" as a guide, students are invited to work in small groups to discuss how cognitive health challenges might affect all areas of health and healing (i.e. physical, cognitive, emotional, social and spiritual). The group will then discuss how changes in each dimension of health might positively contribute to improved quality of life for the affected individual. Each group will report back to the whole class.

The above process could be undertaken using scenarios of real or fictitious individuals who are experiencing a cognitive health challenge. Students, in small groups, will be invited to discuss how the changes in cognitive ability and perceptions are affecting all dimensions of

the person's health and lifestyle. The group will then discuss how changes in each dimension of health might positively contribute to healing. Discussion will also focus on how this understanding might influence care-giver practice. Each group will report back to the whole class.

An alternate to the above would involve using scenarios of a real or fictitious individual who is supporting a family member experiencing a cognitive health challenge. The focus would now be on the family member (wife, husband, daughter, son, etc.) in relation to the family impact of a cognitive health challenge. Students, in small groups, will be invited to discuss how the cognitive/perceptual changes in a family member affect other members of the family. All dimensions of the health wheel should be considered. Discussion will also focus on how this understanding might influence care-giver practice. Each group will report back to the whole class.

Strategies that focus on critical thinking, problem-solving and decision-making

While it is always important to be observant in order to collect information about a client that will contribute to person-centred care, it is probably most critical when working with individuals who are experiencing cognitive health challenges.

Invite students to use their clinical practice to learn the importance of observation to person-centred care. Students, working individually or in small groups, will choose a client experiencing cognitive challenges and observe this individual closely for at least two days, being particularly aware of the person's behaviours and what aspects of the environment and of the client's needs seem to be related to the behaviours. Students are also encouraged to talk with other members of the health care team who know this client and, if possible, research the client's background.

Students will review the information and discuss what environmental factors seem to be contributing to the client's behaviours, both positively and negatively. This should include the social environment as well, i.e. the actions of staff and other residents. Students should also observe for unmet needs of the client which may be causing responsive behaviours.

This information can be brought back to class for wider discussion of possible causes of responsive behaviours and determination of how the information might help to guide care-giving practices.

Strategies that focus on professional approaches to practice

Invite students, individually, to reflect on the following questions:

- What are your concerns or fears in relation to people experiencing mental health challenges? What has caused you to have these concerns?
- Do you have any friends or family members who have had experience with mental health challenges? If so, how has this influenced your feelings about mental health issues?
- Do you think you would enjoy working with individuals with mental health challenges? On what do you base your response to this question?

Invite students to form small discussion groups to discuss how the care-giver role, whether in the community or a facility, would be different when the client is experiencing a mental health challenge as opposed to a physical health challenge.

What personal and professional care-giver characteristics would be most valuable when working with individuals with mental health challenges? Encourage them to consider characteristics related to:

- Personality/temperament.
- Knowledge about mental health.
- Perceptions of people with mental health challenges.
- Ability to form relationships with clients.
- Need for control.
- Ability to work with other health team members.
- Ability to interact with family members.
- Other characteristics that seem important.

What legal and ethical issues would be particularly important to be aware of when working with clients experiencing mental health challenges?

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to knowledge of common cognitive or mental health challenges and principles of crisis intervention (Learning Outcomes #1, #2 and #3).

2. A written assignment, that students will complete individually, based on interactions with a client with cognitive changes (see Student Handout on next page) (Learning Outcome #1).

3. Supporting Clients with Dementia - Best Practices for HCAs – Group Presentation. Students can research and complete this project in small groups. They should be expected to put together visual material (i.e. a Poster or a PowerPoint) and a short written handout to give to the class. The focus should be on how to best communicate with and care for clients with dementia. The online resources provided for this course will be particularly useful in preparing for this assignment. (Learning Outcome #1)

4. An assignment in which students, working in small groups, research a common mental health challenge and present their findings to the class. Each group should be prepared to discuss the physical, social, emotional and cognitive changes that a person dealing with the particular mental health challenge might face. Each group should also identify community resources and be prepared to discuss the HCA role in supporting individuals experiencing mental health disorders (Learning Outcome # 2).

Student Handout

Responding to an Individual Experiencing Cognitive Challenges

PURPOSE:

- To help you apply what you have learned in this course to your work with individuals experiencing cognitive challenges.
- To assist you to identify the consequences of your communications, actions and interactions.
- To help you to increase your effectiveness in working with individuals experiencing cognitive challenges.

DIRECTIONS: Choose two separate interactions you have had with individuals experiencing cognitive challenges. Briefly document each interaction, what happened and how you responded. You may use a graph like the one on the following page to document your two interactions.

For each interaction that you document, write your reflections on the incident using the outline on the next page and identify what you have learned that will assist you in future to increase your effectiveness with individuals experiencing cognitive challenges.

EXAMPLE: Documentation of Interactions

Situation	My response	Consequences of my actions	Effectiveness of my actions	What the client's behaviour may have been communicating
Mrs. S kept asking me over and over where she was and when her husband would be coming to get her.	I told her I had already answered her question three times in the past half hour and the answer was still the same. I also reminded her that her husband had died several years ago.	Mrs. S. looked distraught and anxious, wringing her hands and pacing about the hallway.	Not very because Mrs. S seemed even more anxious and confused. She kept asking the same question to whomever she encountered.	I'm feeling lost. I want to see someone I recognize who will care for me.
Mr. T. kept wiping the kitchen counter over and over again and it didn't seem like he was going to stop.	I asked Mr. T. why he kept wiping the counter.	Mr. T. looked confused and troubled and continued to wipe the counter for several more minutes.	Not very since he kept wiping the counter and seemed even more agitated.	Need to expend nervous energy. Unable to stop the behaviour on his own.

For each interaction identify:

- Why your response was or was not effective. How did you know it was effective or not effective?
- Make a list of other responses you might have made that would be effective in the situation. Think of as many ideas as you can. Base your suggestions on what you've learned in this course and information you have gained from other health team members or other sources.
- How does knowledge of the person as a unique individual – with a past, present and future - help you to be more effective when caring for clients experiencing cognitive challenges?
- Identify what you have learned from these two interactions that will help you be more effective when working with individuals experiencing cognitive challenges.

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Teepa Snow, Positive Approach to Brain Change. http://teepasnow.com/ and https://www.youtube.com/user/teepasnow

University of Waterloo Murray Alzheimer Research and Education Program
https://uwaterloo.ca/murray-alzheimer-research-and-education-program/

VGH ReAct: First Nations ReAct. http://www.vchreact.ca/aboriginal_manual.htm

WorkSafeBC Injury Prevention Resources for Health Care – Dementia.
http://www2.worksafebc.com/Portals/HealthCare/Dementia.asp

Healing 3: Personal Care and Assistance

Course Guideline:
A minimum of 65% of this course should consist of the supervised application of hands-on skills to ensure students are deemed safe and competent in performing personal care.

Strategies that focus on caring

1. Use the following questions/statements to elicit discussion about caring:

    - Careful and consistent handwashing is one of the most caring things you can do for yourself and your client. Discuss this statement.
    - How is being concerned about safety related to caring?
    - What are some ways a HCA can show caring while assisting a client with hygiene and grooming? With moving and ambulation?
    - In what ways can a HCA show caring while assisting a client with elimination?
    - How is being concerned about accuracy in measuring vital signs related to caring? How is being meticulous when assisting with medications, or when carrying out a delegated task, related to caring?

2. Use scenarios from clinical situations to help students contextualize the care-giving practices they are learning in this course. With only preliminary information about the "client" who is the recipient of care, ask students to consider the following:

    - What further information should be collected prior to commencing care for a client? Where and from whom should information be gathered?
    - What should be included in a quick assessment of the client prior to providing care or assistance? Why?

    Once the student has collected information and assessed the (simulated) client, they will progress with the provision of care or assistance. During this process, the student should be observed to assure that:

        - Adequate communication with the client takes place (and family, if appropriate).
        - The client's comfort and independence are appropriately maintained.
        - The client's privacy and dignity are maintained.

- The client's preferences are honoured as much as possible.
- The care or assistance provided is consistently safe for both the client and the student.
- The care or assistance is provided in an organized manner.

Following the provision of care or assistance, the student will be invited to reflect on the process, using the points above and discuss their experience with those who observed the process.

Strategies that focus on critical thinking, problem-solving and decision-making

1. Critical Thinking Exercises

After students have learned about body mechanics and asepsis, and have mastered basic transfer, bathing and toileting techniques, present them with scenarios that simulate various practice environments, such as community (home-like) settings and acute care. Working in small groups of 2 or 3, students should use critical thinking, problem-solving and decision-making skills to consider how they will apply the skills in settings that do not approximate the standard lab setting or in changing situations.

Situations may include:

- Home settings with very small bathrooms such as would be found in an apartment; low beds; low, soft chairs. Encourage students to identify situations in which safety is NOT possible without changes in the environment or the assistance of another health care worker or a mechanical lift.
- Acute care settings where clients may have wound dressings, IVs or other tubes.
- Less medically stable clients, e.g. client has pain while being repositioned in bed or becomes dizzy and weak while being transferred to a chair. Ask students what actions they will take (reporting immediately, recording).
- A witnessed cardiac arrest while providing care (e.g. summoning help, commencing CPR if trained and per employer policies, being available to assist the team as directed).

2. Case Study – Putting Safety into Practice

The following case study is used with permission of Island Health[5].

[5] Island Health (2012).

The case study could be used as a "pen & paper" exercise, either individually or with the students in small groups, or could be set up as a practice scenario.

Note the use of the 4-step process to help ensure patient safety:

- ✓ ***Prevent***
  - Actions and measures put in place to minimize the chances of a safety event occurring.
- ✓ ***Check***
  - Prepare yourself, the environment and others before proceeding with the task.
- ✓ ***Respond***
  - Actions taken to eliminate or minimize an identified safety risk.
- ✓ ***Report***
  - Let others know about safety concerns or incidents.

Mary is a new HCA working on a General Medicine Unit.

She is about to go into Mr. Lee's room to assist him to the bathroom for morning care. Mr. Lee shares his hospital room with one other gentleman.

After confirming instructions for morning care with the RNand finding out that Mr. Lee requires stand by assistance with his mobility, Mary begins to set up the space. She gathers towels, a change of hospital gown and toiletries. She looks for his transfer belt, but cannot find one next to his bed. She notes there is one hanging by his roommate's closet door.

Keeping in mind a standard safety process, Mary considers the "Prevent, Check, Respond and Report" steps.

✓ **Prevent**

- Wanting to prevent spread of infection, Mary gets a new transfer belt from the clean supply storage area and uses gloves during care.
- Mary washes her hands both before and after assisting with care.

✓ **Check**

- She checks with the RN and for signage to see if Mr. Lee has special precautions to follow (i.e. gowning).
- She checks how she is feeling – able to focus? Able to perform safe body mechanics?
- Using her Health Authority's recommended mobility check (i.e. Prehandling Check) Mary confirms no changes to patient abilities from what RN reported.

- She checks to make sure the pathway to the bathroom is clear of clutter and safe to walk.
- She ensures that the bed is at a good height to make it safer for Mr. Lee to go from sit to stand.

✓ **Respond**
- After determining it is safe to proceed, Mary closely watches Mr. Lee as he gets up and walks. She is ready to call for help if required.
- As per her unit's guidelines, Mr. Lee has a transfer belt on in case she needs to provide support/guidance.

✓ **Report**
- Mr. Lee was able to walk to the bathroom and perform his own care with minimal support or direction. Mary reports this to the RN.
- Mary knows that if Mr. Lee did have a slip or fall, she would follow her site's procedures to report on this event.

Strategies that focus on professional approaches to practice

Invite students, working in small groups, to discuss scenarios in which, as care-givers, they are faced with being asked to undertake questionable activities. For each one, have them identify an appropriate response and explain their response. Suggest that they refer to the **Assigned / Delegated Task Decision Tree** for support during this activity.

Here are some examples:

As a HCA, you are providing care and service for an elderly gentleman, Mr. Syms, who requires help with his meals and his bath. One day, when you arrive at Mr. Syms' house, you find that a doctor is visiting him. Apparently, Mr. Syms' daughter- who lives across town - called the doctor when her father complained of chest pain. The doctor says to you: "Well, he seems to be fine now. Maybe it was only indigestion." As he is leaving, he says to you: "Mr. Syms was telling me that his back is bothering him. I've left some Tylenol with Codeine. Give him two of those whenever he needs them."

How might you handle this situation?

As a HCA, you have been visiting Mr. and Mrs. Sihota for several months. Mrs. Sihota is a frail lady of 78 years who is experiencing some cognitive decline. Two days ago, she

had day surgery to correct a cataract in her left eye. Mr. Sihota is almost ten years older than his wife and suffers from arthritis and heart problems.

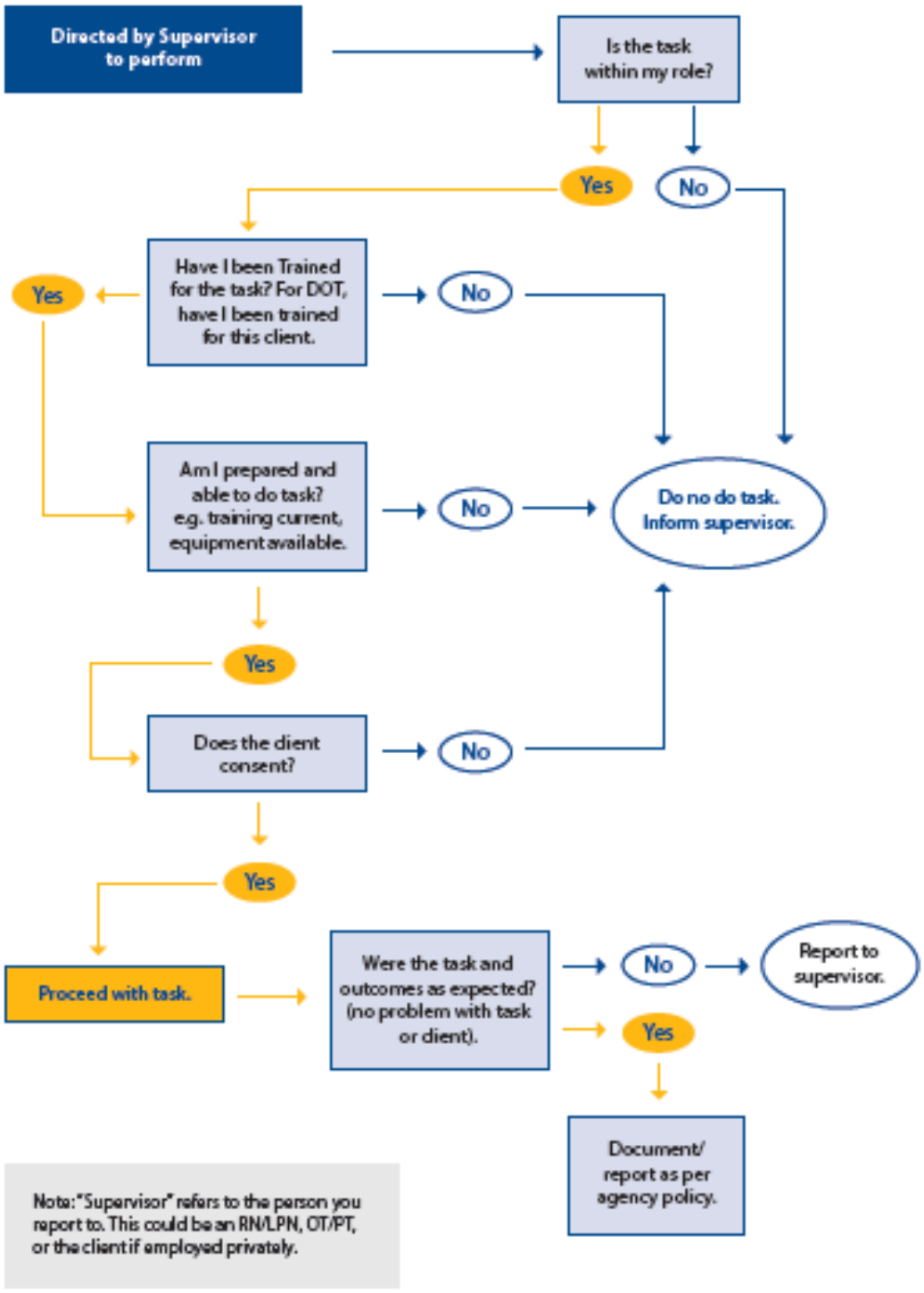
When you come to their house, Mr. Sihota greets you at the door saying: "Thank, goodness, you are here. Now you can give my wife her eye drops. I'm no good at that sort of thing and she'll be happier to have you do it."

How might you handle this situation?

You are working on an acute care orthopaedic ward. When you walk into the room of a client you have not met before he says, "Oh, there you are nurse. Can you please hand me that magazine that's on the chair?"

What will you say?

Assigned/Delegated Task Decision Tree



SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. One or more quizzes or examinations that pertain to principles, legal/defined parameters of practice and safety in relation to the implementation of personal care and assistance skills (Learning Outcomes #1, # 3 and # 4).

2. Demonstrations of ability in performing personal care and assistance skills that maintain the comfort and safety of the client and the safety of self and other members of the health care team. Students should be checked on their competency in performing specific skills by their instructors. Peer review, using skills checklists, may also useful as formative assessment as students seek to develop their proficiency (Learning Outcomes #1, #2, #3 and #4).

3. Prior to the first clinical experience, demonstration of skills performance through an integrated skills practice examination (i.e. case study testing). Students should demonstrate their ability to:

    - Perform personal care and assistance skills competently.
    - Maintain the comfort and dignity of the client.
    - Maintain the safety of the client, self, and other members of the health care team.
    - Perform in an organized manner.
    - Maintain medical asepsis.
    - Utilize proper body mechanics.
    - Communicate with the client and other health care team members where appropriate.

    Testing can be accomplished through performance of a scenario simulating the practice environment and may include an opportunity for problem-solving. The specific skills tested and expected level of competency may vary depending upon when the first clinical experience occurs within the program. At a minimum, students should perform safely prior to entering the clinical setting. Students should be evaluated using clear and consistent criteria; an evaluation rubric may be used (Learning Outcomes #1, #2, #3 and #4).

4. Completion of a safety assessment in a home environment. Preferably, students would conduct this assessment as part of their community care (home support) practice experience (See assessment guide below). Based on the assessment, the student should discuss the safety issues that they have identified and make suggestions for ways that the environment could be made safer for the client/family and members of the health care team (Learning Outcomes #2 and #4).

Student Handout

Home Safety Assessment Guide

Yes/No	General Assessment • Is there adequate lighting outside and inside the home? • Are walkways and stairs dry, in good repair and clear of clutter? • Are any pets in the home restrained during your visit? • Is the home generally clean and fairly tidy? • Do you note the absence of unpleasant odours? • Are there smoke detectors in the house? • Are there no indicators of hazardous chemicals in the house? • Is it possible to keep the house well-ventilated? • Is housecleaning equipment available and in working order? • Is the environment smoke free during your visit (no one smoking in the home while you are there or 1 hour prior)? • Are there no indicators of use of illegal drugs by anyone in the home? • Do you feel safe entering this house?
Yes/No	Living Room • Are area rugs tacked down? • Are electrical cords safely out of the way and not frayed (check throughout the home)? • Have newspapers, magazines or other flammable objects been removed? • Is the lighting adequate?
Yes/No	Kitchen • Are kitchen appliances in good working order? • Is the kitchen clean? Look both externally and in cupboards and drawers, in the oven/microwave and the refrigerator. • Are appropriate cleaning products and equipment available? • Have spoiled foods been removed from the refrigerator? • Are there any indicators of rodent infestations?
Yes/No	Bathroom • Does the size of the bathroom contribute to safety (e.g. availability of space to manoeuvre during care-giving procedures)? • Are grab bars available by the tub and toilet (if needed)? • Is the height of the toilet appropriate for client needs? • Does the location and height of the tub contribute to safe care-giving practice? • Is there a rubber mat in the tub? • Is there a bath bench or bath chair? • Is there a hand-held shower head? • Is the lighting adequate?
Yes/No	Bedroom • Is the height and location of the bed appropriate for safe care-giving practice? • Is there adequate space to manoeuvre during care-giving procedures? • Is the lighting adequate?

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Practice Experience in Multi-Level and/or Complex Care

SUGGESTED LEARNING STRATEGIES

The following learning strategies can be applied within a variety of contexts, depending on the parameters of the clinical placement and the preferences of the instructor.

Strategies that focus on caring

- Early in the clinical placement ask students to gather information about a client for whom they are providing care. Potential sources of information include the client, family, friends, staff, chart and other client-specific documents. Ask students to describe what they learned about the client and how the information has influenced how they provide care to her/him (Learning Outcomes #1, #2, #3, #4, #6, #7).
- Have the students write person-centered goals for the care of their client(s). This will help them become more focussed on the client(s), ensuring their best care, rather than placing focus on other areas, i.e. their time schedule.

Strategies that focus on critical thinking, problem-solving, and decision-making

1. Pre and/or post-conference sessions where students gather with the clinical instructor to discuss topics and issues related to their clinical placement.
2. Ask students to identify a scenario where they faced a challenge related to communication with a client, family member or staff member. Have the students use the problem-solving/decision-making process to analyze the problem, identify what they learned through the situation and describe how it has impacted their approach to future communication in this context. (Learning Outcomes #2, #6 and #8).

Strategies that focus on professional approaches to practice

1. Orientation/familiarization activities where students become familiarized with the clinical setting and routines, staff and the clients. As an orientation activity, invite students to engage in a "search and find activity" for important items and information at the clinical site. Include a list of staff members for students to meet and introduce themselves to.
2. Invite members of the team at the clinical site to talk with students about their role or profession. As part of these sessions, have the team member and students identify how the role of the HCA interacts with the specific discipline and how the two parties can work most effectively together (Learning Outcomes #5 and #9).
3. Reflective learning activities where students record observations, challenges and other information which can be used to synthesize their learning.

4. Assist students to obtain the HCA job description for their practice education site and to assess what, if any, additional skills they would need to acquire to be employable in that setting (Learning Outcome #8).

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. A skills checklist, completed by instructors when observing skills practised by the student for the first time in the clinical setting, will be useful for verifying the proficiency and safety of students to perform these skills without direct supervision (Learning Outcome #7).
2. Use of a midterm evaluation, completed by the instructor and the student, will be helpful to evaluate a student's progress towards meeting the program learning outcomes, as well as identifying areas for improvement prior to the final evaluation (Learning Outcomes #1-#9).
3. A final evaluation assessing whether students have met or not met the program learning outcomes will assist the instructor to determine whether or not students have the required skills to progress to the next practice education experience (Learning Outcomes #1-#9).
4. Use of a reflective journal will help students to process information from their clinical experience and relate it to the program learning outcomes. Students should complete entries on a regular schedule throughout the placement. Thought provoking questions can be provided to help students, i.e. asking students to reflect on professionalism (their own and what they have observed in others), their 'aha' moments, etc.
5. Use of a self-evaluation tool. Ask students to consider the learning outcomes for the practice education placement and whether or not they have met them and/or are still progressing to meet them. Have them record situations to illustrate how they met each outcome and/or to put forward ideas on how they could meet any that have not yet been met. The self-evaluation tool can be reviewed and discussed with students at the midterm and final evaluation as a method of ensuring all learning outcomes have been / will be demonstrated by the end of the practice education placement period (Learning Outcomes #1-#9).

Practice Experience in Home Support, Assisted Living and/or Group Home

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Have the student identify a challenge they faced in providing personal care and assistance to a client with complex health needs. Ask the student to describe the assistance provided, how they adapted the care to accommodate the challenge and the action(s) they took following the encounter (Learning Outcomes #1, #2, #3, #5 and #7).
2. Have the students write person-centered goals for the care of their client(s). This is particularly important in community settings, where students should be encouraged to consider ways to promote and further client independence, with an orientation to "help with," rather than to 'do for."

Strategies that focus on critical thinking, problem-solving and decision-making

1. Meetings with the site supervisor/mentor and/or course instructor where students can discuss topics and issues related to their community placement.
2. Ask students to complete a home safety assessment of the residence for one of the clients they are working with in their community placement (See instructions on pg. 65). Have the student report their findings to the site team and/or supervisor at a daily meeting and discuss strategies used to enhance safety in that setting (Learning outcomes #2, #7and #8).
3. If this is the final placement, bring students all together back at the college for a final debrief. This could provide rich learning opportunities for students to share what they have learned, gain insight from the learning of others and/or to consider further areas for their continued professional growth and development.

Strategies that focus on professional approaches to practice

1. Reflective learning activities where students record observations, challenges and other information which can be used to synthesize their learning.
2. In the community setting, students will likely practise as part of the team, under the supervision of site staff. During the first week of placement, ask students to identify a minimum of two areas where they would like to enhance their own learning. They should discuss these areas with their site supervisor and/or course instructor and identify potential opportunities for learning. Ask the student to record the outcome of the conversation and report to the instructor at the end of the community placement (Learning Outcomes #5 and #8).

SUGGESTED COURSE ASSESSMENTS

The course learning outcomes may be assessed by the following tasks:

1. Use of a reflective journal will help students to synthesize information from their clinical experience and relate it to the program learning outcomes. Throughout the clinical experience, ask students to record examples of how they met each of the program learning outcomes. Instructor to review at the midterm as a monitoring device to ensure students are progressing satisfactorily and to review/discuss as part of the student's overall final evaluation (Learning Outcomes #1-#9).

2. A final evaluation completed by the site supervisor and/or course instructor which assesses whether students have met or not met the required skills outlined in the program learning outcomes (Learning Outcomes #1-#9).

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SECTION 2: SUPPORTING HCA STUDENTS' FUNDAMENTAL COMPUTER LITERACY SKILLS

Computer skills are one of the key essential skills for success in the workplace and upon completion of the HCA program, graduates should be prepared to use current computer technology in accordance with workplace standards.

While the specific technology used by HCAs will be dependent on their place of employment, baseline knowledge of computers and technology will help to prepare them to assume their workplace role.

Fundamental computer skills include basic knowledge of computers, word processing and electronic communication using the internet and email; additional computer-related concepts applicable to HCAs are respectful and appropriate use of digital communication and technology in the workplace. While it is not within the scope of every HCA program to include computer skills training, it is possible to ensure that HCA students possess baseline computer skills upon graduation.

The following table outlines suggested learning activities for incorporating these skills into existing HCA curriculum. A computer skills self-assessment and a targeted resources list are also provided to support students' self-development in this key employment skills domain.

Suggested Learning Activities

Computer Skills	Suggested Learning Activities
1. Basic Knowledge of Computers	• Ask students to complete the ***Computer Skills Self-Assessment***, which assesses basic knowledge of computers, word processing and electronic communication. • If further learning is required, refer students to the ***Computer Skills Resources List.***
2. Word Processing	• Ask students to submit one or more written assignments prepared on a computer using a word processing program. • Ask students to develop a letter of application and a resume using a word processing program.
3. Electronic Communication	
Internet • Online search • Favourites/bookmark bar	• Ask students to work in groups to research a HCA-related topic (ex. Cognitive or health challenge) or organization (ex. Seniors' services organization or WorkSafeBC) on the internet and bookmark their findings. Students can submit a written report or make a presentation to the class on their findings.
Online forms / applications	• Ask students to visit the careers page for their local health authority to set up an online profile.
Email • Send and receive email including attachments	• Ask students to send an email with an attachment to their instructor.
E-Communication / Netiquette	• Invite students to examine the content discussing E-Communication provided in the Interpersonal Communications course.
Professional use of technology	• Invite students to work in small groups to examine the scenario discussing the professional use of technology provided in the Health Care Assistant: Introduction to Practice course.

Computer Skills Self-Assessment

Student Name:_____ Date: _____

Computer Knowledge

I can identify the basic parts of a computer system	Yes ☐	No/Not Sure ☐
I can properly start and shut down a computer system	Yes ☐	No/Not Sure ☐
I can start and close a computer program	Yes ☐	No/Not Sure ☐
I can describe some common uses of computers in society	Yes ☐	No/Not Sure ☐
I can use a mouse/pointing device	Yes ☐	No/Not Sure ☐
I can operate a printer (turn power on, put online/off line, load paper)	Yes ☐	No/Not Sure ☐

Word Processing

I can create a new word processing document	Yes ☐	No/Not Sure ☐
I can edit a document	Yes ☐	No/Not Sure ☐
I can save a document to the storage drive	Yes ☐	No/Not Sure ☐
I can print a document	Yes ☐	No/Not Sure ☐
I can retrieve a document	Yes ☐	No/Not Sure ☐
I can use tools such as spell check or thesaurus	Yes ☐	No/Not Sure ☐

Electronic Communication

I can search online	Yes ☐	No/Not Sure ☐
I can complete an online form	Yes ☐	No/Not Sure ☐
I can add to favourites/bookmark bar	Yes ☐	No/Not Sure ☐
I can send and receive email, including attachments	Yes ☐	No/Not Sure ☐

Note: This tool has been adapted from the Generic topic outlines, computer studies: fundamental level, adult basic education: A guide to upgrading in British Columbia's public post-secondary institutions (2014), produced by the Post-Secondary Programs Branch, Ministry of Advanced Education, Province of British Columbia.

Computer Resources List

If you answered No/Not Sure to one or more of the questions in the Computer Skills Self-Assessment, you can use the following strategies to help you to complete computer-related assignments throughout the HCA program.

Basic Computer Skills

- Ask a friend or family member to demonstrate the basic skills of using a computer, including identifying its main parts, turning it on/off, starting and shutting down a computer program and using a printer.

Word Processing

- Access the following online tutorials to learn how to create a document on the computer:
    - Microsoft Word (2010): Create your first Word document 1 Beginner Course. http://office.microsoft.com/en-ca/word-help/overview-RZ101790574.aspx?section=1
    - Microsoft Word (2010): Create your first Word document II. http://office.microsoft.com/en-ca/word-help/create-your-first-word-document-ii-RZ101806168.aspx
    - Microsoft Office Tutorial (2013): Start using Word: http://office.microsoft.com/en-ca/word-help/video-start-using-word-VA103982185.aspx?CTT=5&origin=HA104030981

Internet Search

- For assignments using the internet, work with another student who understands how to complete an internet search.
- Access the following online tutorial: Google, Internet 101: http://www.google.com/goodtoknow/web/101/

Email

- If you do not have an email account, you can set one up by accessing one of the following:
- Google: https://www.gmail.com/intl/en/mail/help/about.html
- Microsoft: http://www.microsoft.com/en-ca/account/default.aspx
- Yahoo: http://ca.mail.yahoo.com/

*Basic tasks and functions of your email, including attaching files, will depend on your account.

References:

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SECTION 3: ADDITIONAL CONTENT/MODIFICATIONS

Health Care Assistants in Acute Care

Addition of acute care content in the current (2015) Guide is at the level of introducing the student to the acute care context only, and only in theory and lab courses. Practice experiences in acute care are not part of the 2015 Guide.

With a goal of minimizing disruption to the 2008 curriculum (to not require a change in hours or a shift in existing content from one course to another), the following information indicates where acute care content could be fit into existing courses with associated outcomes/content. Estimates of additional time related to the added content are also given.

The acute care content is based on materials developed by Island Health[6] (formerly Vancouver Health Authority [VIHA]) Examples of content relevant to this curriculum are given below.

Acute Care Content

1. The supervision structures in acute care that support HCA practice.

Course: Health Care Assistant Introduction to Practice

Estimated additional time: 30 minutes

Examples of content based upon Island Health materials

- Every health authority and unit has an organizational structure. This organizational structure outlines the supervision structure by identifying who reports to whom.

- Within a unit structure, there are members of the health care team that will guide the role of the HCA. This includes the team members that the HCA will report to when supporting client care and/or unit operations. These team members may include, but

[6] Island Health Authority, the BC Health Education Foundation and the Ministry of Health Services are acknowledged for granting permission to adapt material from the Island Health *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum (2012)*.

are not limited to, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Registered Psychiatric Nurses (RPNs), Clinical Nurse Leads (CNLs) and unit managers.

- Supervisors can help determine which team members HCAs will regularly work with.

- Depending on who assigns/delegates the tasks, different team members need to establish supervision plans for the activities that HCAs will support.

- Communication is essential when reporting to and collaborating with other members of the health care team.

- As a HCA, there will be times where different types of questions and concerns should be brought to different members of the health care team. HCAs can also talk to their unit supervisors/leaders for guidance.

2. Similarities and differences between clients in acute care settings and clients in residential or community settings.

Course: Healing 1: Caring for Individual Experiencing Common Health Challenges, specifically within Learning Outcome #4: Ways to organize, administer and evaluate person-centred care. The content could be addressed with case studies or other activities already being delivered in teaching the course by basing some of these in acute care to emphasize differences.

Estimated additional time: 1 hour and 30 minutes

Examples of content based upon Island Health materials

- In most instances, acute care settings will be very different than residential and home or community care settings. The pace of activities and the variety of sights, sounds and smells can be overwhelming for someone new. However, in much the same way as we view a beehive, all of this activity is purposeful and coordinated. All interprofessional team members work collaboratively in a variety of different ways in order to meet many diverse client and family care needs every day.

- As HCAs become acquainted with the acute care setting, they will start to notice that in many instances acute care and residential care settings will share the same clients along their health and wellness journey. Many of these clients will be elderly clients who have been admitted into acute care units for some type of medical intervention, such as surgery,

or to deal with a chronic condition that requires symptom control or readjustment. The care needs of these types of clients will be very familiar to HCAs who have practised in other settings. It is within these instances that HCAs can offer significant support to these clients, families and other members of the health care team.

- There are some important considerations to keep in mind when HCAs are working in an acute care setting. The first consideration is that HCAs will never be working independently. Instead, HCAs will draw upon the knowledge, skills and resources of a variety of interprofessional care team members that will work collaboratively with them in caring for each client. Secondly, as a member of the interprofessional care team, HCAs also bring with them a wealth of knowledge and skills in caring for elderly clients. These skills and knowledge in caring for the elderly add strength to the interprofessional team and can contribute to the care planning process.

- Acute care is a complex working environment. HCAs have many skills that contribute to providing quality care in this setting, but may not be familiar with some of the unique aspects of the acute care environment.

- As part of a process of exploring how skills translate from residential or community settings, we will look at what might be the same and what might be different about working in acute care.

- It is important to note that the role of the HCA may vary from site to site and from health authority to health authority.

- Residential and community-based clients may be admitted to acute care in the following circumstances. If the client:
    - Is frail, elderly and has a fractured hip.
    - Has had a stroke or a heart attack.
    - Has acute congestive heart failure.
    - Has uncontrolled pain.
    - Requires surgical intervention.
    - Has a crisis in their caregiving supports.
    - Etc.

- Most clients in acute care will have different medical needs than those in residential or community settings. For example, they may:
    - Have had recent surgery.

- Have lines and tubes.
- Have new incisions, wounds or dressings.
- Be experiencing acute mental health issues.
- Be admitted for alcohol and drug detoxification.
- Be acutely palliative.
- Etc.

3. Specific elements of the acute care environment.

Course: Healing 1: Caring for Individual Experiencing Common Health Challenges; applied aspects in Healing 3: Personal Care and Assistance.

Estimated additional time: covered in #2 and #5

Examples of content

Examples of environmental aspects more often encountered in the acute care setting may include:

- Additional forms of documentation, or documentation the HCA will access more often than they might in other settings.
- Increased technology, such as various pumps, monitors, etc.
- Positive/negative pressure rooms for isolation.
- Call bell systems.

4. How the role of the HCA may change in the acute care setting, depending on client acuity and intensity.

Course: Healing 1: Caring for Individual Experiencing Common Health Challenges; may be addressed through specific examples while teaching about specific health challenges. Acute care information should also be added to Learning Outcome #1: "Display an understanding of the roles..." in Introduction to Practice course.

Estimated additional time: 1 hour in Common Health Challenges, 15 minutes in Introduction to Practice and 30 minutes in Concepts for Practice (recording/reporting)

Examples of content based upon ISLAND HEATH materials

- HCAs can help care for clients in the acute care setting by helping with:

  - Bathing and washing.
  - Toileting.
  - Meal assistance.
  - Basic treatments (as identified by site-specific role and responsibilities).
  - Ambulation, mobilization and transfer of stable clients.

- The health care professional (Registered Nurse (RN), Social Worker (SW), Speech-Language Pathologist (SLP) etc.) considers such factors as client stability and impact/probability of an adverse event, prior to assigning tasks. HCAs are generally assigned tasks where the impact/probability of an adverse event is lower. The health care professional will modify their supervision plan depending on these factors.

- Introduce the concepts of acuity and intensity.

- High acuity clients are those who experience an event that is characterized by sharpness or severity, having a sudden onset, sharp rise and short course and lasting a short time.

- Examples of clients with high acuity needs are those with:
  - Respiratory distress (using high flow oxygen).
  - Active gastrointestinal bleeding.
  - Unstable vital signs.
  - Etc.

- Low acuity clients are those who have become more stable in their health concerns, the prescribed medical treatment is working and they are demonstrating improvements in their health status.

- Examples of clients with low acuity care needs are those:
  - Who are progressing as expected, three days after an operation.
  - With pneumonia, requiring intravenous (IV) antibiotics.
  - With Influenza (the flu).
  - With c-difficile.
  - Etc.

• Intensity refers to the volume of work that may be required from the health care team to meet the care needs of a particular client.

- Examples of clients with high intensity/complex care needs are those who require:
  - Complete ADL support – total care client.
  - Care of more than one health care team member (e.g. mechanical lifts, bariatric clients, etc.).
  - Complex wound management (e.g. VAC dressings, ulcers, infected surgical wounds, etc.).

  - Support to manage complex family dynamics.

- Examples of clients with low intensity/complex care needs are those who require:
  - Minimal ADL support required for client care.
  - Basic meal tray set up (clients who are able to feed themselves).
  - Limited support as they are stable and waiting to be discharged or transferred.

- Complexity refers to the range of variables, such as multiple medical diagnosis or challenging family dynamics, which may influence the care needs of a particular client.

5. Key considerations for providing holistic, person-centered care for acute care clients with:
a) IV lines.
b) Tubes.
c) Wounds.
d) Surgical Incisions.

Course: Healing 3: Personal Care and Assistance

Estimated additional time: 2 hours theory/lab

Examples of content based upon ISLAND HEATH materials

- Examples of lines and tubes in acute care are:
  - Intravenous lines.
  - Oxygen tubing.
  - Surgical drains.
  - Chest tubes.
  - NG tubes.
  - Catheters.

- How do these lines and tubes affect the care of acute care clients:
  - Considerations for giving daily care, such as removing or putting on new gowns.
  - Asking the RN if there is anything special that they need to know or do related to this client's tubing.
  - Receive instructions from the RN/LPN about any special approaches/care plan interventions.

Emphasize: When providing care, be sure to look at the client and to look at the site of the surgical or medical line. Seek assistance if there are any concerns or questions before proceeding with care and care-related activities.

IV lines

Ask: "What is an IV?"

Answer: An intravenous catheter is a small plastic cannula that is inserted in the vein with the use of a needle. After the plastic cannula is secure within the vein, the needle is removed. They are most commonly inserted in the hand or forearm but can be located in other areas such as the foot. Intravenous catheters are used to supply a client with additional fluids or medications.

Ask: "What does a HCA need to **do** when providing care to a client with an IV?"

Answer: When providing care to a client with an IV, the HCA should:

- Never remove the IV bag from the pole it is situated on
- Never disconnect a tube or unplug equipment from the wall without having permission from the RN to do so.
- Notify an RN if:
    - They observe blood in the IV tubing or the IV site is leaking.
    - They accidently dislodge the IV during care.
    - The client is complaining about pain in the area
- Avoid getting the dressing or insertion site wet during care.
- If available, use an IV gown to dress the client (IV gowns will have snaps on the sleeves of the gown).
- Check with the RN or team leader about specific client information/instructions before mobilizing a client. Clients who are allowed to be up and walking and have an IV can generally be mobilized.
- There are a few exceptions.

Oxygen Tubing

Ask: "What does a HCA need to know about providing care to a client with oxygen tubing?"

Explain: Clients may require oxygen therapy as either a short term intervention, clients with pneumonia, for example, or for long term use (such as COPD clients). How much oxygen therapy is required and what method of delivery is used will depend on the client's condition

and may change as the client improves or deteriorates. Chronic conditions, such as COPD, will require consistent oxygen therapy at all times.
Describe: Different methods of delivering oxygen, such as nasal prongs or facial masks.

Ask: "What does a HCA need to **do** when providing care to a client on oxygen?"

Answer: When providing care to a client on oxygen, the HCA should:

- **Never** adjust the flow rate of the oxygen.
- Check with the RN or team leader about whether the client requires oxygen before and during mobilization.
- Check with the RN or LPN If you find oxygen tubing laying on the floor in rooms where there is more than one client, to ensure that the nasal prongs are replaced before being reapplied to the correct client.
- Reapply nasal prongs to a client if the prongs become dislodged during care.
- Check with the RN or team leader about specific client information before mobilizing a client.
- Clients who are ambulatory and on oxygen generally can be mobilized.
- There are a few exceptions.

Surgical Drains

Ask: "What is a surgical drain?"

Answer: Surgical drains are:

- External drainage systems that are used to collect and drain internal fluids after a surgical procedure.
- There are many different types of surgical drains and HCAs must always confirm instructions with the health care team prior to providing care for these types of clients.
- Often pinned to gowns to prevent them from accidently becoming dislodged.
- Often covered by dressings.

Ask: "What does a HCA need to do when providing care to a client with a surgical drain?"

Answer: When providing care to a client with a surgical drain, the HCA should:

- Use caution when removing a client's gown, as some drains may be pinned to the gown.
- Safely remove safety pins from the old gown and secure to the new gown when care is complete.
- Never remove a dressing that may be oozing. HCAs may place a gauze over the site and report it to the RN or team leader immediately.

- Avoid getting the dressing around the drain wet during care. Wash and dry around the dressing site.
- Report any pain or discomfort a client may experience during care and care-related activities.
- Read the client's care plan/talk to their RN or your team leader to determine if the client is allowed to sit/get up and walk if they have a surgical drain. HCAs should also have the RN or team leader check the client prior to getting out of bed to ensure the drainage system is secure.

Chest Tubes

Ask: "What does a HCA need to know about providing care to a client with a chest tube?"

Answer: HCAs need to know that:

- Chest tubes are used when a client's lung cannot inflate and deflate on its own. This may be the result of an external trauma such as an accident, or as a result of a fluid build-up in the lung that has caused it to collapse.
- Chest tubes are secured with a lot of tape.

Ask: "What does a HCA need to do when providing care to a client with a chest tube?"

Answer: When providing care to a client with a chest tube, the HCA should:

- Avoid getting too much moisture around the chest tube dressing. Wash around the tape with a moist washcloth.
- Report any drainage that may be observed during care to the RN or team leader.
- Report any pain or discomfort a client may experience during care and care-related activities.
- Always check with the RN prior to mobilizing a client with a chest tube. Accidently dislodging or withdrawing the chest tube may cause the client to go into respiratory distress and requires immediate medical intervention.

Catheters

Ask: "What does a HCA need to know about providing care to a client with a catheter?"

Answer: HCAs need to know that:

- Catheters in acute care settings are inserted as a short term medical intervention. This may include surgical clients both pre-operatively and post-operatively to facilitate bladder drainage during surgery. Unless otherwise indicated, catheters in acute care settings should only be used for short periods of time.

- Although clients who are allowed to be up and walking and have catheters can generally be mobilized, there are a few exceptions. HCAs must check with the RN or team leader about specific client information.

Ask: "What does a HCA need to do when providing care to a client with a catheter?"

Answer: When providing care to a client with a catheter, the HCA should:

- Confirm instructions and gather information regarding anything that may be different in providing care for a specific client with a catheter.
- Report any pain or discomfort a client may experience during care or care-related activities.

Surgical Incisions

Ask: "What types of surgical incisions would you expect to see in acute care?"

Answer: In acute care, you may encounter a wide variety of incisions. Incisions are generally covered with a dressing/bandage.

- Common surgical incisions include:
  - Abdominal incisions.
  - Hip/knee incisions.
  - Other.

Ask: "What does a HCA need to do when providing care to a client with a surgical incision?"

Answer: When providing care to a client with a surgical incision, the HCA should:

- Confirm instructions with the RN/LPN.
- Gather information and supplies for care.
- Seek permission from the client to look at the bandage over the incision and to perform care.
- Notify an RN immediately if there is a large amount of drainage on the bandage over the incision.
- Never remove a dressing that may be oozing. HCAs may place a gauze over the site and report it to the RN or team leader immediately.
- Avoid getting a dressing wet during care. Wash and dry around the dressing site.
- Report any pain or discomfort a client may experience during care and care-related activities.

6. Strategies for:

a) Prioritizing tasks.
b) Demonstrating flexibility in work assignments.
c) Problem-solving and decision-making regarding care provision.

Course: Health and Healing: Concepts for Practice; Healing 1: Caring for Individuals Experiencing Common Health Challenges; applied aspects in Healing 3: Personal Care and Assistance

Estimated additional time: 1 hour for theory/lab

Examples of content based upon Island Health materials

Ask: "What does a HCA need to know to prioritize tasks when providing care in acute care settings?"

Answer: When providing care in acute settings, HCAs need to know that:

- Acute care environments and client assignments can change rapidly due to:
  - Client admissions and discharges.
  - Moving clients around from one room to another.
  - Transferring clients from one unit to another.
  - Changing acuity of clients.
  - Clients developing infections which require special precautions.

The health care team needs to respond to these changes by managing their priorities.

Ask: "What does a HCA need to do to prioritize tasks when providing care in acute care settings?"

Answer: When providing care in acute care settings, HCAs need to:

- Attend huddles/shift reports or seek information from the other members of the health care team about changing priorities throughout the day.
- Seek guidance and direction from the RN or LPN related to their responsibilities.
- Communicate clearly with the health care team to identify what tasks have or have not yet been completed.

- Anticipate that they will need to be flexible in their client care assignment based on the clients' needs. Although they may have been given assignments, they may be reassigned during their work days due to unforeseen circumstances.

Emphasize that although HCAs may not be assigned to specific client assignments/teams, they may be required to support specific aspects of daily care under the direction of another health care team member. This will require a level of flexibility and adaptability of the HCA to meet the client care needs in the rapidly changing environment in acute care.

Problem-solving and decision-making regarding care provision
Case studies or lab scenarios could be used to give students an opportunity to apply critical thinking and problem-solving skills to acute care settings, or to compare and contrast acute care and other settings.

7. Interprofessional collaborative practice in acute care settings.

Course: Health Care Assistant Introduction to Practice.

Estimated additional time: n/a as already covered in program

The interprofessional collaborative practice is important because it meets the following needs in providing client care:

- Improving client outcomes, care and services.
- Reducing medical error.
- Ensuring knowledge transfer and communication between, and to, relevant professionals.
- Informing government policy and leadership at all levels.
- Addressing health and human resource shortages.

Describe: When teams work interprofessionally:

- Decision-making is shared.
- Leadership is shared.
- The role of each health care provider is understood and the client and family are included in the process.
- Communication on the team is efficient, open, respectful and client-centred and the client and family are integrated into the care process.

Highlight: The outcomes of interprofessional collaboration.

Clients and families:

- Expressed more satisfaction and identified a more positive experience.
- Enhanced self-care and health condition knowledge and skills.
- Improved health outcomes.
- More timely referrals to other team members.
- More comprehensive care.

Health care providers:

- Are more satisfied and have a more positive experience.
- Develop enhanced knowledge and skills.
- Improved communication between providers.

The health care system:

- Can offer a broader range of services and more efficient use of resources.
- Provides improved access to services and shorter wait times.
- Improves coordination of care.

Reference: Barrett, J., Curran, V., Glynn, L., and M. Godwin. (2007) CHSRF Synthesis: Interprofessional Collaboration and Quality Primary Healthcare. Canadian Health Services Research Foundation, Ottawa

8. The importance of knowing when and how often to communicate with the client and health care team.

Course: Healing 1: Caring for Individual Experiencing Common Health Challenges; applied aspects in Healing 3: Personal Care and Assistance. This also relates to supervision in Introduction to Practice. Specific examples related to acute care could be included in Healing 1 and Healing 3.

Estimated additional time: 30 minutes

Examples of content based upon ISLAND HEATH materials

Communication principles in acute care for HCAs:

- *Who* to communicate with: know the interprofessional team that is involved in client care.
- *What* to communicate: the methods of gathering, reporting and recording information.
- *When* to communicate: the urgency and frequency of communication required.
- *Where* to communicate: whiteboards, client charts, huddles, meetings.
- *Why* communication is important.

- *How* to communicate: unit processes and technology.

  • Communication processes within acute care settings require the full and active participation of all interprofessional team members.

  • In acute care, it is important to consider the *urgency* for information (how quickly something is needed) as well as the *frequency* required of communication (how regularly information is needed). Critical decisions regarding such factors as hospital admissions and discharges, client care routines, diagnostic assessments, medical treatments and access to supplies, depend on clear and timely communication between team members.

Reinforce the importance of frequent communication in acute care settings.

Emphasize that the other members of the health care team will base their analysis, synthesis and evaluation of client care on their observations and information (such as care planning or physician's orders).

Explain that other members of the hospital team will base their client access and flow decisions on the most recent client information (such as who can be discharged or who can be admitted to a room and when).

Identify any specific protocols or site specific processes that HCAs may encounter that will highlight the need for urgent and frequent communication processes (such as reduced staffing levels and high client acuity levels). Explain what the HCA role and responsibilities will be within these processes (such as re-prioritizing care and care activities to attend to different unit requirements).

Reinforce that HCAs should report any client care information during regular communication processes (in huddles, for example).

Reinforce that HCAs should report any observations or concerns with client care, such as changes in client condition or bleeding, to the health care team leader immediately.

Reinforce that HCAs should record any client care information they perform, such as bowel record or recording food or fluids, immediately after completing the task.

Emergent or emergency events may occur with a client or with a member of the health care team.

Acknowledge that sometimes communication processes do not go well. Explain the reporting structure that HCAs may use as a guide to facilitate difficult communication processes. Highlight any specific protocols, policies or procedures that may be used at this site to address ongoing or unresolved communication difficulties (such as respectful workplace policies).

There are several YouTube videos that reinforce the concept of communication

Therapeutic communication for nurses (from a client's perspective):
http://www.youtube.com/watch?v=Nipj7PwCjTc

Classic Sesame Street – Ernie and Bert can't communicate:
http://www.youtube.com/watch?v=kjF4rKCR81o&feature=related

Sesame Street – Ernie and Bert "Very Important Note":
http://www.youtube.com/watch?v=RLgJtxCzDmM&feature=related

Poor communication (health care assessment – context of care):
http://www.youtube.com/watch?v=W1RY_72O_LQ&feature=related

'See Me, Nurse' – video clips to the poem about nursing:
http://www.youtube.com/watch?v=MTcopj6dYWQ&feature=related

Pink Glove Dance: The Sequel:
http://www.youtube.com/watch?v=cTyIhMLp3FA&feature=related

9. The role of the HCA in responding to emergency codes.

Course: Coverage recommended in the Health and Healing: Concepts for Practice. A lab scenario could also be added into the Healing 3: Personal Care and Assistance course.

Estimated additional time: 30 minutes

Review the Role of the HCA in Assisting with Emergencies

The following lists are examples of what may be expected of HCAs for the three top codes at one particular site:

Code BLUE:

- Activate help (this may simply involve notifying the unit clerk, LPN or RN nearest to the phone system, or emergency call button).
- Remove all obstructions from the client's bedside and room (bedside table, chairs, etc.).
- Close the privacy drapes of any clients in the same room.
- Stand in the hallway and direct emergency personnel to the correct room.
- Be available to retrieve supplies and equipment that the code response team may require.
- Comfort any clients who may be located in the same room.

- Clean and tidy the area after the event.

Explain the site policy and protocol for both 'witnessed' and 'un-witnessed' cardiac arrests.

Code WHITE:

- Activate help (this may simply involve notifying the unit clerk, LPN or RN nearest to the phone system or emergency call button).
- Maintain personal safety at all times.
- Stand in the hallway and direct emergency personnel to the correct room.
- Be available to retrieve supplies and equipment that the code response team may require.
- Comfort any clients who may be located in the same room.
- Clean and tidy the area after the event.
- Recognizing that a member of the interprofessional care team may not be available as a resource for HCA practice during the time they are responding to an event, identify the next appropriate care provider who will provide guidance and direction.

Code YELLOW:

- Activate help (this may involve notifying the unit clerk, LPN or RN nearest to the phone system).
- Seek direction from the interprofessional care team.
- Join unit team members in the systematic search of the unit.
- Be specific and thorough in your search processes.
- Report back to the RN or team leader as soon as your area has been searched to receive further direction.

Other Code Colours

Code RED:
Content is covered by on-line orientation for students doing placements at health region sites.

Standardized Codes in BC
The following codes have been standardized for BC. Not all codes will be used by all health regions or all sites.

British Columbia Hospitals Emergency Colour Codes	
Code	**Purpose**
Code Red	**Fire**
Code Blue	**Cardiac Arrest**
Code Orange	**Disaster or Mass Casualties**
Code Green	**Evacuation**
Code Yellow	**Missing Patient**
Code Amber	**Missing or Abducted Infant or Child**
Code Black	**Bomb Threat**
Code White	**Aggression**
Code Brown	**Hazardous Spill**
Code Grey	**System Failure**
Code Pink	**Pediatric Emergency and/or Obstetrical Emergency**

Refer to the following document for further information:

Ministry of Health Services Policy Communiqué: Standardized Hospital Codes
http://www.health.gov.bc.ca/emergency/pdf/standardized-hospital-colour-codes.pdf

10. Other Acute Care Content Revisions

Course: Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges

Estimated additional time: 15 minutes

Examples of content based upon Island Health materials

Explain: There are specific criteria and processes for people who are admitted involuntarily into acute care.

An involuntary admission is guided by criteria that are outlined in the Mental Health Act of British Columbia. Generally the client:

> a)"…is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others;
>
> b) requires psychiatric treatment in or through a designated facility;
>
> c) requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration OR for the person's own protection or the protection of others.
>
> d) Is not suitable as a voluntary client (Guide to the Mental Health Act, p.8)."

Reinforce that depending on specific client care needs, there may be unique forms that are being used by the health care team. An example of client needs is substance withdrawal – CIWA protocol.