Health Care Assistant Program

PROVINCIAL CURRICULUM 2015 SUPPLEMENT

- Second Edition -

Ancillary Resources

BRITISH COLUMBIA

Ministry of Advanced Education

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INTRODUCTION

The *Health Care Assistant Program Provincial Curriculum 2015 Supplement,* released in August 2015*,* was 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*. To ensure that the ancillary resource material in the *2015 Supplement* could be updated on a more regular basis than the HCA Provincial Curriculum, it has been published as a separate document.

The first edition of the stand-alone *2015 Supplement* was developed alongside the expertise and recommendations of representatives from the HCA Provincial Curriculum Steering Committee. To reflect stakeholder input and current trends in health care, examples of case studies, learning strategies, assessments and resources were added to incorporate information on traditional medicine and healing practices, work safety, violence prevention, dementia and acute care. A section on computer literacy was included to address the need for health care assistants (HCAs) to be prepared to use technology in the workplace and provide HCA students with baseline computer skills.

Resources to support learning and teaching about the role of the HCA in the acute care environment were also incorporated into the *2015 Supplement*, and included within theory / lab coursework only. Practice experiences in acute care were not part of the *Health Care Assistant Program Provincial Curriculum 2015 revisions*. Health authority employers are 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. The resource material within the *2015 Supplement* provides recommended activities, resources and assessments and is not considered to be comprehensive. It should be noted that given the open licensing of the *2015 Supplement* under Creative Commons, material within this document may be revised, remixed and shared as long as attribution is given to the copyright holder, the Province of British Columbia; changes to the source material are noted and adaptions are licensed with the same license. To streamline educator use, where STUDENT HANDOUTS are provided, attribution to the source has also been supplied.

Second Edition – Amendments

Based on a recommendation from the HCA Provincial Articulation Committee that the *Health Care Assistant Program Provincial Curriculum Supplement* document be updated every two years, a second edition has been completed to ensure that materials and resources included are current and reflective of educator and workforce needs. The BC Care Aide and Community Health Worker Registry was tasked with coordinating the updates process.

To identify potential areas for enhancement of the Second Edition, input was invited from HCA educators, HCA students, and HCA employers and workplace supports[1] in winter 2017 through an online survey. Feedback from survey respondents resulted in the development of learning activities and the inclusion of resources to support student application of person-centered care, professionalism and critical thinking and problem solving. Emphasis was placed on the role of the HCA in caring for clients with dementia and mental health disorders, palliative care and supporting families.

Extensive consultation on updates and revisions to the second edition took place in spring 2017, through an HCA Educators Working Session held in March 2017 and a review by public educators at the BC HCA Articulation Committee Public Sharing Day in April 2017, followed by a period of period of open consultation. A completed draft of the Second Edition was then reviewed by the HCA Education Standards Committee in May 2017 (See Section 5: Acknowledgements), followed by a second period of open consultation before being submitted to the Ministry of Advanced Education (AVED) and Ministry of Health (MoH) for review and to BCcampus for posting on SOL*R.

Newly added learning activities include debate topics, research activities, role play / critical thinking activities and case scenarios. Resources within the *2015 Supplement, Second Edition* have been formatted to support instructional delivery and student distribution. An unfolding case study has been integrated throughout the *2015 Supplement, Second Edition* to emphasize concepts related to caring within each course. Focus has been given towards including activities that are ready for use in the classroom and ensuring that resources are current. A new section of standardized templates and assessment tools that can be adapted by educators to support theory, lab and clinical evaluation has also been included (Section 4: Sample Tools).

[1] Defined as those who provide support, training and/or educational resources for HCAs in the workplace.

Second Edition Revisions Summary Table

The following table provides an overall summary of the revisions.

Second Edition Updates	Page Number(s)
Under the *Introduction*, content updated and a new section entitled, *Second Edition Amendments*, added.	4-5
Under the *Preamble*, revised information to indicate that an unfolding case study has been included and a list of program textbooks has been added to replace the *Resources: Books* section at the end of each course.	8
Added *Recommended BC Program Textbooks* list	9
Updated the resource section for each course. Section entitled, *References: Books* was removed. In section entitled *Online Resources,* new resources were added, with preference given to Canadian-based materials, directly applicable to the role of the health care assistant. Broken links were updated and out-dated resources were removed. For each course, added an *Online Learning Tools* section, including resources (videos, online modules, lesson plans, etc.) that are ready for use. A brief description and completion time have been included for each.	25, 50, 75, 89, 110, 134, 151
Health and Healing: Concepts for Practice Added Unfolding Case Study Activity (p.13) and Classroom Debate Activity (p. 23). Updated Case Scenario Activity on diversity by modifying the first scenario, adding a second scenario and adapting discussion questions (p.23-25).	11-28
Health Care Assistant: Introduction to Practice Added the following activities: Unfolding Case Study (p. 30), Classroom Debate (p. 33), Encouraging Reflective Practice (p. 34), Exploring Workplace Policies (p. 40), three case scenarios related to professionalism, cell phone use and social media (p. 40-41). Updated the Professional Practice Exercises Activity (p. 38) to introduce the Professional Behaviour Development Rubric (p. 206) and Understanding Worker's Rights and Responsibilities Activity (p. 44).	29-55
Health 1: Interpersonal Communication Added the following activities: Unfolding Case Study (p. 58), Classroom Debate (p. 61), Role Play Activity: Practising Effective Communication Skills (p. 70).	56-74
Health 2: Lifestyle and Choices Added Unfolding Case Study Activity (p. 79), Classroom Debate Activity (p. 81), Evaluating Health Information Activity (p. 82). Updated Lifestyle Change Project - added a list of online tools and apps (in additional learning tools section) that can be used to assess / monitor progress (p. 84).	75-91

Healing 1: Caring for Individuals Experiencing Common Health Challenges Added Unfolding Case Study Activity (p. 93), Classroom Debate Activity (p. 96), Common Patterns of Dying Learning Activity (p. 97), Critical Thinking Activity: Responding to Clients with Common Health Challenges (p. 100).	92 - 111
Healing 2: Caring for Individuals Experiencing Cognitive or Mental Health Challenges Added Unfolding Case Study Activity (p. 114), Ambiguous Loss and Grief Discussion (p. 116), Classroom Debate Activity (p. 118), Supporting Clients with Dementia (p. 119), Person-Centred Care in Practice (p. 124), Addressing Myths and Stigmas - Promoting Person-Centred Language (p. 129). Updated Suggested Course Assessment 3. Supporting Clients with Dementia Best Practices for HCAs - Group Presentation - modified to include supporting clients with Mental Health Disorders (p. 131). Corresponding assignment outline and rubric included in *Section 4: Sample Tools* (p. 188). Moved activity involving observation of a client with dementia in the clinical setting to *Practice Experience in Multi-level/Complex Care* (p. 155).	113-137
Healing 3: Personal Care and Assistance Added Unfolding Case Study Activity (p. 139), Classroom Debate Activity (p. 142). Updated Critical Thinking Exercise under Strategies that focus on critical thinking, problem solving and decision making - changes made to equipment used in case scenario (p. 143) and Home Safety Assessment Guide (p. 149).	138-153
Practice Experience in Multi-level/Complex Care Moved activity involving observation of a client with dementia in the clinical setting from *Healing 2: Caring for Individuals Experiencing Cognitive or Mental Health Challenges* (p. 155). Added Topics for Post-Conference Discussions or Journal Writing (p. 154) and Professional Behaviour Development Assessment (p. 157).	154-157
Practice Experience in Home Support, Assisted Living or Group Home Added Professional Behaviour Development Assessment (p. 159).	158-160
In *Section 3: Additional Content/Modifications* Added 'Acute Care at a Glance' table (p. 165). Updates made to Code White (p. 181) and Mental Health Act (p. 183).	167-183
Added *Section 4: Sample Tools* – includes HCA Workplace Settings Assignment Outline and Rubric (p. 185), Supporting Clients with Dementia or a Mental Health Disorder Assignment Outline and Rubric (p. 188), Scenario Based-Lab Skills Assessment and Sample Rubrics (p. 191), HCA Skills Summary Checklist (p. 197), Health Care Assistant Program Learning Outcomes Verification (p. 202), and Professional Behaviour Development Rubric (p. 204).	184-208
Added *Section 5: Acknowledgements*	209-211

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. A comprehensive list of recommended HCA program textbooks has been compiled and included in this section, as well.

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

1. Suggested Learning Strategies

   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.

   An 'Unfolding Case Study' has been integrated throughout program courses to emphasize concepts related to caring. Content for this case study has been adapted from the true story of a client who lived in BC, as shared through the life writings of his wife in a personal anthology published for family and close friends. This material has been adapted with permission and all names have been changed. To build on their knowledge and to support completion of related learning activities, it is recommended that students develop a client portfolio that can be used throughout the program. To highlight this integrated, unfolding case study, it has been noted in bold red font where presented in each course.

2. Suggested Approaches to Assessment

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

3. At the end of each course, there is a list of related online resources and ready to use online learning tools which have been included based on input from stakeholders and relevance to HCA education. While valid at the time of publication, the online links and resources included may be subject to change and/or become broken. Before using, especially with learners in the classroom setting, educators will need to

confirm that links are active and that online resources are appropriate and relevant to their teaching and learning context.

Recommended BC HCA Program Textbooks

Textbooks listed could be used for specific HCA program courses while others would serve as overall program texts. Preference has been given to Canadian editions and those with online ancillary resources. In addition, a number of the textbooks listed are available online through BC Campus Open Textbook.

Adler R. B., Rosenfeld, L. B., Proctor, R. F., & Winder, C. (2012). *Interplay: The process of interpersonal communication* (3rd Canadian ed.). Don Mills, ON: Oxford University Press.

Beebe, S.A., Beebe, S. J., Redmond, M.V., & Salem-Wiseman, L. (2017). *Interpersonal communication, relating to others* (7th Can. ed.). Toronto, ON: Pearson Canada.

Camosun College. (2016). *Line B: Employability skills competency B-3: Use interpersonal communication skills*. Open Textbook. https://open.bccampus.ca/find-open-textbooks/?uuid=af79aefc-921b-40f3-908f-94b0087c6cb8&contributor=&keyword=&subject

Devereaux Ferguson, S., & Lennox Terrion, J. (2014). *Communication in everyday life: Personal and professional contexts*. Don Mills, ON: Oxford University Press.

Donatelle, R. J., & Kolen-Thompson, A.M. (2015). *Health: The basics* (6th Canadian ed.). Toronto, ON: Pearson Education, Inc.

Doyle, R. G., & McCutcheon, J.A. (2016). *Clinical procedures for safer patient care*. Open Textbook. https://opentextbc.ca/clinicalskills/

Jones, M. (2007). *GENTLECARE® changing the experience of Alzheimer's disease in a positive way* (2nd ed.). New Westminster, B.C.: Moyra Jones Resources Ltd.

Lowey, S. E. (2015). *Nursing care at the end of life*. Open Textbook. https://milnepublishing.geneseo.edu/nursingcare/

Mahoney, N., Klassen, B., & D'Eon, M. (2016). *University success.* Open Textbook. http://openpress.usask.ca/universitysuccess/

Melrose, S., Dusome, D., Simpson, J., Crocker, C., & Athens, E. (2015). *Supporting individuals with intellectual disabilities & mental illness.* Open Textbook. https://opentextbc.ca/caregivers/

Melrose, S., Park, C., & Perry, B. (2015). *Creative clinical teaching in the health professions*. Open Textbook. http://epub-fhd.athabascau.ca/clinical-teaching/

Murray, K. (2014). *Integrating a palliative approach: Essentials for personal support workers.* Saanichton, BC, Canada: Life and Death Matters[2]

Murray, K. (2014). *Integrating a palliative approach: Essentials for personal support workers workbook.* Saanichton, BC, Canada: Life and Death Matters

OpenStax. (2016). Anatomy & physiology. OpenStax CNX. Direct Open Source Textbook Website: http://cnx.org/contents/14fb4ad7-39a1-4eee-ab6e-3ef2482e3e22@8.24.

Available with instructor and student resources and online course tools at the BC Campus Open Textbook website https://open.bccampus.ca/find-open-textbooks/?uuid=f4873e49-e09c-469e-9ee8-9f14ca5a4e00&contributor=&keyword=&subject

Sorrentino, S. A., Remmert, L., & Wilk, M. J. (2017). *Mosby's Canadian textbook for the support worker* (4th Canadian ed.). Toronto, Canada: Elsevier.[3]

Sorrentino, S. A., Remmert, L., & Wilk, M. J. (2017). *Mosby's Canadian textbook for the support worker workbook* (4th Canadian ed.). Toronto, Canada: Elsevier.

Wolgin, F., Smith, K., & French, J. (2017). *The Canadian personal care provider.* Don Mills, ON: Pearson Education, Inc.

[2] To support BC HCA educators in adopting this textbook (and accompanying workbook), the author has prepared and published a resource map [http://lifeanddeathmatters.ca/for-educators-2/mapping-documents/] that outlines how a palliative approach could be integrated across the BC HCA Provincial Curriculum (2015).

[3] This textbook, as well as the accompanying workbook, are typically used as the core program resources in BC HCA Programs.

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 Caregiving. 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., 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 situations. For each situation, ask the group to consider: What is there about this situation that reflects person-centred care and what does not? Could the situation have been handled differently? If so, how? Refer to situations included on the STUDENT HANDOUT on the following page.

STUDENT HANDOUT

Situations: Reflections on Person-Centred Care

DIRECTIONS: Review and discuss the following situations. What is there about each situation that reflects person-centred care and what does not? Could the situation have been handled differently? If so, how?

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 bed bath. 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."

4. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, have students read their textbook and other relevant course or online materials describing the five principles of compassionate / person-centered care (Dignity, Independence, Preferences, Privacy and Safety).

A. Whole Class Activity and Discussion

In class, briefly review the principles and list them on the whiteboard for reference throughout the activity.

B. Pair Activity

Divide the class into pairs and ask each student to read the STUDENT HANDOUT introducing the situation and providing a client profile for Peter Schultz. After reading the client profile, the pair should complete a proposed schedule.

C. Whole Class Activity Debrief

After students have completed the pair activity, briefly come together as a class to share how the schedule they developed reflects the principles of compassionate care. Be sure to emphasize the importance of a flexible approach and easily adapted activities. As relevant, bring forward examples of how other client needs could be met / addressed at appropriate intervals (e.g., toileting before going out in garden for a walk).

Note: Students could be instructed to add a copy of the client profile and schedule to their client portfolio for Peter Schultz.

STUDENT HANDOUT
Unfolding Case Study: Caring for Peter Schultz
Providing Person-Centred Care

DIRECTIONS*: You are a HCA working as a home support worker. You have been assigned to provide respite care to Peter for a four hour period from 3pm to 7pm while his wife, Eve, attends an event. Keeping in mind the five principles of compassionate care, use the information provided about Peter to develop a schedule for how you could spend your time with him.*

Client Profile – Peter Schultz[4]

Peter was born on January 1, 1918. When he was seven years old, Peter emigrated from the former Yugoslavia to a small town in Alberta. After completing grade nine, Peter left school and worked as a farmer and logger. In the 1950's, Peter moved with his wife, Eve, and their family to the lower mainland of BC, where he worked in construction, life insurance and real estate. During the 1970's, Peter owned and operated a small hobby farm. He retired at the age of 75 and moved to a small city near Vancouver, BC.

Born into a large family, Peter was the second oldest of eight siblings. Peter and Eve have two sons and three daughters, 17 grandchildren and over 30 great-grandchildren. With the exception of one daughter who lives in Alberta, Peter's children live within one hour of driving distance from him and his wife.

Peter comes from an ethnic German family and German culture and traditions are important to him. As a child, Peter learned to speak German, Serbian and English. He learned many German songs, hymns and poems and often recites his favourites. Peter also enjoys traditional German cooking. Peter is a Lutheran Christian and has been active in his faith since childhood. During his adulthood, Peter was involved in church leadership and is well regarded in his faith community. Until recently, Peter acted as Bible study leader.

Peter has always been a social and outgoing person. As a young man, he enjoyed going to community events and was known to be an excellent dancer. Peter and Eve entertained regularly and enjoyed playing pool, cards and scrabble with their guests. He and his wife were both avid gardeners. Peter always enjoyed large and small building projects. After retirement, Peter built simple furniture and made latch hook rugs for his grandchildren.

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[4] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.*

Recently, he has been unable to participate in these activities due to increasing confusion and an inability to make the calculations necessary to complete these projects.

Other than back problems resulting from physical work, Peter has always been healthy and active. When he was 77 years old, Peter experienced a stroke, also known as a cerebral vascular accident (CVA), which resulted in short term speech difficulties and affected his swallowing ability. Following the CVA, Peter's wife began to notice changes in his cognition, personality and behaviour. He progressively lost the ability to participate in activities that he previously enjoyed. Approximately five years following the CVA, Peter started to receive community-based health services.

A Proposed Respite Care Schedule

Time	Proposed / Possible Activities	Rationale for Activities	Principle of Person-Centered Care
3:00-4:00pm	*-Greeting / Conversation about life and family, propose ideas for time together*	*Create Comfort / Ease with client*	*Independence & Preference – so client can suggest and choose activities that interest him*
4:00-5:00pm	*Walk in Garden*		
5:00-6:00pm			
7:00-8:00pm			

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 HCAs 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-Reflect: 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:

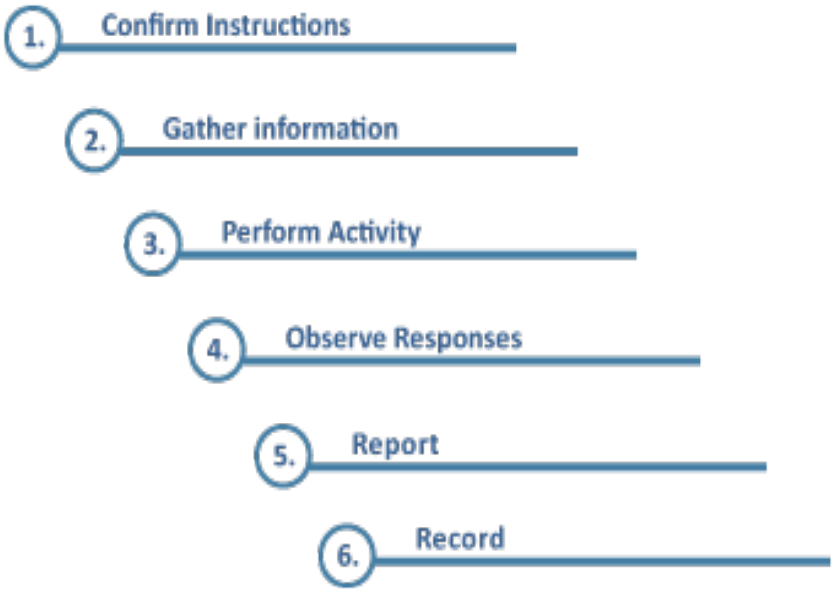
YOUR DECISION:

EVALUATION / REFLECTION ON THE DECISION AND THE PROCESS:

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

The following steps for decision-making regarding care provision are used with permission of Island Health.[5] The "6-steps" provide a framework for decision-making by the HCA and could be used in a variety of situations. The case study on the following pages outlines how these steps can be applied and could also be used in Healing 3: Personal Care and Assistance.

"6-Steps"



[5] 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)*.

STUDENT HANDOUT

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 four-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 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 two-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 critical thinking, problem solving and decision making

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate topics for Health and Healing: Concepts for Practice

1. Couples should receive priority to live together in care.
2. Clients are better supported by HCAs who share their culture, values and/or beliefs.
3. Clients are better supported by family and friends than by employed HCAs.
4. Working in a community setting requires HCAs to use critical thinking skills more often than working in a facility setting.
5. HCAs should support the use of medical marijuana as an alternative form of health care.
6. HCAs should allow their clients to live at risk (e.g., refuse to use a walker).

Strategies that focus on professional approaches to practice

Have students, in groups, use the STUDENT HANDOUT on the following page to consider the case studies and how they are related to key course concepts.

STUDENT HANDOUT

Case Studies: Working with Diverse Clients & Families

DIRECTIONS: In groups, consider the following case studies and respond to the discussion questions below:

Juliana is a HCA who was recently hired by a home support agency. One of the first clients she is assigned to visit is Mr. James Johnson. Jim is a 63 year old man and former intravenous drug user who is living with HIV and is receiving end of life care for Stage 4 liver cancer. He has been prescribed medical marijuana to manage his pain.

Jim's wife, Karen, cares for him 24 hours per day. Juliana is assigned to visit for respite care, four hours, twice per week. On this first visit, Karen does not want to leave the house because she doesn't know Juliana and is concerned Juliana won't know what Jim wants or needs. Karen 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 HIV, drug use or medical marijuana. 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 Karen. When it is time to leave, she tells Karen that maybe another HCA will come for the next visit.

Manpreet works as a home support worker and is assigned to work with Mr. Brent Mead. Brent is a 43 year old man who is paralyzed from the waist down as the result of a motor vehicle accident. Brent works as a free-lance writer and lives with his husband, Jordan. Manpreet is assigned to assist with personal care, for two hours, five mornings per week.

On the first visit, Brent and Jordan show Manpreet the morning routine. This is Manpreet's first time working with a gay couple and she hasn't received much education about sexual diversity. Brent and Jordan are friendly towards Manpreet, but she feels uncomfortable and is unsure of how to respond when Brent and Jordan are affectionate towards one another. Manpreet avoids eye contact with Brent and Jordan and is quiet and reserved during the visit. She considers contacting her employer to ask if she can be excused from this assignment.

For each scenario, discuss:

- Did the HCA exhibit professional behaviour? Why or why not?

- Consider and discuss major concepts of this course that could help the HCA to act professionally. For example:
  - Providing person-centred care
  - Supporting personal preferences and choices
  - Respecting individuality
  - Working with families
  - Valuing diversity
  - Respecting choice of alternative medicines and treatments
  - Protecting personal safety

- As a HCA, how should you respond when you encounter a situation that is not in alignment with your personal values or beliefs?

- As a HCA, how should you respond to a situation you are not familiar with? Where can you seek support to increase your understanding?

- As a HCA, do you have the right to refuse an assignment? On what basis (if any) might this be possible?

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 solving/decision-making processes in a caregiving context. Students could be provided with a scenario from a practice environment 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. An occupational health and safety awareness project. WorkSafeBC accepts time loss claims from about 50,000 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 could complete an assignment that requires them to go to the WorkSafeBC website health care section at: https://www.worksafebc.com/en/health-safety/industries/health-care-social-services 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 and 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. They could describe the potential hazard, discuss possible ways to minimize the risk of injury and recommend possible responses when facing that hazard. Additionally, they could describe how the hazard they face could also impact the person being cared for (Learning Outcome #4).

ONLINE RESOURCES

British Columbia Ministry of Health. (2015). *The British Columbia patient-centered care framework.* http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care framework.pdf

Campion-Smith, B. (2012, Sept 20). Canadian families growing more diverse, census data shows. *thestar.com* https://www.thestar.com/news/canada/2012/09/20/canadian_families_growing_more_diverse_census_data_shows.html

CBC Radio. (2014). *Gay and Grey: LGBT seniors fear care facilities, and Bridget Coll and Chris Morrisson's story.* http://www.cbc.ca/player/Radio/Local+Shows/British+Columbia/On+The+Coast/ID/2441517929/

Eden Alternative. http://www.edenalt.org/

HealthLink BC. (2014). Hantavirus pulmonary syndrome. http://www.healthlinkbc.ca/healthfiles/hfile36.stm

Ministry of Health. (2011). *Director of licensing standard of practice: Incident reporting of aggressive or unusual behaviour in adult residential care facilities.* http://www2.gov.bc.ca/assets/gov/health/accessing-health-care/finding-assisted-living-residential-care-facilities/standard-practice-peportable-incidents.pdf

Public Guardian and Trustee of British Columbia. http://www.trustee.bc.ca

Paul, R. & Eider, L. (2006). *The miniature guide to critical thinking: Concepts and tools.* https://www.criticalthinking.org/files/Concepts_Tools.pdf

QMUNITY BC's Queer Resource Centre. http://www.qmunity.ca/

Revera Inc. and International Federation on Aging. (2014). *Revera report on ageism.* http://www.reveraliving.com/revera/files/b2/b20be7d4-4d3b-4442-9597-28473f13b061.pdf

SafeCare BC. http://safecarebc.ca/ and http://safecarebc.ca/tools/resources-and-links/

Simon Fraser Gerontology Research Centre. http://www.sfu.ca/grc/

University of Ottawa. (n.d.). Society, the individual, and medicine: Aboriginal health. http://www.med.uottawa.ca/SIM/aboriginal_health_e.html

Vancouver Coastal Health Transgender Health Information Program. http://transhealth.vch.ca/

WorkSafeBC. (2013). Occupational health and safety regulation.
Ergonomics (MSI Requirements). https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions

Biological Agents. https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-05-chemical-and-biological-substances

WorkSafeBC. (2013). Safety on the job is everyone's business: The responsibilities of employers, supervisors and workers. https://www.worksafebc.com/en/resources/health-safety/books-guides/safety-on-the-job-is-everyones-business-the-responsibilities-of-employers-supervisors-and-workers

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

Utley, D. (2004). *Intercultural resource pack: Intercultural resources for language teachers*. Cambridge University Press. http://assets.cambridge.org/052153/3406/sample/0521533406WS.pdf

- A series of lesson plans and activities related to culture (30-45 minutes per lesson).

Sagan, A. (2015, May 3). Canada's version of Hogewey dementia village recreates 'normal life. *CBC News*. http://www.cbc.ca/news/health/canada-s-version-of-hogewey-dementia-village- recreates-normal-life-1.3001258

- A short article describing Hogewey dementia village and application of related principles at a care home in Ontario (15 minutes for review and discussion).

Social Care Institute for Excellence. (2014). Dignity in care: Choice and control. http://www.scie.org.uk/socialcaretv/video-player.asp?v=social-inclusion

- A video and messages for practice to illustrate how offering choice and control supports a person-centered approach to care (20 minutes for review and discussion).

Social Care Institute for Excellence. (2014). Dignity in care: social Inclusion. http://www.scie.org.uk/socialcaretv/video-player.asp?v=social-inclusion

- A video and messages for practice to illustrate how social inclusion supports a person-centered approach to care (20-25 minutes for review and discussion).

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 health care provider show caring for the client?

3. Unfolding Case Study – Caring for Peter Schultz

As a homework assignment, have students read their textbook and other relevant course or online materials describing the role of the HCA in various health care settings, including community day programs, home care and residential care. Ask the students to identify the positive aspects and challenges associated with working in each of these settings.

A. Whole Class Activity and Discussion

In class, briefly review the health care settings and list the positive aspects and challenges that may be experienced by the HCA working in these settings on the white board. Following this, ask the students to consider positive aspects and challenges that might be experienced by clients and their families in these same settings and list them on the white board.

B. Small Group Activity

Divide the class into small groups, assigning each group one of the following scenarios describing client and family experiences with various health care agencies and settings. After the students have read the scenario, they should work together to identify the positive aspects and challenges described in the scenario and be prepared to share their observations with the larger group. See STUDENT HANDOUT on the following page.

C. Whole Class Activity Debrief

Come together as a class and have each group report back on the positive aspects and challenges that were identified. Work together to identify additional positive aspects and challenges that may be experienced by clients and families being supported in these care settings. For each setting, discuss how the HCA could provide support to address the challenges identified.

Note: Students could be instructed to add the scenario(s) and notes from this session to their client portfolio for Peter Schultz.

STUDENT HANDOUT

Unfolding Case Study: Caring for Peter Schultz[6]

Client & Family Experiences with Different Health Care Settings

DIRECTIONS*:* In your group, review your assigned scenario(s) describing the client and family experience with various health care agencies and settings. After reading, work together to identify the positive aspects and challenges described in the scenario and be prepared to share your observations with the larger group.

a. Adult Day Programs

"Women from various agencies came to the house to interview Peter and myself. They arranged for Peter to spend one day a week at an Adult Day Program. Peter was cross about going and didn't like it at first, but after a couple of weeks I think he quite looked forward to it. Peter was often called on to sing a song or recite one of the many poems he knew by heart. One of his favourite activities was the bell choir. By the time residential care was needed, he was attending the program three times a week, which was a God-send to me."

b. Home Support

"Community services also introduced me to home support. This was such a wonderful help to me. A HCA came every morning and got Peter up, bathed and shaved him, dressed him and prepared his breakfast. Unless you have had to do so, you can't imagine how hard it is to help someone who resents being helped and thinks he doesn't need to be bathed, shaved, toileted or dressed, especially if you are the spouse. I can never thank these HCAs enough for all they did for me."

…

"I did the vacuuming and found it very tiring. I thought about someone to do it for me and people coming in to bathe Peter. I got myself all upset, feeling the intrusion of strangers in my home and then was filled with guilt because they were all here to help, then sadness that there were some places I couldn't take him."

[6] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.*

c. Respite Care

"Also available were respite times. If you were a caregiver, you were entitled to four weeks of respite a year. This meant your loved one could be cared for in a residence for a week while you had a rest. It didn't help at first because I felt so guilty, but after a year or two, I really looked forward to some time by myself."

d. Residential Care

"I just came home from the residential care home. I took Peter there on the 26th of April, 2004. I took his clothes, his slippers, the toiletries, a harmonica, the large print Bible our daughter had given him, this German Bible written in old-fashioned script, which he could still read without glasses. Drove into the yard and parked.

"Where are we?" he asked.

"I need a little rest, Honey, so you are going to stay here for a while."

He accepted that. I hauled the suitcase out of the trunk. He insisted on carrying the heavy thing. I punched in the code and the door opened. We went it. The door closed. It was the beginning of our "involuntary separation."

…

"I am often amazed at the competence and kindly patience of the HCAs in the care home. Peter is at a table where five people need lots of help, but that never seems to bother the HCAs. They simply slide around from one to another on their wheeled chairs, keeping an eye on them all.

You might expect a dining room full of elderly people with cognitive and/or physical challenges to be a pretty gloomy place. Not so. Most of them look forward to meal times and most of them usually enjoy the food. The servers are all so friendly and pleasant, calling the clients by their names and remarking about their clothes or hairstyles, congratulating on birthdays and anniversaries. All over the room there is uplifting chatter and merriment, the HCAs joining in as they stroll around watching out for anyone needing help or attention, gracefully solving any dilemma that crops up. The clients could hardly be better cared for, in my opinion. I am thankful that Peter is living here."

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

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate Topics for Health Care Assistant: Introduction to Practice

1. HCAs can provide better care to clients in residential care settings (vs. community settings).
2. HCAs are better supported in residential care settings (vs. community settings).
3. Working in home support requires more critical thinking than working in facility settings.
4. HCAs should be able to provide formal care services to their own family members.
5. A HCA has the right to refuse to provide care to a client whose values or beliefs do not align with their own.
6. A female client has the right to refuse care provided by a male caregiver.
7. Diversity in the health care team (e.g., generational or educational differences) leads to challenges in the workplace.

2. Encouraging Reflective Practice

In order to develop HCA students' ability to self-reflect and recognize and respond to their own self-development needs as care providers, consider introducing a model that can be used for reflective practice review, such as Gibb's Reflective Cycle (1988)[7]

- Description: What happened?
- Feelings: What did you think and feel about it?
- Evaluation: What were the positive and negative aspects?
- Analysis: What sense can you make of it?
- Conclusion: What else could you have done?
- Action Plan: What will you do next time?

Working together as a class, apply the reflective model to the following scenarios:

Today at your annual performance review, your supervisor tells you that she has received a report from another HCA that you were impatient with a client. The HCA stated that he had tried to approach you about the situation, but you would not discuss it. You remember that you had been feeling anxious that day about a personal matter and had felt badly for sighing loudly and saying, "I don't have all day," when your client, Mrs. Smith, was taking a longer time than usual to pick her outfit.

Today while you are assisting a client in the dining room, you overhear two of your co-workers recalling a story about another client and laughing loudly. Taken aback by the situation, you don't approach your co-workers, but afterwards it bothers you and you are unsure of how to move forward.

As a recent HCA graduate, you are feeling excited about your new job at a residential care home. During the orientation session, you realize that the lift equipment being used is different from what you used during your clinical placement and despite the practice you receive during training, you still feel uncomfortable with using the equipment. You don't want to leave a negative

[7] Gibbs Reflective Cycle (1988). Retrieved from https://www.brightknowledge.org/knowledge-bank/medicine-and-healthcare/spotlight-on-medicine/what-is-reflective-practice

impression with your employer, so don't speak up when the session leader asks if anyone has any questions or concerns.

You are a HCA who has been recently been hired at a residential care home. Today you are assigned to work with Dorothy, a HCA who has been employed by the care home for 18 years. When you suggest that the two of you come up with a brief plan for how to schedule your morning, Dorothy insists that you follow her regular routine. Throughout the day, Dorothy makes all of the decisions and disregards any suggestions that you make, saying, "This is the way we do things here." At the end of the day, you learn you will be working with Dorothy for the rest of the week.

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2. 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 STUDENT 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. Professional Practice Exercises

A. 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 whiteboard 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.

B. Introduce the Professional Behaviour Development Rubric on p.204 and discuss how this type of tool could support them in their application of professionalism during the program.

C. To further extend the activity, 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 following.

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. Exploring Workplace Policies

A. Working in pairs, have students complete online research about the work-based policies of an employer / health authority in BC. The policies could be related to professional image, social media / online communication / texting, respectful workplace, including cyber bullying, and confidentiality of personal information. Students should be prepared to report back to the larger group, describing the policy, why it is important and how it relates to the professional practice of a health care assistant.

The following resources may be helpful for this activity:

- Fraser Health: http://www.fraserhealth.ca/about-us/accountability/policies/
- Interior Health: https://www.interiorhealth.ca/AboutUs/Policies/Pages/default.aspx
- Island Health: http://www.viha.ca/about_viha/accountability/policies.htm
- Northern Health: https://northernhealth.ca/AboutUs/Policies.aspx
- Vancouver Coastal Health: http://www.vch.ca/about-us/accountability/policies/

Note: Related information may also be found in workplace collective agreements available on union websites (See Online Resources, pg.50 for website information).

B. Case Scenarios

Invite students to form small discussion groups and discuss situations in which a HCA is confronted with a workplace dilemma. Ask them to discuss the situations on the following page and put forward suggestions for how each situation should be handled based on what they have learned in the course. Using the links above, have them consider if there is a program or workplace policy or collective agreement that they could refer to for guidance.

STUDENT HANDOUT

Case Scenarios – Ethical Practice Considerations & Employer Policy

DIRECTIONS: Consider and discuss the following scenarios involving ethical dilemmas. Put forward suggestions based on what you have learned in the course. As relevant, go to your Health Authority website to refer to a policy that could be used for guidance.

You are a HCA student and it is your first day of clinical. After the afternoon debrief, you receive a text message from a fellow student that states the following, "Can't stand working with Susan – slowest partner possible!" You notice that the text message is addressed to the entire clinical group, except for Susan. What do you think of this text? How will you respond?

You enjoy working with your colleague, Sandy, because she is friendly and outgoing with the health care team and clients of the care home where you work. You have noticed that Sandy spends a lot of time on her smart phone, checking texts and emails during her shift. One day you are eating lunch with her and she shows you some pictures of her posing with one of the clients that she has taken with her phone. She shares that she has posted these pictures to her social media page. What do you think about Sandy's use of her phone at work? How will you respond to the current situation?

You are a HCA working in acute care. One day, while you are assisting a client, his daughter takes a video of you and the client on her cell phone. She tells you that you have been very helpful to her father and she would like to post the video on his recovery blog so that friends and family can see the progress he has been making. How will you respond to this situation?

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, Mrs. Rosen often follows you and tries to gain your attention. This makes it difficult for you to get your work completed, as Mrs. Rosen also follows you into the rooms of other clients. Another HCA 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 and how would you respond to it? What are some other approaches that you could take?

Mrs. Subin mobilizes with a wheelchair-and requires assistance with transferring. 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 a bariatric client 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. Cedar and raises her voice, 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, Ms. Cedar reaches out and puts her hand on Jessie's arm for stability. 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?

4. Interprofessional Teamwork

The following case study is used with permission of Island Health.[8]

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 two 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.

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?

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

5. Understanding Workers' Rights and Responsibilities Activity

This activity is designed to support students in better understanding HCA rights and responsibilities, the role of the supervisor / supervision, as well as the importance of workplace orientation / training. It is recognized that there may be some overlap with content covered in other courses, but given the overall view to occupational health and safety, it is being included in this HCA Introduction to Practice course.

It is suggested that educators:

A. Invite students, as a whole class or in smaller groups, to identify the specific rights and responsibilities of workers. Elicit rights and responsibilities on the whiteboard or on a flipchart. See those listed below as a guide, or select to provide as a STUDENT HANDOUT.

B. After the brainstorming session, work with students to consider workplace safety and how right and responsibilities can be considered specifically within the role of the HCA, using the questions and answers on the DISCUSSION GUIDE, if helpful.

STUDENT HANDOUT

Workers' Rights and Responsibilities

Workers have the <u>right</u> to:

- Information, instruction, and training about safe work procedures and how to recognize hazards on the job.
- Supervision to make sure they work without undue risk.
- Equipment and safety gear required to do the job safely (workers are responsible for providing their own clothing to protect themselves against the natural elements, general purpose work gloves, safety footwear, and safety headgear).
- Refuse to perform tasks and work in conditions they think are unsafe, without being fired or disciplined for refusing.
- Participate in workplace health and safety committees and activities.

As a worker, you are <u>responsible</u> for working without undue risk to yourself or others.

To keep safe on the job,

- Don't assume you can do something you've never done before. Ask your supervisor to show you how to do it safely before you begin work. Ask your employer for safety training.
- Use all safety gear and protective clothing when and where required.
- Always follow safe work procedures and encourage your co-workers to do the same.
- Immediately correct unsafe conditions or report them right away to your supervisor.
- Know how to handle any hazardous materials or chemicals you use on the job.
- If you have any doubts about your safety, talk to your supervisor.
- Tell your supervisor of any physical or mental conditions that may make you unable to work safely.

Source Document:

WorkSafeBC (2013) Student WorkSafe Infosheet: Workplace Rights and Responsibilities
www.worksafebc.com/en/resources/health-safety/information-sheets/student-worksafe-infosheet-workplace-rights-and-responsibilities?lang=en

Workers' Rights & Responsibilities Discussion Guide

Workers' Rights

1. Right to a safe workplace

Consider: What makes a workplace safe?

- Employers, owners, supervisors, workers who act in ways which keep themselves and others free of injury and disease.
- Work is planned anticipating and taking steps to minimize hazards.
- Direct care workers are supervised so that issues can be addressed as they arise.
- Everyone is encouraged to report both negative ("I saw something that wasn't right") and positive ("I think I found a possible way of helping a client demonstrating response behaviours") situations that they experience.
- Information about known hazards (including patient/resident/client) is given to the right people.
- Workers get the equipment needed to do their jobs properly.
- There are adequate numbers of workers with appropriate skills to provide required care.
- Provisions are made to respond when things go wrong to restore a safe situation.
- Lessons are learned from incidents and mistakes.
- Work is viewed to be "proper" vs. "improper" not "safe" vs. "unsafe."

2. Knowledge of the hazards they face

Consider: What types of hazards do HCAs face in their daily work?

- Overexertion/musculoskeletal injuries (MSI) from mobilizing people and equipment.
- Falls resulting from slipping and tripping.
- Violence (could result from aggression, responsive, reactive or challenging behaviours) Greater risk with people with cognitive impairment, some active mental health disorders (psychosis, delusions), alcohol/drug impairment/withdrawal.
- "Life" hazards, walking into objects, getting hit by doors, etc.
- Infectious diseases, such as Noro-virus, hepatitis, HIV.
- Other possible hazards (e.g., Hazardous chemicals, radiation, cytotoxic drugs).

Consider: How might hazards look different between facility and community settings?

- There may be more unknowns and fewer interventions in a home setting.
- Most homes were never built as places to provide care.
- There may be fewer people to talk to if you aren't sure about a situation.
- Hazards related to care in the community that you aren't as likely to be exposed to in a facility include: Driving, animals, hoarding, and exterior stairs.
- Hazards may also impact the people being cared for, such as unsafe handling, behavioural challenges, fall hazards, etc. The hazard may have greater impact on the resident (after a fall, a worker may be bruised, but a resident may have a broken bone (or worse).

3. Safe Equipment

Consider: What types of equipment keep HCAs safe?

- Lifting equipment
- Shoes
- Safety engineered needles and sharps containers
- Soap/Hand sanitizer

4. Training (including orientation)

Consider: What types of "safety related" education / training might HCA's receive at work?

- Orientation
- Safe resident handling (equipment specific training)
- Violence prevention, including expected action in the event of an incident
- Infectious disease prevention
- Bullying and harassment
- Safe driving

Consider: What is typically included in an orientation?

- The name and contact information for the new worker's supervisor.
- The employer's and worker's rights and responsibilities including the reporting of unsafe conditions and the right to refuse to perform unsafe work.
- Workplace health and safety rules.
- Hazards to which the new worker may be exposed, including risks from robbery, assault or confrontation.
- Working alone or in isolation.
- Violence in the workplace.
- Personal protective equipment.
- Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries.
- Emergency procedures.
- Instruction and demonstration of the new worker's work task or work process.
- The employer's health and safety program.
- WHMIS.
- Contact information for the occupational health and safety committee.

5. Supervision

Consider: Who are supervisors?

- Anyone who instructs, directs and controls workers in the performance of their duties.
- Not always obvious from their job title – it isn't a co-worker.

Consider: What are their responsibilities?

- Ensure the health and safety of all workers under their direct supervision.
- Be knowledgeable about the regulations applicable to the work being supervised.
- Ensure that the workers under his or her direct supervision are made aware of all known or reasonably foreseeable health or safety hazards in the area where they work.

Consider: What traits would you like to see in an effective supervisor?

- Takes a personal interest in my wellbeing.
- Gathers information before acting.
- Has good listening skills and empathy.
- Has a presence during the workday, without micromanaging.
- Provides feedback in private, in measures appropriate to the size of the issue.
- Creates an atmosphere in which people are willing to admit to mistakes.

Workers' Responsibilities

Consider: What are the responsibilities of the worker?

- To protect their own health and safety as well as others affected by the worker's acts or omissions.

Consider: Who are these "others"

- Coworkers
- Clients
- Families/members of the public

Consider: As a HCA, how can you protect your own health and safety?

- Follow instructions.
- Use lifting equipment.
- Back away from escalating situations.
- Take a flexible approach to care.
- Keep your vaccinations current.
- Wash your hands, follow infection control protocols.
- Stay within your role and parameters of practice.
- Ask for clarification or help when you aren't sure about the right thing to do.
- Report little issues to your supervisor, before they become big ones.
- Refuse work that you believe to be unsafe.
- Do not work while impaired (sources of impairment can include fatigue, drugs/ alcohol, medical conditions, distractions from your life outside work).

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 caregiver 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 (community, residential, acute care), the students will describe where they would like to work and why, how this fits with their own beliefs, values, goals and interests (Learning Outcome #5). Refer to Section 4: Sample Tools (p.184).

ONLINE RESOURCES

BC Care Aide & Community Health Worker Registry.
http://www.cachwr.bc.ca/Home.aspx

BC Care Providers Association. http://bccare.ca/

BC Government and Service Employees' Union. http://www.bcgeu.ca/

BC Housing. (2016). Assisted living residences.
http://www.bchousing.org/Options/Supportive_Housing/SSH/AL

Brightside. (2017). What is reflective practice?
https://www.brightknowledge.org/knowledge-bank/medicine-and-healthcare/spotlight-on-medicine/what-is-reflective-practice

Canadian Human Rights Commission. http://www.chrc-ccdp.ca

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework.*
http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework: A quick reference guide.*
http://www.cihc.ca/files/CIHC_IPCompetenciesShort_Feb1210.pdf

Canadian Network for the Prevention of Elder Abuse. http://www.cnpea.ca/en/

College of Licensed Practical Nurses of British Columbia. (2016). *Working with health care assistants*. https://www.clpnbc.org/Documents/Practice-Support-Documents/Practice-Standards/Working-with-Health-Care-Assistants-Board-Standard.aspx

College of Registered Nurses of British Columbia. (2013). *Assigning and delegating to unregulated care providers.*
https://www.crnbc.ca/Standards/Lists/StandardResources/98AssigningDelegatingUCPs.pdf

First Nations Health Authority. http://www.fnha.ca/

First Nations Health Authority. (2017). Cultural humility.
http://www.fnha.ca/wellness/cultural-humility

Fraser Health Authority. http://www.fraserhealth.ca

Fraser Health. (2013). *Making informed decisions about cardio-pulmonary resuscitation (CPR).* http://www.fraserhealth.ca/media/CPR_eng.pdf

Fraser Health. (n.d.). *Medical order for scope of treatment.* http://www.fraserhealth.ca/media/MOST_Eng.pdf

Government of British Columbia. (n.d.). Pharmacare for B.C. residents. http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents

Government of British Columbia. (n.d.). Protection from elder abuse and neglect. http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/protection-from-elder-abuse-and-neglect

Government of British Columbia. (1996). *Adult guardianship act.* http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96006_01#section1

Government of British Columbia. (2014). *B.C. health care assistants core competency profile*. http://www.health.gov.bc.ca/library/publications/year/2014/HCA-Core-Competency-Profile_March2014.pdf

Government of British Columbia. (2002). *Community care and assisted living act.* http://www.bclaws.ca/Recon/document/ID/freeside/00_02075_01

Government of British Columbia. (2016). Employment standards. http://www.labour.gov.bc.ca/esb/esaguide/guide.pdf

Government of British Columbia. (n.d.). Guide to good privacy practices. http://www2.gov.bc.ca/gov/content/governments/services-for-government/information-management-technology/privacy/good-privacy-practices

Government of British Columbia. (n.d.). Health authorities. http://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities

Government of British Columbia. (n.d.). Home and community care. http://www2.gov.bc.ca/gov/topic.page?id=11D44209BCED4198ABD2E0DD3A0066D9

Government of British Columbia. (n.d.). Human rights protection. http://www2.gov.bc.ca/gov/content/justice/human-rights/human-rights-protection

Government of British Columbia. (n.d.). *Regulatory framework governing services for seniors with health care needs.* http://www2.gov.bc.ca/gov/DownloadAsset?assetId=4C3E587044054F93A61CA174A6C5FE7E&filename=regulatory_framework_governing_services_for_seniors_with_health_care_needs_table.pdf

Government of British Columbia. (n.d.). *Residents' bill of rights.* http://www2.gov.bc.ca/assets/gov/health-safety/home-community-care/accountability/pdf/adultcare_bill_of_rights.pdf

Government of British Columbia. (2013). *Together to reduce elder abuse – B.C.'s strategy: Promoting well-being and security for older British Columbians.* http://www2.gov.bc.ca/assets/gov/people/seniors/health-safety/pdf/trea_strategy.pdf

Government of British Columbia. (1996). *Workers compensation act.* http://www.bclaws.ca/civix/document/id/complete/statreg/96492_03

Government of Canada. (1985). *Canada health act*. http://laws-lois.justice.gc.ca/eng/acts/C-6/page-1.html

Government of Canada. (*1982). Constitution act, 1982: Part 1 Canadian charter of rights and freedoms.* http://laws-lois.justice.gc.ca/eng/Const/page-15.html

Government of British Columbia. (n.d.). Home and community care. http://www2.gov.bc.ca/gov/topic.page?id=11D44209BCED4198ABD2E0DD3A0066D9

Hospital Employees' Union. http://www.heu.org/

Interior Health. http://www.interiorhealth.ca

International Network for the Prevention of Elder Abuse. http://www.inpea.net/

InterRAI. http://www.interrai.org

Island Health. http://www.viha.ca/

Leung, M. (2013, May 19). Nursing home workers suspended after son turns over hidden camera video. *CTV News*. http://www.ctvnews.ca/canada/nursing-home-workers-suspended-after-son-turns-over-hidden-camera-video-1.1288544

Medical Services Plan of BC. http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp

Ministry of Health. http://www.gov.bc.ca/health/

Ministry of Health. (n.d.). Assisted living registrar. http://www.health.gov.bc.ca/assisted/about/

Ministry of Health Services. (2008). *Personal assistance guidelines.* http://www.health.gov.bc.ca/library/publications/year/2008/Personal_Assistance_Guidelines.pdf

Nidus Personal Planning Resource Centre and Registry. http://www.nidus.ca/?page_id=210

Northern Health. http://www.northernhealth.ca

Office of the British Columbia Ombudsperson. https://bcombudsperson.ca/

Office of the Seniors Advocate British Columbia. http://www.seniorsadvocatebc.ca/

Provincial Health Services Authority. http://www.phsa.ca/

Public Guardian and Trustee of British Columbia. (2014). *BC's adult guardianship laws: Supporting self-determination for adults in British Columbia.* http://www.trustee.bc.ca/Documents/adult-guardianship/Protecting%20Adults%20from%20Abuse,%20Neglect%20and%20Self%20Neglect.pdf

Royal Canadian Mounted Police. (2013). Recognize and report abuse. http://bc.cb.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=87&languageId=1&contentId=770

Seniors Housing Directory of BC. http://www.seniorsservicessociety.ca/hhousingdirectory.htm1

Trentham, B. Andreoli, A., Boaro, N., Velji, K. & Fancott, C. (2010). *SBAR: A shared structure for effective team communication.* http://www.uhn.ca/TorontoRehab/Education/SBAR/Documents/SBAR_Toolkit.pdf

United Food and Commercial Workers Union. http://www.ufcw.ca/inde.g.,php?option=com_content&view=article&id=59&Itemid=2&lang=en

United Nations. (n.d.). Universal declaration of human rights. http://www.un.org/en/universal-declaration-human-rights/inde.g.,html

Vancouver Coastal Health. http://www.vch.ca

WorkSafeBC. (n.d.). Bullying and harassment. https://www.worksafebc.com/en/health-safety/hazards-exposures/bullying-harassment

WorkSafeBC. (2012). Communicate patient information: Prevent violence-related injuries to health care and social services workers (for public bodies). https://www.worksafebc.com/en/resources/health-safety/information-sheets/communicate-patient-information-prevent-violencerelated-injuries-to-health-care-and-social-services-workers-for-public-bodies

WorkSafeBC. (2012). Communicate personal information: Prevent violence related injuries to health care and social services workers (for non-public bodies). https://www.worksafebc.com/en/resources/health-safety/information-sheets/communicate-personal-information-prevent-violencerelated-injuries-to-health-care-and-social-services-workers-for-nonpublic-bodies

WorkSafeBC. (2016). Worker orientation checklist for healthcare. https://www.worksafebc.com/en/resources/health-safety/checklist/worker-orientation-checklist-health-care

WorkSafeBC. (2000). Occupational health and safety regulation s.4.30 (violence in the workplace). http://www2.worksafebc.com/publications/OHSRegulation/Policies-Part4.asp#SectionNumber:R4.30

WorkSafeBC. (2013). Student WorkSafe Infosheet: Workplace rights and responsibilities. www.worksafebc.com/en/resources/health-safety/information-sheets/student-worksafe-infosheet-workplace-rights-and-responsibilities?lang=en

World Health Organization. http://www.who.int/en/

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

BC Campus Shareable Online Learning Resources. (2014). *Elder abuse reduction curricular resource*. http://solr.bccampus.ca:8001/bcc/items/8d5b3363-396e-4749-bf18-0590a75c9e6b/1/

- ❖ An instructor's guide and presentation for teaching core competencies in elder abuse prevention, detection and response in British Columbia (6 – 8 hours).

College of Registered Nurses of British Columbia. (n.d.). Social media snapshots: Mini scenarios about responsible use of social media. https://crnbc.ca/Standards/resourcescasestudies/ethics/socialmedia/Pages/SocialMediaCases.aspx

- ❖ Three case studies describing inappropriate sharing of client information on social media (10-15 minutes for review and discussion).

Social Care Institute for Excellence. (2014). Dignity in care: Privacy.
http://www.scie.org.uk/socialcaretv/video-player.asp?v=privacy

- ❖ A video and messages for practice to illustrate the importance of privacy and confidentiality (10-15 minutes for review and discussion).

Vancouver Coastal Health News. (2014). Know the rules for using social media.
http://vchnews.ca/across-vch/2014/11/17/know-the-rules-for-using-social-media/#.WTHCWaYzXL

- ❖ A short article describing the outcomes of two incidents where employees shared work-related information on social media (10 minutes).

WorkSafeBC. (n.d.). My handbook.
https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/personal-handbook

- ❖ Students can use My handbook to search for and store parts of OHS Regulation (e.g., violence in the workplace, Ergonomic (MSI) Requirements, Biological Agents, etc.). *Only stored for the duration of the web session, the handbook can be downloaded or printed for future reference.

WorkSafeBC. (2011). Supervision in health care: Know your responsibilities.
www.worksafebc.com/en/resources/health-safety/books-guides/supervision-in-health-care-know-your-responsibilities?lang=en

- ❖ A series of four videos and a discussion guide describing how supervision in health care settings contributes to safety.

WorkSafeBC. (2013). Two – person care needs a planned approach.
https://www.worksafebc.com/en/resources/health-safety/videos/two-person-care-needs-a-planned-approach?lang=en

- ❖ A video and discussion guide describing how planning can increase safety when a two-person approach is used for care (15 – 20 minutes for review and discussion).

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 (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 setting or 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? Example:

- The HCA may be asked to work outside of their role, possibly putting themselves and/or the client at risk. Saying "no" does not have to be absolute. Rather, it could be phrased in the following manner: "I am not comfortable with this and would like to seek further information," or "I have not been trained to do this task (or do the task in this way)."

3. Unfolding Case Study: Caring for Peter Schulz

A. Whole Class Review

In class, review the characteristics of effective communication, verbal and non-verbal communication and the effects of diversity (e.g., culture and generational differences) that may impact communication.

B. Small Group Activity

Divide the class into small groups and have the students read the following conversation between Peter and his wife, Eve. Ask the groups to make a list of the communication techniques that Eve uses to connect with Peter during the conversation and be prepared to share their findings with the larger group. See STUDENT HANDOUT on the following page.

C. Whole Class Debrief

Come back together as a class and have each group report on the communication techniques that were used, highlighting any that were not identified. Ask the students to consider how and why this conversation may have been difficult for Eve and discuss how the strategies she used led to positive outcomes. Discuss the role of the HCA in ensuring effective communication with clients**.**

Note: Students could be instructed to add the scenario / notes to the client profile.

STUDENT HANDOUT

Unfolding Case Study: Caring for Peter Schultz[9]

Evaluating Communication Techniques

DIRECTIONS: Read the following conversation between Peter and his wife, Eve. Make a list of the communication techniques that Eve uses to connect with Peter during the conversation and then prepare to share your findings with the larger group.

"I found Peter sitting alone on the love seat just around the corner from the nurses' station, so I sat down beside him. A couple of HCAs were passing us once in a while as they tended to their duties. Peter didn't speak and neither did I for quite some time.

Then he said, "Do you think you could arrange a wedding for some time in the fall?"

"Oh, who is getting married?"

"I am."

"Who are you going to marry?"

"The girl next door."

"Really? What is her name?"

"I don't remember."

"Is it Jenny?"

"Yes, that's her name."

Aha! Jenny lived across the road from Peter when he was a kid.

"You can't marry her. She is already married."

He gave me a look of incredulity, but said nothing.

A few minutes of silence.

Then he said, "Well do you think you can arrange a wedding for some time in the fall?"

"Peter, how old are you?"

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[9] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.* This material is licensed under a **Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0)**

"I am fifteen and about half a year."

"I really think you are too young to get married. A girl might be able to handle it, but it's really much too young for a man to marry."

"I'd really like your opinion, though. Do you think she would make a good farmer's wife?"

"Yes I do. I'm sure she would make an excellent farmer's wife. She has lived on a farm all her life and I'm sure she knows exactly how to be a good farmer's wife, but I still feel you are both too young to be getting married."

More silence.

"Well, I'd like you to try to arrange a wedding for the fall."

"But, Peter, do you have a farm?"

"No, I don't."

Well, how can you think of getting married if you don't have a farm? You would have to live with your parents. That wouldn't be fair to Jenny."

He thought that over for a while.

"You're right. I guess I'd better concentrate on getting a farm first."

Who did Peter think I was as he asked for my opinion? Could it have been his mother or perhaps his elder sister? Soon the snack cart came along. We each enjoyed a cup of coffee and a cookie. I kissed him goodbye and went home smiling, because Jenny was still not married when Peter married me."

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

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate topics for Health 1: Interpersonal Communications

1. Verbal communication is more important that non-verbal communication.
2. Cell phones should not be used in the workplace.
3. It is ok to talk about your clinical experience on social media.
4. It is beneficial for people to talk about their feelings.
5. Talking to people who are upset is not the job of the HCA.
6. Disagreement leads to conflict in the workplace.

2. 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?

3. Case Study – the following case study is used with permission of Island Health[10]

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.

[10] 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

   Recognized HCA Program educators are asked to build specific learning opportunities into their programs and confirm students complete the Provincial Violence Prevention e-modules prior to the start of their practice education placements. 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. Given the provincial commitment to health and safety of workers and reducing the risk of violence, an active partnership with health program educators is essential.

   The Violence Prevention Curriculum is available online and is free of change at the Health Employers Association of BC website:
   http://heabc.bc.ca/Page4272.aspx#.WP_eS6Y2zL9

   A quiz is embedded at the end of each module (eight modules in total) and students are then able to print (CTRL – P) their results to provide proof of completion.

   The curriculum consists of eight e-learning modules: it takes about 30 minutes to complete each e-module (approximately 4 hours in total). Modules include:

   Module 1: Introduction to Violence Prevention
   Module 2: Recognize Risks and Behaviours
   Module 3: Assess and Plan Part 1 – Complete Point-of-Care Risk Assessments
   Module 4: Assess and Plan Part 2 – Develop Behavioural Care Plans
   Module 5: Respond to the Risk Part 1 – Perform De-escalation – Communication
   Module 6: Respond to the Risk Part 2 – Perform De-escalation Strategies
   Module 7: Respond to the Risk Part 3 – Determine When and How to Get Help
   Module 8: Report and Communicate Post-Incident

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, e.g.:

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?

STUDENT HANDOUT

Practising Assertive Communication

DIRECTIONS: With a partner, practise using assertive communication. Alternate so each student has an opportunity to practise in the HCA role. Debrief after each scenario.

Student 1 (Team Leader (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 a HCA. What will you say to the TL?

Student 1 (Client's Daughter):

We are so appreciative of what you do for our father. Please accept this bottle of wine as a thank you from our family.

Student 2 (HCA):

You know you are not allowed to accept gifts from clients. What will you say?

Student 1 (HCA Student on Clinical in a Complex Care Facility):

Excuse me, could you help me to transfer Mrs. Jones? I know that the policy is to always have two people when using the ceiling lift.

Student 2 (HCA at a Complex Care Facility – Acting as a Mentor):

Just do it on your own. We don't have time to have two of us use the lifts. This is the real world.

Student 1 (HCA Student on Clinical in a Complex Care Facility):

How would you respond?

Debrief Questions

- How comfortable were you saying "no" to the request?
- Did you use assertive vs. aggressive communication?
- Consider what you might say if the other party (i.e., TL, Client's Daughter and/or HCA) said to "just do it anyway?"
- What are possible outcomes of not using assertive communication in these situations (e.g., risk to client and personal safety, etc.)?

3. Role Play Activity: Practising Effective Communication Skills

Students will apply effective communication strategies using the scenarios provided. If available, students may enjoy completing this activity in the lab, with measures taken to simulate a real-life setting. The role play should be used towards the end of the course, as a consolidation activity.

A. Activity Set Up

The instructor could first elicit / list effective communication strategies (e.g., non-verbal listening skills, paraphrasing, responding empathetically, etc.) on the whiteboard and have these displayed for student reference throughout the activity. To increase student engagement and comfort, the instructor could also model the activity (with 2 students) before tasking the students to work together.

B. Role Play

Have students work in groups of three, with one student taking the role of the HCA, the second student taking the role of the client or co-worker and the third student acting as an observer / recorder.

All three students should read the scenario provided. Following this, the student taking the role of the HCA should identify three communication skills that they will apply to the scenario. The students should then act out the scenario, with the student in the role of the HCA applying the communication skills they selected. The student acting as the observer should make notes about the perceived effectiveness of the communication skills that were used during the interaction.

C. Small Group Discussion after Role Play

After each role play is complete, the group should discuss the following:

- What important information was provided about the client / situation?
- What three communications skills were applied and why were they chosen for this client / situation?
- What did the observer / recorder notice about the communication strategies that were used?
- What worked / didn't work with the approach that was taken?
- Were there any other approaches that could have been used?

D. Whole Class Activity Debrief

Come together as a class to discuss the different communication strategies used for each scenario.

STUDENT HANDOUT

Scenarios: Practising Effective Communication Skills

DIRECTIONS: Read the scenarios you have been assigned. The student taking the role of the HCA should first take a few minutes to identify three (3) communication skills that they will apply to the scenario. The students should then act out the scenario, with the student in the role of the HCA using the communication skills they selected. The student acting as the observer should make notes about the perceived effectiveness of the communication skills that were used during the interaction. After each role play, take a few minutes to complete the debrief discussion questions.

You are a HCA working for a home support agency. You have been asked to visit James Smith, a 72 year old client with diabetes. When you arrive at his home, you notice that he has several candy wrappers at his bedside. You understand that you are required to report this to your supervisor and when you mention this, Mr. Smith becomes upset and shakes his cane at you.

You are a HCA working in a residential care home and have been assigned to care for Mrs. Chan, a 90 year old lady who has just moved into the care home. Mrs. Chan emigrated from China and has been living in Canada for ten years. When you enter her room, she is crying because she misses her daughter who is no longer able to care for her at home.

You are a HCA working in acute care. Today has been a challenging day for you; you are nearing the end of your shift and are feeling tired and impatient. Before you leave, the team leader asks you to check on Amit Singh. When you enter the client's room, his daughter starts to complain about the care Mr. Singh has received by you that day.

You have recently been hired as a HCA in assisted living. Recently, you have noticed that one of the staff members, Jan, seems to be avoiding eye contact with you. One afternoon, when you greet her, Jan does not respond and walks away. A week later, another staff member tells you that Jan has been talking about you in the break room. How should you approach Jan about this situation?

You are a HCA student who has recently started your practicum placement in assisted living. It is flu season and two of the staff members have called in sick. You are helping Mr. Soong get ready for bed, and while he is in the bathroom, the LPN enters the room. "I'm swamped!" she says, setting down Mr. Soong's medication. "Can you come and report back to me after Mr. Soong takes this Tylenol?" How will you respond to the LPN?

Today is the first day of your clinical placement in multi-level/complex care and you are assigned to shadow Ray, one of the HCAs. While you are assisting with Mr. Alveraz's morning routine, Ray asks you to help him with the mechanical lift. You politely explain to Ray that you are not permitted to assist with lifts until your instructor has signed you off. Ray sighs loudly, and says, "Oh brother, I've worked with your instructor before. Whenever she brings students here, everything takes twice as long!"

Debrief Discussion (after each role play):

After each role play has been complete, the group should discuss the following:

- What important information was provided about the client / situation?
- What three communications skills were applied and why were they chosen for this client / situation?
- What did the observer / recorder notice about the communication strategies that were used?
- What worked / didn't work with the approach that was taken?
- Were there any other approaches that could have been used?

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).

ONLINE RESOURCES

Registered Nurses' Association of Ontario. (2012*). Managing and mitigating conflict in health-care teams*. http://rnao.ca/bpg/guidelines/managing-conflict-healthcare-teams

Richards, L. (n.d.). Effective communication between workplace peers. *Houston Chronicle.* http://smallbusiness.chron.com/effective-communication-between-workplace-peers-712.html

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

Provincial Violence Prevention Curriculum. E-Learning Modules
http://heabc.bc.ca/Page4272.aspx#.WQetUdy1vcs

- Students complete independently and print out a module quiz at the end to demonstrate successful completion. Eight e-learning modules (approximately 30 minutes per module, for a total of four hours).

Social Care Institute for Excellence. (2014). Dignity in care: Communication.
http://www.scie.org.uk/socialcaretv/video-player.asp?v=communication

- A video and messages for practice which illustrate how effective communication with clients and the health care team supports a person-centered approach to care (15-20 minutes for review and discussion).

Health 2: Lifestyle and Choices

SUGGESTED LEARNING STRATEGIES

Strategies that focus on caring

1. Caring and Caregiving

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

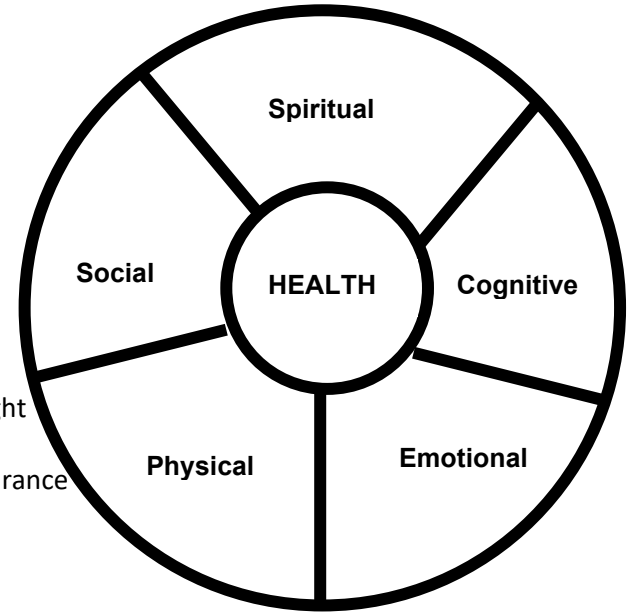
   - How is caring about your own health related to being an effective care provider? How do your lifestyle choices reflect your caring for yourself?
   - If we truly care for and respect our physical bodies, how will this be reflected in our lifestyle choices?
   - How is psychological / emotional health 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 caregiving 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:

A. 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).

B. 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."

C. 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."

D. 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.

E. 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?

4. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, have students review their client portfolio for Peter Schultz and the Health Wheel: Indicators of Health handout on p. 76.

A. Whole Class Activity and Discussion

In class, draw a health wheel on the white board, labeling the components (e.g., emotional) and their indicators (e.g., ability to cope effectively with the demands of life), where applicable. Leave the health wheel on the white board for reference throughout the activity.

B. Small Group Activity

Divide the class into small groups, assigning half of the groups to develop a health wheel for Peter and the other half to develop a health wheel for Peter's wife, Eve.

Students should use their knowledge about person-centered care, family care providers and health to identify two to three challenges that may be experienced for each component of health (e.g., For emotional health, caregiver stress is a potential challenge for Eve).

The students should then identify one or two positive behaviours that could be used to address the challenges identified (e.g., to address caregiver stress, Eve may benefit from attending a support group). If time allows, students could also be directed to identify a resource available online or in the community as support (e.g., Alzheimer Society of BC Caregiver Support Group).

C. Whole Class Activity Debrief

Come together as a class and review the health wheels that have been developed. Work together to identify additional challenges and behaviours to support health.

Note: Students could be instructed to add the completed health wheel to their client portfolio for Peter Schultz.

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. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate topics for Health 2: Lifestyle and Choices

1. Health care professionals should not smoke.
2. HCAs should be required to have vaccinations.
3. HCAs who understand health care from a global perspective are able to provide better care for their clients.

2. 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.

3. Evaluating Online Health Information

Health literacy is described by the Canadian Public Health Association (CPHA) as "the ability to access, understand and act on information for health (CPHA, n.d.)[11]."

A. To support students in accessing reliable health information, ask them to work in pairs to research a health related topic (e.g., determinants of health, components of health).

B. Using the STUDENT HANDOUT *Evaluating Health Information Online Checklist* on the following page, have the students visit a website related to their topic and complete an evaluation of the information provided.

C. After students have completed the exercise, briefly come together as a group to review the online health resources that were evaluated, discussing why it is important for health consumers / HCAs / students to carefully evaluate health information found online.

D. Ask students what other criteria are important to consider when evaluating information online.

This activity could be completed as part of a related assignment, such as the lifestyle change project.

[11] Canadian Public Health Association. (n.d.). About Health Literacy. Retrieved from http://www.cpha.ca/en/programs/portals/h-l/faqs.aspx

STUDENT HANDOUT

Evaluating Health Information Online - A Checklist

When seeking out health information online, it is important to keep in mind that the Internet is not regulated and anyone can set up a website. The criteria presented here will help to decide whether information found online is credible or not.

- ☐ *Does the website say who is responsible for the information and how you can contact them?* Look for links that say *about us*, *about this site*, or *contact us*. Be wary if you can't find out who runs the site and how to contact them.
- ☐ *Is the purpose of the website to give information, or is it to trying to sell you something?* Commercial websites (with a url address ending in .com) might provide information that supports what they are selling and not a balanced view. Be sure that the information presented on the website is suitable for the topic and is consistent with information seen from other sources.
- ☐ *Does the web address confirm that its scope and/or purpose is suitable?* For example, .edu for educational sites, .gov/gc.ca for government sites, .org for non-profit organizations, etc. You can usually get reliable health information from non-profit educational or medical organizations and government agencies. Health information should be unbiased and balanced, based on solid medical evidence and not just someone's opinion.
- ☐ *Does the website give references to articles in medical journals or other sources to back up its health information?* The most trustworthy health information is based on medical research. The website should provide links to other resources that can be accessed for information on this topic.
- ☐ *Is the information provided easy to understand and presented clearly?* Technical or unfamiliar terms should be clearly explained.
- ☐ *Is there evidence that the website is well maintained and does not include misspellings or broken links?* Websites should tell you when the information was prepared and updated (resources and links should be recent).

Note: The material used to create this checklist has been obtained from the following sources:

Evaluating Information Found on the Internet, Johns Hopkins Sheridan Libraries. Retrieved from http://guides.library.jhu.edu/content.php?pid=198142&sid=1657518

Internet Research: Finding and Evaluating Resources, Simon Fraser University Library. Retrieved from http://www.lib.sfu.ca/help/finding-evaluating-web-resources

Web Page Credibility Checklist, Copyright Samira Saliba Phillips, Retrieved from https://www.education.wisc.edu/docs/WebDispenser/soe-documents/aics-lesson3-webpagecredibilitychecklist.pdf?sfvrsn=2

4. 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. Students may enjoy using technology to monitor their progress. See p. 90 for a list of online tools and apps.

- 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 following 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 five 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, working in small groups, to review the following scenarios and determine to what degree the HCA is behaving in a professional manner. Have students discuss how self-care relates 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 exercise more. 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 her 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 elsewhere.

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). Students may enjoy tracking their progress using an online tool or app (See p. 90 for a list of tools).

ONLINE RESOURCES

Brown University. (2015). Alcohol and your body. http://www.brown.edu/Student_Services/Health_Services/Health_Education/alcohol,_tobacco,_&_other_drugs/alcohol/alcohol_&_your_body.php

Canadian Mental Health Association. (2016). Your mental health. http://www.cmha.ca/mental-health/your-mental-health/

Health Canada. (2016). Eating well with Canada's food guide. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html

Health Canada. (2012). Environmental and workplace health. http://www.hc-sc.gc.ca/ewh-semt/index-eng.php

Health Canada. (2015). Food and nutrition. http://www.hc-sc.gc.ca/fn-an/index-eng.php

Healthwise. (2015). Making a change that matters. https://www.healthlinkbc.ca/health-topics/abp2710

Healthwise. (2015). Spirituality and your health. https://www.healthlinkbc.ca/health-topics/abq0372

Here to Help. (2013). Understanding substance use: A health promotion perspective. http://www.heretohelp.bc.ca/factsheet/understanding-substance-use-a-health-promotion-perspective

National Institute of Environmental Health Sciences. (2013). *A family guide—20 easy steps to personal environmental health now.* http://www.niehs.nih.gov/health/materials/a_family_guide_20_easy_steps_to_personal_environmental_health_now_508.pdf

Public Health Agency of Canada. (2011). What determines health? http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php

World Health Organization. (n.d.). Health topics. http://www.who.int/topics/en/

WorkSafeBC. (2014). Back talk: An owner's manual for backs. https://www.worksafebc.com/en/resources/health-safety/books-guides/back-talk-an-owners-manual-for-backs

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

Evans, M. (2011). 23 and 1/2 hours. What is the single best thing we can do for our health? https://www.youtube.com/watch?v=aUaInS6HIGo&list=PL4TcyUrQ3YhJ4X5kajWcx9myxoLfx_zt-&feature=c4-overview-vl

- ❖ A video discussing the benefits of daily walking to improve our overall health (15 minutes for viewing and discussion).

Government of Manitoba. (n.d.). *Physical education/health education, lesson 2: Changing physical activity behaviour*. http://www.edu.gov.mb.ca/k12/cur/physhlth/frame_found_gr11/rm/module_b_lesson_2.pdf

- ❖ A lesson outline which applies the Stages of Change model to physical activity. Learning tools and activity suggestions are included (20-30 minutes).

Here to Help. (2016). Wellness modules. http://www.heretohelp.bc.ca/wellness-modules

- ❖ A series of eleven modules that address health from a holistic perspective. Modules include discussions of a topic area, self-assessments and tips for achieving wellness (10-20 minutes per module).

Online Tools and Apps

AnxietyBC. (2016). MindShift app. https://www.anxietybc.com/resources/mindshift-app

- ❖ An online App that can be used to identify and apply strategies for dealing with anxiety.

Canadian Mental Health Association. (n.d.). Mental health meter. http://www.cmha.ca/mental_health/mental-health-meter/

- ❖ A mental health self-assessment tool (5-10 minutes).

Government of Canada. (2016). My food guide.
http://www.healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/food-guide-aliment/my-guide-mon-guide/index-eng.php

- ❖ An online tool and mobile application that can be used to customize Canada's Food Guide (5-10 minutes).

HealthyFamilies. (2012). Carrot rewards.
https://www.healthyfamiliesbc.ca/carrot-rewards

- ❖ An online app that can be downloaded to obtain rewards points for improving health related knowledge (5-10 minutes).

Healthwise. (2015). Interactive tools. https://www.healthlinkbc.ca/health-topics/tu6657

- ❖ A list of tools that can be used to assess health, fitness and lifestyle (5-10 minutes).

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. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, ask students to review relevant textbook, online or other course materials describing cerebral vascular accidents (CVAs).

A. Whole Class Review and Discussion

In class, review the risk factors, signs and symptoms of CVAs. List them on the white board for reference. Following this, have students read the account describing the CVA experienced by Peter Schultz. See STUDENT HANDOUT on the following page.

B. Small Group Discussion

Working in small groups, students should apply their knowledge about CVAs to the scenario below by responding to the following discussion questions:

- What signs and symptoms of CVA did Peter experience?
- What were the immediate and long term results of the CVA experienced by Peter?

C. Whole Class Debrief

Come back together as a class and summarize the findings of each group. Highlight any signs, symptoms and results of CVA that were not identified.

Note: Students could be instructed to add the scenario and session materials to their client portfolio for Peter Schultz.

STUDENT HANDOUT

Unfolding Case Study: Caring for Peter Schultz[12]

Cerebral Vascular Accidents (CVAs)

DIRECTIONS: Read the following account describing the CVA experienced by Peter Schultz. Working in small groups, apply your knowledge about CVAs to the scenario below by responding to the following discussion questions:

- What signs and symptoms of CVA did Peter experience?
- What were the immediate and long term results of the CVA experienced by Peter?

"What I thought was the beginning happened March 3, 1995 when Peter was 77 [years old]. I awoke in the night to hear Peter in the bathroom coughing and hacking as though to rip his throat out. He finally stumbled back to bed and went to sleep. I arose fairly early to prepare breakfast for his sister and her husband who had been visiting us and were leaving that morning for Alberta. We three were sitting at the table waiting for Peter who was slow making an appearance. When he did, we couldn't understand a word he said as his speech was so confused. He didn't seem to realize there was anything wrong. We struggled through breakfast trying to persuade him to see a doctor, but he insisted he simply had a little sore throat, so finally our guests left and we began our day.

Peter lay down on the couch and slept. Something was wrong, but I didn't know what. Later I went to my daughter's house to give the kids a piano lesson. When I told them what had happened, my son-in- law immediately phoned the doctor who said I must bring Peter into the office. I went home and did that.

"His blood pressure is out of sight," the doctor said. "He's had a stroke. I'll arrange for a brain scan and we'll see what the damage is."

The scan showed that he had had several prior strokes that hadn't been obvious. Medication for high blood pressure was prescribed and I made sure Peter took his pills each day. I had no experience looking after someone who was sick, but Peter didn't seem sick anyway, just a bit confused sometimes. However, as time went on I began to notice some personality changes. He was often rude to me in front of friends, cried easily and clung to me almost obsessively, table manners seemed to slip away and he was sometimes extremely impolite."

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[12] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.* This material is licensed under a **Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0)**

4. Case Study – the following case study is used with permission of Island Health[13]

   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 room and 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?

[13] Island Health (2012)

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

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate topics for Healing 1: Caring for Individuals Experiencing Common Health Challenges

1. HCAs should respect the rights of a client, who has lung cancer, to smoke.
2. The family of a client with a developmental disability should be informed of their involvement in a romantic relationship.
3. HCAs should support the rights of a client to access medical assistance in dying.

2. 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 caregiving practice and how they will evaluate the care they provide.

3. Common Patterns of Dying Learning Activity[14]

A. As a class, watch the *Unprecedented – Common Patterns of Dying* instructional video available on the Life and Death Matters Website: http://lifeanddeathmatters.ca/products/videos/

   Before watching the video, you may wish to use the STUDENT HANDOUT to assign video review questions to focus viewing. You may elicit answers and other observations from viewing afterwards.

B. Following this, have students read the case scenario describing the pattern of stuttering decline (*Stuttering Decline – the Roller Coaster*) on p. 99. Students should then form small groups to discuss their responses to the questions provided.

C. Afterwards, come together as a class and briefly elicit responses from the small group discussion. Next, identify common health challenges reviewed in the course that may result in a prolonged pattern of dying and further consider implications for the provision of care.

STUDENT HANDOUT

Common Patterns of Dying

Video Discussion Questions:

Consider these questions while watching *Unprecedented – Common Patterns of Dying* instructional video available on the Life and Death Matters Website: http://lifeanddeathmatters.ca/products/videos/

- What key factors have changed the way we die?
- What are the four common patterns of dying?
- What information did you find most surprising or interesting?

Small Group Questions:

Read the case scenario describing the pattern of stuttering decline (*Stuttering Decline – the Roller Coaster*)

- In your own words, describe the pattern of dying that is represented in this scenario.
- What is the impact that this pattern of dying might have on Tom?
- What is the impact on Sarah and the family?
- As a HCA, identify ways that you can support Tom, Sarah and the family.

As a Class:

- Identify common health challenges that may result in the stuttering decline pattern of dying (e.g., organ failure, such as congestive heart failure, chronic obstructive pulmonary disease, end-stage kidney disease, chronic progressive illnesses, such as Parkinson's disease, or dementia-related illnesses).

- HCAs work with clients with chronic disease who may experience a prolonged period of dying that may occur over months or years. How can a palliative approach be integrated into providing care for these clients? How might different work settings (residential, community or acute care) factor into this approach?

Stuttering Decline—the Roller Coaster[15]

My name is Sarah. I am Tom's wife and caregiver. Tom has chronic obstructive pulmonary disease, and although we have been dealing with it for over 15 years, the last eight years have been the hardest, with repeat hospital admissions, decreased abilities, and increased needs. I have heard it said that the typical patient with this disease goes to death's door a number of times before dying. At least five times the children have gathered to say goodbye.

June 9: Last week the doctor came in and, squatting to make eye contact with Tom, asked us what we wanted. Tom said that he was tired—tired of hospitals, emergencies, tests, and more treatments. I very carefully suggested hospice. Tom and the doctor agreed.

June 15: We came home by transport ambulance. All the kids came home to help. In the middle of the night, I wept. I am exhausted. I wonder if he will die soon. I hope he will. I hope he won't.

July 15: How long will this go on? It has already been eight years! The HCAs come five times a week now. I willingly let them help. Tom seems to enjoy them.

July 18: My, oh my, what a journey! This man of mine has always had a huge appetite. Now he is eating so little. It is hard for him to eat and digest and breathe at the same time. I try to feed him but even with all my effort, he eats very little.

August 9: Tom has been restless for the last three nights. He sits on the edge of the bed, tries to get up, then sits down. Then he wants up. We need to be with him because he is unsafe. He has more difficulty breathing. He is confused, sometimes talking to people who aren't there. The other day he dreamt of his mom who died several years ago. His sentences are not making sense, his words jumbled. He was like this last year when he was really sick. He recovered then. I don't think he will recover this time.

August 17: We celebrated our 60th anniversary two months early.

August 19: Tom is very weak, can manage sips of water. He is confused again.

August 20: It is with a sad heart that I tell you my Tom died this morning. He has been sick for 15 years.

1. Critical Thinking Activity: Responding to Clients with Common Health Challenges

   Students will use knowledge about communication, common health challenges and observing and reporting to identify and respond to a variety of health related situations.

   Scenarios are provided below. Included for each scenario are a *HCA Role Card*, a *Client Role Card* and a *Client Profile.* The *Client Profile* should be used to inform client care; alternately, it could be used to populate preferred templates in use by the program (e.g., bedside care plan or assignment sheets). The material provided for this activity has been formatted in a way that will facilitate its direct use in the educational setting.

   Students may enjoy practising this activity in the lab, with measures taken to simulate a real-life setting. This critical thinking activity could also be adapted for use during the *Healing 3: Personal Care and Assistance* course.

   Depending on program sequencing, scenarios and client profiles could be further adapted to increase the complexity of this activity. This could be accomplished by incorporating additional props and/or equipment or by adding information to the client profile (e.g., medication information).

   While not directly indicated, the health related situations are listed below for instructor reference. Students in the HCA role should be able to identify these situations (using observation / reporting) through the role play and when documenting. The instructor will highlight these during the debrief.

   Role Play #1 - Responding to a client showing signs of Hypoglycemia

   Role Play #2 - Responding to a client showing signs of Orthostatic Hypotension

   Role Play #3 - Responding to a client indicating she is hungry

   Role Play #4 - Responding to a client showing signs of Pneumonia

   Role Play #5 - Responding to a client showing signs of a urinary tract infection

   Role Play #6 - Responding to a client showing signs of constipation

   Setting up the Activity

   A. Role Play

   Have students work in pairs, with one acting as the client and the other as the HCA. Role cards should be provided in such a way that students do not see the card for the alternate role. The student acting as the client will read the *Client Role Card* and

follow the directions provided. The student acting as the HCA will read the *HCA Role Card* and then use critical thinking skills to respond to the situation they are presented with. The *Client Profile* for each role play can be provided to both students and/or given to them to share.

Students playing the *HCA Role* should be reminded to respond to the scenario based on their observations, communication with the client and accompanying client profile (or assignment sheet and/or bedside care plan).

Students should be instructed to report any emergencies to the instructor, who could take on the role of the team leader.

Students should be directed to alternate roles after each role play and get new role cards from the instructor after completing required documentation (see B).

B. Documentation Exercise

After each role play is complete, the two students will prepare a written report describing the situation. If desired, the instructor could request that a specific documentation format is followed, such as the one to be used in the practice education setting. At a minimum, the following should be documented:

- What the HCA observed, including symptoms the client reported to them.
- What the HCA did.
- When the HCA did it.
- The client's response, as observed by the HCA.

C. Debrief

After students have completed this activity, convene as a class to review the common health challenges presented. Discuss appropriate response(s) and reporting for each scenario, highlighting which situations would require immediate reporting to the team leader.

ROLE PLAY CARDS

ROLE PLAY #1 - HCA ROLE CARD

You are working for a home support agency. Today you are visiting Jenny Smith for the first time. Enter the home, greet your new client and introduce yourself. Respond to the situation you are presented with.

ROLE PLAY #1 - CLIENT ROLE CARD

Your name is Jenny Smith and you are 72 years old. After the HCA greets you, tell them you feel dizzy and sweaty and that you are hungry because you skipped breakfast today.

ROLE PLAY #2 - HCA ROLE CARD

You are working in an assisted living residence. Today you will be escorting Mrs. Kaur to the dining room for lunch. Enter her room, greet her and introduce yourself. Respond to the situation you are presented with.

ROLE PLAY #2 - CLIENT ROLE CARD

Your name is Mrs. Kaur and you are 88 years old. After the HCA provides introductions and checks your bedside care plan, they will ask you to walk to the dining room. As you get up from your chair, act dizzy. Sit down again and tell the HCA you feel dizzy.

ROLE PLAY #3 HCA ROLE CARD

You are working in a group home setting. Today you will be assisting Alicia Smith who has ataxic cerebral palsy. Enter her room, greet her and introduce yourself. Respond to the situation you are presented with.

ROLE PLAY #3 CLIENT ROLE CARD

Your name is Alicia Smith and you are 42 years old. You have ataxic cerebral palsy and are unable to speak. When the HCA arrives, use gestures to indicate that you are hungry.

ROLE PLAY #4 HCA ROLE CARD

You are working in an acute care setting. Today you will be providing care to Mr. Dhaliwal who has had hip replacement surgery. Enter his room, greet him and introduce yourself. Respond to the situation you are presented with.

ROLE PLAY #4 CLIENT ROLE CARD

Your name is Mr. Dhaliwal. When the HCA enters your room, start coughing. Tell the HCA that you have chest pain and are feeling cold.

ROLE PLAY #5 HCA ROLE CARD

You are working in a residential care home. Today you will be assisting Rosa Martinez with her breakfast. Enter her room and greet her. Respond to the situation you are presented with.

ROLE PLAY #5 CLIENT ROLE CARD

Your name is Rosa Martinez. After the HCA greets you, act as if you are confused. Indicate that you have pain in your lower abdomen.

ROLE PLAY #6 HCA ROLE CARD

You are working in a residential care home. Today you will be assisting Julie Bates with her breakfast set up. Enter her room, greet her and let her know that it's time for breakfast. Respond to the situation you are presented with.

ROLE PLAY #6 CLIENT ROLE CARD

Your name is Julie Bates. After the HCA lets you know that it's time for breakfast, tell her you don't feel hungry. When the HCA follows up, tell her that you have a stomach ache.

CLIENT PROFILES

ROLE PLAY #1 - CLIENT PROFILE

Jenny Smith is a 76 year old female who lives alone.

Health Challenges / Diagnosis: Diabetes, neuropathy, significant visual impairment, history of falls, history of depression

ADLs: Partial assist with personal care

Mobility: One person assist with walker, unsteady on feet, history of falls

Nutrition: Diabetic diet, receives Meals on Wheels, family sometimes brings food (sweets), Jenny occasionally skips meals

Communication: English

ROLE PLAY #2 - CLIENT PROFILE

Harpreet Kaur is a 92 year old female living in an assisted living residence.

Health Challenges / Diagnosis: Parkinson's Disease with history of falls, arteriosclerotic heart disease, orthostatic hypotension

ADLs: Supervision in bathroom, requires cueing, appropriate cultural attire, raised toilet seat, meal set up

Mobility: Uses four-wheeled walker

Nutrition: Soft diet with fluids, plate protector, adaptive utensils, cup with lid

Communication: Speaks Punjabi or English

Cultural: Attends temple every Sunday

ROLE PLAY #3 CLIENT PROFILE

Alicia Smith is a 42 year old female client who lives in a group home.

Health Challenges/Diagnosis: Ataxic cerebral palsy, expressive aphasia

ADLs: Full assist with personal care

Mobility: Risk of falls, assist with range of motion exercises

Nutrition: Soft diet, encourage small snacks throughout the day

Communication: Understands English, uses gestures to communicate when hungry

ROLE PLAY #4 CLIENT PROFILE

Jagdish Dhaliwal is a 73 year old male in hospital following hip replacement surgery.

Health Challenges/ Diagnosis: Osteoarthritis, history of falls, CVA at age 68, dysphagia

ADLs: Assist client to sit (dangle) at side of bed (Q.I.D), One-person assist for dressing, assist with mouth care, commode for toileting, deep breathing and coughing exercises

Mobility: Two-person assist to dangle and commode

Nutrition: Thickened fluids, dysphagia diet, cultural food preferences

Communication: Speaks Punjabi and English

ROLE PLAY #5 CLIENT PROFILE

Rosa Martinez is a 79 year old female who lives in an assisted living residence.

Health Challenges / Diagnosis: Blind due to glaucoma, history of urinary tract infections

ADLs: Requires partial assistance with personal hygiene

Mobility: Uses white cane, assist with walking

Nutrition: Assist with meal set up/eating, record fluid intake, cranberry juice with meals

Communication: Speaks Spanish and English

ROLE PLAY #6 CLIENT PROFILE

Julie Bates is an 88 year old female who lives in residential care.

Health Challenges / Diagnosis: Arthritis, esophageal reflux, constipation, hemorrhoids

ADLs: Partial bath, set up with meals, assist with hearing aid and glasses

Mobility: Uses four-wheeled walker, assist with mobility

Nutrition: Low fibre diet, small appetite, encourage to drink fluids

Communication: Speaks English, shy and doesn't like to bother staff

Other: Last recorded bowel movement was four days ago

4. 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 six 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 regarding 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 following page), provides caregivers with a metaphor that may be helpful as they work closely with clients and families.

Have students read the description of "The Dance" 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 caregiver behaviours, such as those described, that reflect lack of perspective? How would a caregiver 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 caregiving contexts (e.g., with clients who are vulnerable but not necessarily dying)?

STUDENT HANDOUT

"The Dance" by Elizabeth Causton[16]

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

[16] Causton, Elizabeth. (2003) The Dance. In M. Cairns; M. Thompson; W. Wainwright (Eds.), *Transitions in Dying and Bereavement: A Psychosocial Guide for Hospice and Palliative Care.* (pp.202-203) Baltimore, MD: Health Professions Press.

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.

Elizabeth Causton

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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" caregiver in terms of the person's:

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

   Each student should reflect on their strengths as a caregiver 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).

ONLINE RESOURCES

ALS Society of Canada. http://www.als.ca

Arthritis Society of Canada. http://www.arthritis.ca

Association of Canadian Community Colleges and Canadian Association of Continuing Care Educators. (2012). *Canadian educational standards for personal care providers.* https://www.collegesinstitutes.ca/wp-content/uploads/2014/05/Reference-Guide_Canadian-Educational-Standards-for-Personal-Care-Providers_ACCC.pdf

BC Centre for Disease Control. (2014). Syphilis rates continue to rise in Vancouver. http://www.bccdc.ca/news-releases-site/Pages/2014/news-alerts/Syphilis-rates-continue.aspx

British Columbia Hospice Palliative Care Association. https://bchpca.org/

Canadian Cancer Society. http://www.cancer.ca

Canadian Diabetes Association. http://www.diabetes.ca/

Canadian Hospice Palliative Care Association. http://www.chpca.net

Canadian Liver Foundation. http://liver.ca/

Canadian Lung Association. http://www.lung.ca

Dying with Dignity Canada. http://www.dyingwithdignity.ca/

Health Canada. (2016). End of life care. http://www.hc-sc.gc.ca/hcs-sss/palliat/index-eng.php

HealthLinkBC. http://www.healthlinkbc.ca/

HealthLinkBC. (n.d.). Seniors' health. https://www.healthlinkbc.ca/health-topics/common-health-concerns/seniors

Heart and Stroke Foundation. www.heartandstroke.bc.ca/

Kidney Foundation of Canada. http://www.kidney.ca/

Mayo Clinic. (2017). Diseases and conditions. http://www.mayoclinic.org/diseases-conditions/index?letter=A

Multiple Sclerosis Society of Canada. http://www.mssociety.ca

Muscular Dystrophy Association. https://www.mda.org/

Osteoporosis Canada. http://www.osteoporosis.ca

Pacific AIDS Network. http://pacificaidsnetwork.org/

Pain BC. http://www.painbc.ca/

Parkinson Society British Columbia. http://www.parkinson.bc.ca/

Palliative Care Alliance. (2012). *Quality palliative care in long term care alliance: Personal support worker competencies.* https://accreditation.ca/sites/default/files/palliative_care_psw_competencies.pdf

Victoria Hospice. http://www.victoriahospice.org/

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

SuperTeacherTools: https://www.superteachertools.us/#.

- Instructors can use this site to create customized games for classroom use. Styles include Jeopardy, Who Wants to be a Millionaire and Speed Match.

Canadian Virtual Hospice. (2016). Livingmyculture.ca. http://livingmyculture.ca/culture/

- A series of online videos discussing quality palliative care for people from the following cultures: First Nations, Inuit, Metis, Chinese, Ethiopian, Filipino, Indian, Iranian, Italian, Pakistani, Somali (Videos range from 2-25 minutes).

Life and Death Matters. (2015). Boundaries and self-care in hospice palliative care. https://www.youtube.com/watch?v=wSb_O6_E7_A&feature=em-share_video_user

- Author Elizabeth Causton discusses the importance of boundaries and self-care for those working in palliative care (25 minutes for review and discussion).

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).

<u>Strategies that focus on caring</u>

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 caregiver 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 caregiver practice. Each group will report back to the whole class.

3. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, ask students to review relevant textbook, online or other course material related to communicating with clients with dementia. [17]

Whole Class and/or Small Group Activity

In class, briefly review the challenges to communication experienced by clients with dementia. Following this, create a table with three columns on the white board (or use the STUDENT HANDOUT supplied on the following page).

First Column: To provide a meaningful context for this activity, the communication challenges experienced by the unfolding case study client, Peter Schultz, can be listed.

Second Column: For each challenge listed, ask the students to consider the potential impact on the client (and his family) and list them.

Third Column: List communication strategies that could be used by the HCA to address the challenge and reduce the potential impact. The instructor may wish to complete a few full examples through each of the columns and then ask the students to complete the remaining items in a small group.

Throughout the activity and/or during the debrief, highlight further communications challenges and strategies that were not listed.

[17] The following resources could also be referenced:

- Alzheimer Society of BC. (2015). Ways to communicate. Retrieved from http://www.alzheimer.ca/en/bc/Living-with-dementia/Ways-to-communicate
- Alzheimer Society of BC. (2015). Tips for communicating with a person with dementia. Retrieved from http://www.alzheimer.ca/en/bc/Living-with-dementia/Ways-to-communicate/Tips-for-communicating-person-with-dementia

STUDENT HANDOUT

Communication Challenges / Impact - Supporting Clients with Dementia

Communication Challenges – Peter Schultz[18]	**Impact on the Client and/or Family**	**Strategies – HCA**
1. Difficulty initiating or following conversations.		
2. Difficulty following instructions or rules related to a game or activity.		
3. Difficulty understanding written material or communicating in writing.		
4. Expressing confusion and/or the inability to understand what is being said.		
5. Expressing resistance when directed to complete tasks related to personal care and hygiene.		
6. Expressing anger and frustration related to the loss of ability to complete formerly known / routine activities (e.g., household repairs and maintenance).		

[18] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.* This material is licensed under a **Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0)**

4. Ambiguous Loss and Grief Discussion Activity[19]

Using the document, *Ambiguous loss and grief: A resource for health-care providers,* available online at the Alzheimer Society of Canada website at http://www.alzheimer.ca/~/media/Files/national/For-HCP/for_hcp_ambiguous_loss_e.ashx as reference, introduce the concept of ambiguous loss and grief to the class.

Explain that this document is intended to help health-care providers, Alzheimer Society staff and volunteers gain a better understanding of how loss and grief affect people with dementia and their family caregivers. It provides useful strategies to assist families with their multiple losses and grief and to help caregivers stay connected with the person with dementia, while building strength and resilience as the disease progresses.

Using the discussion guide provided below, explore the following questions with the students:

- What is ambiguous loss and grief?
- Why is ambiguous loss and grief different from other types of grief?
- How can HCAs provide support to individuals and families experiencing ambiguous loss and grief?

Invite students to share their response to the questions listed above. As ideas are forthcoming, write them on the whiteboard or flipchart. Use the discussion guide to highlight any items that were not considered.

Note: To promote discussion, the instructor may wish to prepare a few copies of the document to share with the class. Students could also be asked to review the document as a homework assignment prior to the class discussion. To support a professional approach to practice, students could be provided with a link to the document for reference during their clinical placement and after completion of the program.

DISCUSSION GUIDE
Ambiguous Loss and Grief

What is ambiguous loss and grief?

- Ambiguous loss is a type of loss that happens when a person with dementia is physically present, but is experiencing changed cognitive abilities.
- A family member caring for a person with dementia may experience ongoing stress and grief due to the ambiguous loss of having a spouse or parent still here, but not present in the same way as before.

Why is ambiguous loss and grief different from other types of grief?

- When a person is bereaved, they are likely to receive support from family and friends, and may eventually find closure through the natural grieving process.
- Ambiguous loss complicates grief. It's often hard for a caregiver to know whether or how to grieve.
- Many aspects of the person with dementia are lost, but some remain. Family and friends may not recognize the caregiver's need to grieve the many losses at different stages of the disease and receive support while the person with dementia is alive.
- The caregiver may feel like he or she is living in limbo, unable to fully grieve or resolve the losses that have already occurred while anticipating other losses that lie ahead.

How can HCAs provide support to individuals and families experiencing ambiguous loss and grief?

- Be sensitive to a wide range of caregiver grief reactions, including sadness, anger, anxiety, ambivalence, guilt, denial and helplessness.
- Use empathetic listening skills.
- Validate the person's feelings and experience in a non-judgmental way.
- Acknowledge and affirm caregivers' strengths, success and resilience in coping with losses and adapting to changes.
- Help families and individuals recognize and understand the feelings of ambiguous loss and work through them with the help of Alzheimer Society staff or other health-care providers.
- Provide strategies to help caregivers learn how to live with ambiguous loss, and remain healthy and resilient.
- Help caregivers find creative ways to engage with the person with dementia.
- Make a referral to the Alzheimer Society of B.C.
- Encourage caregivers to practice good self-care, for example by staying socially and physically active, eating well and engaging in the spiritual or religious practices that are important to them.

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

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

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

1. For clients with dementia, reality orientation is more effective than validation therapy.
2. A client demonstrating responsive behaviours should be moved from a communal setting to a quiet room.

2. Supporting Clients with Dementia

As a homework assignment, have students read relevant course or online materials describing challenges that may be experienced by people with dementia and their families and the role of the HCA in responding with appropriate care and support.

A. Whole Class Reading and Discussion

Using the STUDENT HANDOUT below, read one of the following scenarios and use it as an example. Then have the students identify key information / observations from the scenario and list it in the first column. Following this, have students identify important considerations that could provide context for the situation and list them in the second column. Lead the students in a discussion about how they, as HCAs, would respond to the situation (A DISCUSSION GUIDE has been provided on p. 122).

B. Small Group Activity

Divide the class into small groups, assigning each group one of the remaining scenarios. Using the handout provided below, the students should identify key information and considerations. The students should then identify how they, as HCAs, could respond to the same situation.

C. Whole Class Activity Debrief

Come back together as a class and have each group report on the key information, considerations and potential responses identified. Use the Discussion Guide to highlight any that were not identified.

STUDENT HANDOUT

Scenarios: Supporting Clients with Dementia[20]

DIRECTIONS: Identify key information / observations from the scenario and list in the first column. Next, identify important considerations that could provide context for the situation and list them in the second column. Finally, consider how to best respond to the situation.

Example - Scenario 1:
It is 1 pm – time for Jean's scheduled bath. Although she willingly goes to the bathing room with her regular HCA, she pulls away and cries out when the HCA starts to remove her clothing. She becomes extremely agitated and the HCA is unable to calm her and continue with the bathing process. For the third week in a row, Jean returns to her room without bathing.

Key Information	Considerations	HCA Response
• *Jean has become too agitated to have her bath.* • *This is the third week in a row that this has happened.*	• *What time of day did Jean usually bathe when she lived on her own? Could her bath time be adjusted?*	• *How would I respond?*

Scenario 2: *Mary usually goes to bed around 8 p.m. but always gets up at 2 a.m. and wanders the halls. When staff take her back to bed, she gets up again, saying she has to take care of the baby.*

Key Information	Considerations	HCA Response

Scenario 3: *Fiona has lived at a care home for the past two years. She has Alzheimer's disease and now requires full assistance with personal care and dressing. She used to be a very classy lady – everything matching, make-up always impeccable. Her daughter, Marjorie, is having a hard time adjusting to her mother's changing abilities.*

Today the HCA, Maria, came in to help Fiona get ready for the day and Fiona was already dressed. Maria noticed that the buttons of her blouse were done up incorrectly and her clothing neither matched, nor was particularly clean. She had brushed her hair, leaving a large piece sticking up at the back. Maria was thrilled that Fiona had dressed and groomed independently and chose to leave Fiona's hair and clothing as it was, saying, "Fiona, you look nice today. I like the blouse you've chosen!" Later in the day when Marjorie visited, she was furious that staff had not "corrected" her mother's outfit and hair.

Key Information	Considerations	HCA Response

Scenario 4: *Albert is a newly graduated HCA. He feels fortunate to have secured full-time employment at a fairly new long-term care facility. During his HCA program, Albert took pride in taking the time to apply a person-centered approach with each of the clients he supported. Despite his training and a sincere desire to help, he quickly feels discouraged and overwhelmed by the large workload and the attitudes of his colleagues, who Albert considers to be too "task focused." He does not feel that he is able to use anything he learned, since every minute of his day is spent racing through a series of tasks.*

Key Information	Considerations	HCA Response

DISCUSSION GUIDE[21] - Supporting Clients with Dementia

Key Information	Considerations and Potential Responses
• Jean has become too agitated to have her bath. • This is the third week in a row that this has happened. • It happens in the bathing room. • Her regular HCA is the only one involved so far. • It seems that she doesn't want her clothing removed. • It is going to require some kind of intervention soon, since she has not had a bath for three weeks now.	• What time of day did Jean usually bathe when she lived on her own? Could her bath time be adjusted? • Has another HCA tried to bathe her? Perhaps Jean feels shy with the regular HCA for some reason. • How did the HCA approach Jean before attempting to remove her clothing? Could she have moved more slowly or communicated her plans more clearly? • Is Jean warm enough? If she is cold, perhaps this accounts for her reluctance to have her clothing removed. Check the temperature of the room. You could try wrapping her in a large warm towel before removing the clothing underneath. Is it necessary to remove her clothing or could she sit in the tub with her clothing on? • What is the bathing room like? Is it bare and sterile looking? Could it be painted a warmer colour? Would adding candles, plants or calling it the "spa room," make it more inviting?
• It is difficult to keep Mary in bed after 2 a.m. • Mary gets up and starts to wander the halls at 2am. • Only the night staff is involved; Mary does not go into the rooms of the other residents. • According to Mary, the reason is that she needs to take care of the baby. • It may not require intervention. If Mary is not upset, if she is safe, and if she is not disturbing others, there may not be a concern.	• Is Mary getting too much sleep? Perhaps Mary could go to bed later. She is getting 6 hours of sleep, which may be enough for her. Perhaps Mary needs to walk off her extra energy and will then return to bed quietly on her own. • Staff might offer to walk with her. This could be reassuring to her, and might calm her down enough so that she feels ready to go back to bed. • Is Mary experiencing pain? If she is taking painkillers, her medication may have worn off by 2 a.m. • Is there a regular sound that occurs around 2 a.m. (e.g., staff doing rounds, something outside the building, or a furnace that starts noisily)? Something specific may be waking her up. • Does Mary have to go to the bathroom? She may be getting up because she needs to go to the bathroom, but then gets side tracked as she heads down the hallway. Try limiting her fluid intake at night. • Is Mary hungry? Staff could place a snack by her bedside, which may redirect her and prevent her from leaving her bed. • If Mary is worried about her baby, staff may tell her not to worry about the baby – a friend is caring for the baby tonight. • She may calm down if given a doll and then returned to bed. If a doll is used, Mary's family should be informed. Despite the efficacy of using dolls for some people with more advanced dementia, families may see it as disrespectful or feel that their family member is being treated like a child if they do not understand why this approach is being taken.

• Marjorie is very upset with what she perceives to be the "poor care" her mother is receiving. • Though this is not typical, Marjorie may think that variations of this scenario occur periodically. • This is a situation involving Marjorie and the care staff. Fiona is happy.	• Maria recognizes that Fiona's actions today were significant since she has not dressed or groomed herself without help for some time. She knows that people with dementia, like everyone else, want to feel productive and her response was aimed at enhancing Fiona's dignity. • Although Fiona has lived at the care home for a couple of years, Marjorie may still be grieving her mother's loss of freedom or her own inability to care for her. She may be feeling like she has broken a promise by admitting her mom into a care home. She may be experiencing grief over the loss of her mother, as she once was. • Her mother is changing and Marjorie may feel that her mother is slipping away - the way she dresses herself feels like proof of that. She may feel that allowing her mother to be seen in an "unkempt way" robs her of her dignity as her appearance was always so important to her. • Families experience a unique kind of grief in these situations, since the person with dementia is still alive. This grief is not typically acknowledged or validated by others, who may even say things like, "At least you still have your mother." • Perhaps the best gift Maria, or another staff member, could give Marjorie would be to name the grief and empathize. "It's so hard seeing the changes in your Mom, isn't it? It's like one long grieving journey." • Marjorie could connect with the Alzheimer Society of B.C. It might help to talk to someone separate from the home, or even to attend a support group. • The goal for Maria and the staff should be to collaborate with Marjorie in Fiona's care. The best way to do that is through compassion. Getting upset with Marjorie because she doesn't understand what an accomplishment her Mom's dressing was, or dismissing her "obnoxiousness" by saying she is in denial, only serves to further antagonize the situation.
• The biggest challenge for Albert will be to maintain resilience. He will need to accept the situation at the facility, but work to make small changes. He cannot change the workload; he can change his attitude. Perhaps others will follow suit over time. • Albert may face discouragement from other people he works with. It might be hard to feel like he is the only person wanting to make a difference.	• Despite his new job being task-oriented, Albert can still work to accomplish these tasks with kindness and respect for the clients he is caring for. His sincere desire to know as much as possible about his clients will help him to use a person-centred approach. • Using a person-centred approach might even help him reduce responsive behaviours, taking less time over all. • Albert might find opportunities to share his learning or successes with his colleagues at staff meetings, huddles, or through the communication book. • Over time, Albert may be able to find opportunities to support newer staff to contribute to a better culture. • If Albert sees situations or behaviours that are of concern, or if he is concerned about workload, he can speak to his supervisor and/or union. • Albert may decide to find a job where his values and the workplace culture are a better fit.

3. Person-Centred Care in Practice[22]

Using the document, *Guidelines for care: Person – centered care of people with dementia living in care homes framework,* available online on the Alzheimer Society of Canada website at: http://www.alzheimer.ca/~/media/Files/national/Culture-change/culture_change_framework_e.pdf as reference, explore the role of the HCA in providing person-centered care to clients with dementia.

1. Whole Class Review and Discussion

Ask the students to respond to one or more of the following questions:

- What is person-centered care?
- How can health care staff provide person-centered care for clients with dementia?
- What does it mean to understand the reality of someone with dementia?
- Is it possible to provide person-centered care if you don't know anything about dementia and how it progresses?
- How can you involve family?
- How can you provide choices to the person who appears unable to choose and why is this important?
- How would you respond to the following statement: "*Come on, Sweetie. Let me help you get dressed".*

As ideas are forthcoming, write them on the whiteboard or flipchart. Use the DISCUSSION GUIDE provided below to highlight any items that were not considered. Discuss terms commonly used to address clients (e.g., love, dearie, etc.) and discuss why they are not appropriate. Ask students to identify appropriate ways to address clients (e.g., according to preference, culture, formality, etc.).

2. Small Group Activity

Divide the class into small groups. Ask the students to read the scenario on the following STUDENT HANDOUT, and respond to the discussion questions provided. To support completion of the small group activity, ensure that students are able to link to the reference document or provide printed copies.

3. Whole Class Activity Debrief

Briefly come back together as a group and have each group report on their responses. Use the DISCUSSION GUIDE to highlight any considerations that were not identified.

STUDENT HANDOUT

Scenario: Person-Centred Care in Practice [23]

DIRECTIONS: Read the scenario and respond to discussion questions provided. While completing this activity, you may wish to refer to *Guidelines for care: Person – centered care of people with dementia living in care homes framework*, available online on the Alzheimer Society of Canada website at: http://www.alzheimer.ca/~/media/Files/national/Culture-change/culture_change_framework_e.pdf.

Mr. Peterson has moderate dementia and has particular difficulty with his language. He never participates in any of the activities that the facility organizes. Today he walked over to the activity room and sat down at a table by himself. The recreation therapist, Dawn, asked one of the HCAs to take him back to his room. "He never participates anyway, so he probably just got lost," she tells the HCA.

Small Group Discussion Questions:

1. Is this a person-centered response? Why / why not?

2. How could the HCA respond to Dawn's statement and the situation?

3. If Dawn or the HCA were to involve Mr. Peterson in the activity, what should they consider? (refer to p. 31 of *Guidelines for care: Person – centered care of people with dementia living in care homes framework*)

4. Why is meaningful activity critical to a person-centered approach? (refer to p. 28-30 *Guidelines for care: Person – centered care of people with dementia living in care homes framework*)

5. How could the HCA provide opportunity for meaningful activity while assisting Mr. Peterson with his activities of daily living (e.g., during the morning care routine)?

6. How can you provide choices to the person who appears unable to choose and why is this important?

DISCUSSION GUIDE
Person-Centered Care in Practice

Person-Centered Care

- Focuses on the individual, rather than the condition.
- Focuses on the person's strengths and abilities, rather than their losses.
- Recognizes that the personality of the person with dementia is not lost, just increasingly changed by the disease.

How can HCAs provide person-centered care for people with dementia?

- Focusing on people with dementia as individuals – understanding the person's history, values, likes and dislikes.
- Trying to understand each person's reality.
- Remembering that all behaviour has meaning.
- Mastering effective and meaningful communication.
- Recognizing every person's potential to engage socially and spiritually.
- Talking to and about the person with dignified, non-judgmental and respectful language.
- Providing choices, taking the person's wishes into consideration and obtaining consent, if possible.
- Recognizing feelings and providing support.
- Demonstrating empathy.
- Involving and supporting family and friends.
- Focusing on bringing out the best in the person and helping them to have a "good day."
- Bringing these values into the last stages of dementia and the end of life.

What does it mean to *understand* another person's reality?

- A person's reality does not actually have to be objectively real to be their reality.
- It is not helpful to try to "set the person straight" about what is really happening.
- Sometimes understanding the world from the perspective of the person with dementia means not only speaking to them, but also to family and friends and being attentive to non-verbal cues. It helps to have a sense of where a person's memory is at any given time. Putting their reality into a context of time and place can help you understand their reality; for example, if a person is talking or acting like they are in their 30s, it might make sense that they are talking about having a young daughter.

How can you involve and support family and friends?

- First and foremost, the staff needs to recognize what a move to long term care might represent for a family or care partner.
- HCAs should recognize that grief is a constant companion for families who are on the dementia journey.
- Families are valuable members of the care team.
- Families provide a sense of continuity for the person with dementia and can familiarize staff with the person's likes and dislikes, values, wishes and personality.

- A collaborative relationship with families benefits the person with dementia, their family members and the staff of the care home.
- Some families will be very difficult, for a variety of reasons. A referral to counseling or the Alzheimer Society of B.C. might be the best choice under such circumstances.

"Come on, sweetie. Let me help you get dressed." Is there anything wrong with this statement?

- Ask yourself if referring to someone under your care as "sweetie" is dignified and respectful.
- Do you talk to your parents that way?
- Most care staff would say that using endearments like "sweetie," "dear," "honey," or "mama" is not done with bad intentions. They want to be nurturing, which is a commendable intention. But these terms are likely not appropriate under the circumstances.
- What are other ways that you can be nurturing, yet respectful of the person's dignity?

Would you say Dawn is providing person-centred care? Please explain why you answered the way you did.

- This is *not* person-centred care.
- Dawn does not speak to Mr. Peterson– she talks *about* him to the HCA, as if he was not there.
- Just because he hasn't participated in the past does not mean that he can't change his mind and decide to participate today. Dawn is disregarding Mr. Peterson's potential to engage socially.

How can you provide choices to the person who appears unable to choose? Why is this important?

- Choice is a key component of personal agency; we are able to make choices for ourselves as adults. Removing any sense of choice from the person with dementia robs them of their independence.
- You can incorporate the values, beliefs, cultural and spiritual backgrounds of people with dementia and their families into the planning and delivery of care.
- You can recognize that dementia does not diminish a person. Rather, it changes the person's capacity to interact with his/her environment.
- As dementia progresses and it becomes increasingly difficult to obtain fully informed consent from people with dementia, it is still possible to involve them in the decision-making process to some extent. Keep them informed and find out from their family, representative or temporary decision maker what their preferences are.
- Respect dissent. This is often expressed through behaviour, like turning their head away, biting, pushing or walking away.
- Frame your words and actions in "choice" language, so even if you really are only offering one choice, it still appears to be a choice and not an imposition.

Strategies that focus on professional approaches to practice

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

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

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

    What personal and professional caregiver characteristics would be most valuable when working with individuals with mental illness? Encourage them to consider characteristics related to:

    - Personality/temperament
    - Knowledge about mental health
    - Perceptions of people with mental health disorders
    - 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 illness?

2. Addressing Myths and Stigmas - Promoting Person-Centred Language

As a homework assignment, have students review relevant textbook, online material[24] or other course information describing myth and stigma associated with dementia and mental health.

A. In class, discuss language and terms that contribute to myth and stigma.

B. Using the STUDENT HANDOUT, have students work in partners or small groups and consider the following questions for each scenario:

    1. How does the language and/or actions presented in the scenario contribute to myth and stigma associated with dementia or mental health disorders?
    2. What do you think your immediate reaction to this situation would be?
    3. How could you use assertive communication to respond to the situation?

C. After coming back together as a class, discuss possible responses to each situation, such as checking the behaviour immediately, paraphrasing back using person-centred language, gently explaining why the language is not appropriate, providing an alternative communication strategy, etc.

[24] Alzheimer Society of Canada (2011). Person-centered language. http://www.alzheimer.ca/~/media/Files/national/Culture-change/culture_person_centred_language_2012_e.pdf

Heretohelp (2014). Stigma and discrimination around mental health and substance use problems: http://www.heretohelp.bc.ca/factsheet/stigma-and-discrimination-around-mental-health-and-substance-use-problems

STUDENT HANDOUT

Scenarios: Addressing Myths and Stigmas - Promoting Person-Centred Language

DIRECTIONS: Working in partners, read the scenarios and consider the following questions. Prepare to share your answers with the larger group:

1. How does the language and/or actions presented in the scenario contribute to myth and stigma associated with dementia or mental health disorders?
2. What do you think your immediate reaction to this situation would be?
3. How could you use assertive communication to respond to the situation?

You are a HCA working in an acute care setting. Mr. Edwards, a 72 year old man diagnosed with Alzheimer Disease, has been admitted to the unit following a hip fracture. One of your colleagues has limited experience working with people who have dementia; you notice he tends to talk "over" Mr. Edwards instead of including him in conversations. He also uses terms such as "senile" and "demented" when referring to Mr. Edwards.

You are a HCA program graduate who has recently been hired at a residential care facility. When working with your new colleague, Sharon, you notice that she refers to the number of "feeders" that she will be assisting during lunch.

You are a HCA working in an assisted living home. You have been assigned to mentor John, who is a HCA student from a local college. One day while working with John, he refers to Betsy Smith, a client who is living with schizophrenia, as "the schizophrenic."

You are a HCA student working at your first clinical placement. One day, while working with a staff member, you refer to the client you are working with as a past "user." The staff member looks alarmed and rebukes you quite sharply for using this term.

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 or a Mental Health Disorder- 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 (e.g., 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 or mental health disorders. The online resources provided for this course will be particularly useful in preparing for this assignment (Learning Outcome #1 and #2). Refer to Section 4: Sample Tools (p.184).

4. An assignment where students, working in small groups, research a mental health disorder 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 disorder 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.

ONLINE RESOURCES

Alzheimer Society. (2013). *Ambiguous loss and grief: A resource for health –care providers.* http://www.alzheimer.ca/~/media/Files/national/For-HCP/for_hcp_ambiguous_loss_e.pdf

Alzheimer Society. (2013). *Ambiguous loss and grief in dementia: A resource for individuals and families.* http://www.alzheimer.ca/~/media/Files/national/Core-lit-brochures/ambiguous_loss_family_e.pdf

Alzheimer Society. (2012). *Person-centred language.* http://www.alzheimer.ca/~/media/Files/national/Culture-change/culture_person_centred_language_2012_e.pdf

Alzheimer Society British Columbia. http://www.alzheimerbc.org/

Alzheimer Society Canada. http://www.alzheimer.ca/en

Alzheimer Society Canada. (2016). Guidelines for care: Person-centred care of people with dementia living in care homes: Executive summary. http://www.alzheimer.ca/en/We-can-help/Resources/For-health-care-professionals/culture-change-towards-person-centred-care/guidelines-for-care

Alzheimer Society Canada. (2013). Living with dementia: Grieving. http://www.alzheimer.ca/en/Living-with-dementia/Grieving

Bartlet, S. & LeRose, M. (2007). Beyond memory: A documentary about dementia (Film). *National Film Board of Canada.;* Knowledge Network (B.C.); Alzheimer Society of B.C.

BC Mental Health & Substance Use Services. http://www.bcmhsus.ca/

British Columbia Schizophrenia Society. http://www.bcss.org/

BC Provincial Mental Health and Substance Use Planning Council. (2013). *Trauma-informed practice guide*. http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Canadian Association for Suicide Prevention. http://suicideprevention.ca/

Canadian Mental Health Association. http://www.cmha.ca/

Canadian Mental Health Association of BC. (2010). *Visions – older adult immigrants and refugees*. http://www.heretohelp.bc.ca/visions/older-adult-immigrants-and-refugees-vol6

Canadian Review of Alzheimer's Disease and Other Dementias. http://www.stacommunications.com/adreview.html

Carreiro, D. (2013, October 15). Suicide rates climb among elderly in Canada. *CBC News*. http://www.cbc.ca/news/canada/manitoba/suicide-rates-climb-among-elderly-in-canada-1.2054402

Government of British Columbia. (1996). Mental health act. http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01

Government of British Columbia. (n.d.). Protection from elder abuse and neglect. http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/protection-from-elder-abuse-and-neglect

Island Health. (2013). Dementia and families. http://viha.ca/seniors/dementia.htm

Island Health. (2013). Adult abuse and neglect. http://www.viha.ca/abuse/

Mental Health Commission of Canada. http://www.mentalhealthcommission.ca/

Mood Disorders Society of Canada. https://mdsc.ca/

Office of the Seniors Advocate British Columbia. (2016). *Resident to resident aggression in B.C. care homes.* https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2016/06/SA-ResidentToResidentAggressionReview-2016.pdf

Programs for Elderly. (n.d.). Documentary library. http://www.programsforelderly.com/index-documentaries-subpage.php

Provincial Violence Prevention Curriculum. http://heabc.bc.ca/Page4272.aspx#.VKc6d5UWK00

Schizophrenia Society of Canada. http://www.schizophrenia.ca

Seniors First BC. http://seniorsfirstbc.ca/
*Formerly the BC Centre for Elder Advocacy & Support

Simon Fraser University Centre for Applied Research in Mental Health and Addiction. http://www.sfu.ca/content/sfu/carmha.html

Statistics Canada. (2013). Canadian community health survey: Mental health, 2012. http://www.statcan.gc.ca/daily-quotidien/130918/dq130918a-eng.htm

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

Wong, S., Gilmour, H. & Ramage-Morin, P. (2016). Alzheimer's disease and other dementias in Canada. *Health Reports,* 27 (5), 11-16. Statistics Canada.
http://www.statcan.gc.ca/pub/82-003-x/2016005/article/14613-eng.pdf

WorkSafeBC. (n.d.) Working with people with dementia.
https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/working-with-people-with-dementia

WorkSafeBC. (2010). Dementia: Understanding risks and preventing violence.
https://www.worksafebc.com/en/resources/health-safety/books-guides/dementia-understanding-risks-and-preventing-violence?lang=en

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

Alzheimer Society of Ontario. (n.d.). Me & U First! Modules.
http://u-first.ca/u-first-curriculum/me-u-first-modules-english/

- Eight modules about caring for people with dementia using the using the P.I.E.C.E.S. model.

British Columbia Schizophrenia Society. (2014). Gerrit Clements – Lawyer and health law consultant – BC mental health law.
http://www.bcss.org/resources/topics-by-audience/family-friends/2014/06/gerrit-clements-lawyer-and-health-law-consultant-bc-mental-health-law/

- A video recording of an interview about involuntary admission under the Mental Health Act (58 minutes). A list of interview topics is included on the webpage.

Canadian Mental Health Association. (n.d.). Myths about mental illness. http://www.cmha.ca/mental_health/myths-about-mental-illness/

- ❖ A list of 10 common myths and facts about mental illness, along with a brief discussion about what we can do to challenge attitudes and behaviours related to mental illness (15-20 minutes).

Home Instead Senior Care. (2017). Alzheimer's disease or other dementias CARE: Changing aging through research and education. http://www.helpforalzheimersfamilies.com/alzheimers-dementia-education/

- ❖ A series of online modules that can be used to understand dementia. Each session can be completed within 5-15 minutes.

Island Health. (n.d.). Dementia and families. http://viha.ca/seniors/dementia.htm

- ❖ A variety of links and resources, including three videos about dementia and caregiving (10 minutes per video).

Rossato-Bennett, M., McDougald, A., Scully, R. K., Cohen, D., Sacks, O., McFerrin, B., Shur, I. (2014). Alive inside: A story of music and memory. MVD Visual (Film). Available on Netflix.

- ❖ This film can be used as part of a larger discussion on the important of person-centered care, dementia and music (77 minutes).

WorkSafeBC. (2013). Two-person care needs a planned approach. https://www.worksafebc.com/en/resources/health-safety/videos/two-person-care-needs-a-planned-approach

- ❖ A video and discussion guide about how planning two-person care can reduce risk. (10-15 minutes)

WorkSafeBC. (2009). Working with dementia: Safe work practices for caregivers. https://www.worksafebc.com/en/resources/health-safety/videos/working-with-dementia-safe-work-practices-for-caregivers/introduction?lang=en

- ❖ A series of six videos and a discussion guide describing how to care for people with dementia (10-15 minutes per video).

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:

    - Discuss this statement: Careful and consistent hand-washing is one of the most caring things you can do for yourself and your client. (Consider: Diseases like norovirus may have short term effects for workers, but be fatal to clients).

    - How is being concerned about safety related to caring? (Consider: Your safety and the safety of your client are linked. If you are hurt physically or psychologically, the care that you provide will be affected. If you are injured, you won't be there to provide care at all).

    - 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 caregiving 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 to discuss their experience with those who observed the process.

3. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, have students review their client portfolio for Peter Schultz.

A. Whole Class Review

In class, ask students to summarize what they have learned about Peter, highlighting details related to his personal history and family, health care services accessed in community and residential care and his health status.

B. Small Group Discussion

Divide the class into small groups. Have the students read the following scenario describing changes to Peter's health status and response to care. Students will then use the handout on p. 140 to objectively record the observations that have been made. For each observation, the students should list possible responses that fall within the parameters of the HCA role.

C. Whole Class Activity

Come back together as a class and ask the groups to share the observations and responses that were identified, highlighting what should be reported to the team leader. Following this, lead the students in a discussion about possible interventions or adaptations to the plan of care that may be made by a health care professional, based on the observations that have been reported by the HCA. Emphasize how observations shared by HCAs advocate for the client, support a collaborative team approach and lead to safe and effective client care. If time allows, the instructor may decide to develop or update a care plan for this client as a classroom activity.

STUDENT HANDOUT

Unfolding Case Scenario: Changing Client Health Status & Response to Care[25]

DIRECTIONS: Read the following scenario. Then populate the table with observations based on the situation provided. For each observation, list possible responses that fall within the parameters of the HCA role.

You are a HCA who has been working at the same residential care home for the past five years. Today is your first day back after a two month absence and you are assigned to care for Peter Schultz. As you carry out the plan of care, you observe changes in Peter's health status and response to care.

You have always enjoyed providing care for Peter. When he first moved to the care home four years ago, you used several strategies to include him in the morning care routine. He especially enjoyed singing old tunes and reciting poems while you were helping him to get ready for the day. He enjoyed his meals and was a regular participant in the music and exercise programs and daily social hour. You always appreciated Peter's smile and hearing him laugh.

Since Peter has moved to the care home, he has been diagnosed with Alzheimer Disease, in addition to the diagnosis of vascular dementia following a CVA. He now requires full assistance with his activities of daily living and is on a regular toileting schedule. Over the past year, Peter's legs have gotten weaker and he is no longer able to weight bear. He is on medication for blood pressure and bowel control.

Over the past year, Peter has become progressively less responsive during the morning care routine. He says very little and usually just listens as you sing his favourite songs. You have also observed that he smiles less often. Usually, when you try to involve him in simple care-related activities, such as washing his face or combing his hair, he will reach out for the face cloth or hair brush that you offer him, but will not use them unless you guide his hands for him. This morning when you offer him the face cloth, he does not reach out his hand to take it.

Since losing his ability to walk, Peter has used a wheel chair to ambulate. The foot pedals on his chair are removed and he uses his feet or the side rail to move himself up and down the hallway. Today when you look for Peter to bring him to the lunch room, you notice that he has not moved from the place where he was one hour ago. When you assist Peter with his lunch, he doesn't try to hold his cup as he used to. He eats very slowly and clears his

[25] Metzger, Z.B. (2010). *The Last Lap of the Long Run, Addendum to 'On the Long Run': An Account of our Travels with Dementia.*

throat often. You observe that he finishes half of his mashed potatoes, but coughs when you offer him small pieces of minced chicken. He eats all of his chocolate pudding. It takes Peter 55 minutes to eat his lunch.

This afternoon, Eve comes to attend a special music program with Peter. When you walk with her to his room, you find that he has fallen asleep in his chair. Eve tells you that Peter has fallen asleep every day after lunch for the past two weeks. Eve has a difficult time waking Peter up to listen to the guest musicians. It takes an hour for Peter to drink a cup of thickened coffee and when Eve gives him a cookie, it drops out of his hand.

Documenting Observations and HCA Response to Changes

Observation	Response - HCA
Peter did not reach out to take the face cloth when it was offered to him.	*Continue to offer the face cloth to Peter. If he does not reach out for it, place it in his hand and guide him in washing his face.* *Minimize distractions during this care activity.* *Continue to monitor Peter's response to this approach.*

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

1. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of 3-5 students and assign two groups to each of the topics outlined; one group will take a pro position towards the topic and the other group will take a con position.

Ask each group to identify two to three reasons to support the position they have been assigned. Then, with the instructor acting as the moderator, the two groups will engage in a debate using the following structure:

1. Each group provides a brief introduction to their position on the topic.
2. In alternating format, the two groups present the two or three reasons identified to support their position.
3. Each group provides a brief closing statement.

After the debate has concluded, briefly come together as a larger group and summarize the positions that were presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until each student has participated in a debate.

Debate topics for Healing 3: Personal Care and Assistance

1. Past experiences with a client should influence future care provided to that client.
2. Restraints should not be used in residential care settings.

2. 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 and 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).

3. Case Study – Putting Safety into Practice

The following case study is used with permission of Island Health[26].

The case study provided as a STUDENT HANDOUT on the following page 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.

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[26] Island Health. (2012). Changes have been made to the case scenarios and learning activities contained within the original source document (page 87): Health Care Assistant Program Provincial Curriculum (2015) Supplement by the BC Ministry Of Advanced Education, licensed under a Creative Commons Attribution-ShareAlike 3.0 Unported License CC BY-SA 3.0

STUDENT HANDOUT

Putting Safety into Practice[27]

DIRECTIONS: Read the scenario and make notes to consider how to best provide safe care using the 4-step process to ensure patient safety.

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.

Mary confirms instructions for morning care with the RN and finds out from his chart that Mr. Lee requires stand by assistance with his mobility and wears a gait belt[28] while he is walking. Mary confirms that she will observe and supervise while Mr. Lee moves from a sitting to standing position and while he walks from his bed to the bathroom.

Mary begins to set up the space. She gathers towels, a change of hospital gown and toiletries. She looks for his gait 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 process, Mary considers the "Prevent, Check, Respond and Report" steps.

- ✓ ***Prevent*** *- What actions or measures should Mary in place to minimize the chance of a safety event?*

- ✓ ***Check*** *– How should Mary prepare herself, the environment and others before proceeding with the task?*

- ✓ ***Respond*** *– What actions should Mary take to eliminate or minimize an identified safety risk(s)?*

- ✓ ***Report*** *–What and to whom should Mary report about safety concerns or incidents?*

[27] Island Health (2012)

[28] A gait belt may also be called a walking, ambulation or transfer belt, depending on the setting. HCA instructors may wish to lead a discussion about related equipment used by HCAs and other health care professionals in their local health authorities.

DISCUSSION GUIDE
Putting Safety into Practice

✓ **Prevent**
- Wanting to prevent spread of infection, Mary gets a new gait 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 chart to see if Mr. Lee has special precautions to follow (e.g., gowning).
- She checks how she is feeling – able to focus? Able to perform safe body mechanics?
- Using her Health Authority's pre-mobility check (e.g., cognition, cooperativeness and physical ability), Mary confirms no changes to patient abilities from what the 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.
- As per his chart, Mr. Lee has a gait belt on in case she needs to provide support.

✓ **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.

✓ **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

1. Invite students, working in small groups, to discuss scenarios in which, as HCAs, 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.

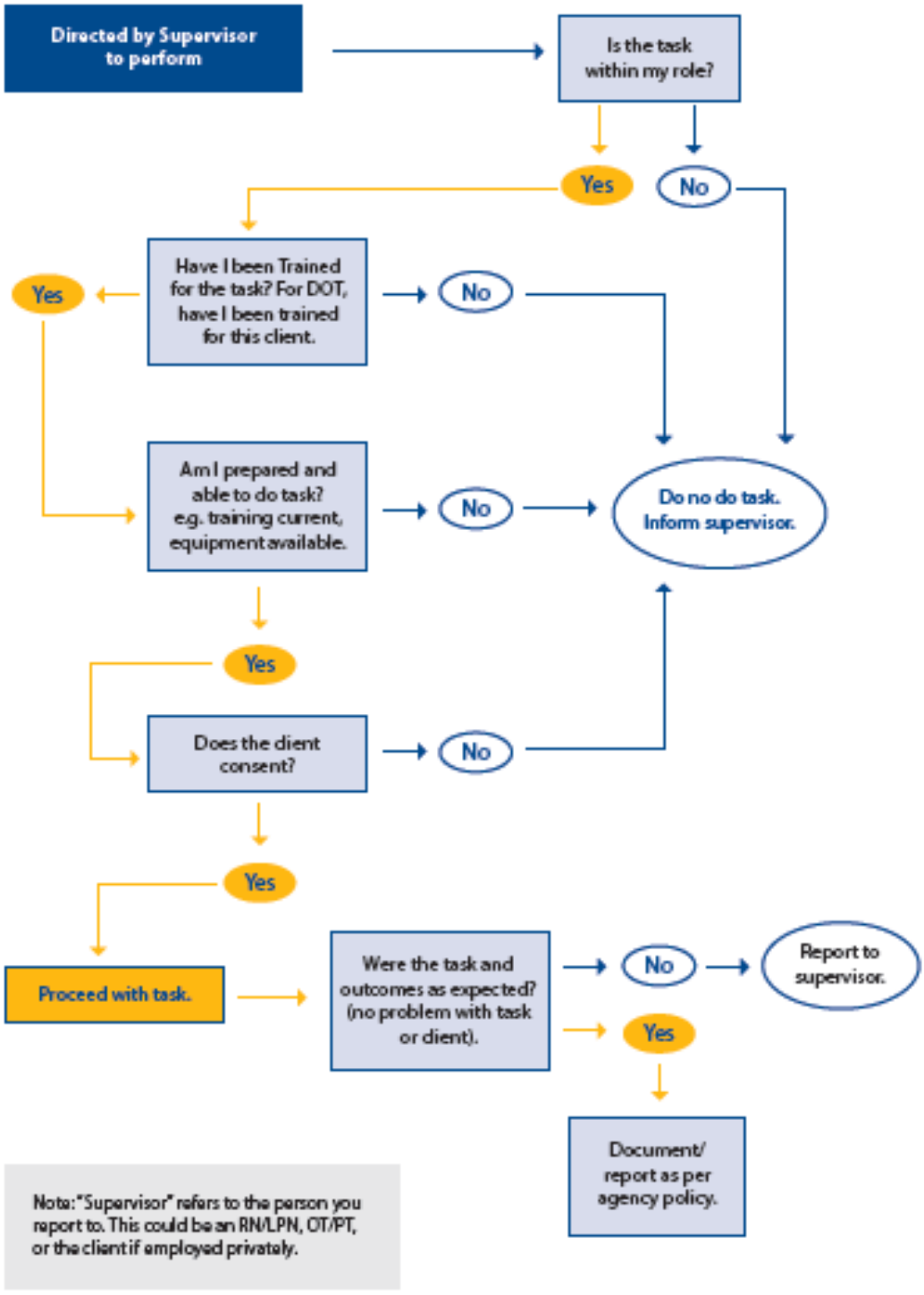
   When you come to their house, Mr. Sihota greets you at the door saying, "Thank goodness you are here. Now you can give my wife her eye drops. I'm no good at that sort of thing and she'll be happier to have you do it."

   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 the 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). Refer to Section 4: Sample Tools (p.184).

3. Prior to the first clinical experience, demonstration of skills performance through an integrated skills practice examination (scenario-based lab skills assessment). 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). Refer to Section 4: Sample Tools (p.184).

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). The questions included in this assessment are not definitive; the program may adapt this tool, as necessary. 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

DIRECTIONS: In addition to conducting the assessment (indicating with a ☑ where met), make comments on safety issues identified (items unmet) and suggest ways that the environment could be made safer for the client/family and members of the health care team.

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 and a fire extinguisher in the house?
- ☐ Are there no indicators of hazardous chemicals in the house?
- ☐ Is it possible to keep the house well-ventilated?
- ☐ Are the materials and equipment required to care for the client (e.g. lift 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 one hour prior)?
- ☐ Are there indicators of use of illegal drugs by anyone in the home?
- ☐ Do you feel safe entering this house?
- ☐ What forms of security are in place to ensure your safety during the visit (e.g., locks, escape routes, mechanism for communication with your supervisor/employer)?
- ☐ Do you feel safe while inside the home (e.g., in terms of the client, other people in the home, weapons inside the home, etc.)?

Comments:

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?

Comments:

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?

Comments:

Bathroom

- ☐ Does the size of the bathroom contribute to safety (e.g., availability of space to manoeuvre during caregiving 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 caregiving 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?

Comments:

Bedroom

- ☐ Is the height and location of the bed appropriate for safe caregiving practice?
- ☐ Is there adequate space to manoeuvre during caregiving procedures?
- ☐ Is the lighting adequate?

Comments:

ONLINE RESOURCES

BC Centre for Disease Control. http://www.bccdc.ca/

BC Centre for Disease Control. (2017). Harm reduction. http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction

Fortis BC. (2017). Gas leaks and odours. https://www.fortisbc.com/Safety/NaturalGasSafety/Pages/Gas-leaks-and-odours.aspx

Government of British Columbia. (n.d.). Safety at home. http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/safety-at-home

Interior Health. (2017). Safe patient handling videos. http://www.interiorhealth.ca/sites/Partners/WHSresources/Pages/SafePatientHandling.aspx

Island Health. (July 2011). *Dysphagia: Interview with a speech language pathologist (SLP).* http://www.viha.ca/NR/rdonlyres/A9C1937A-573C-4F24-8CCB-FD7D066C2CF6/0/nutri_news_july_2011.pdf

Provincial Health Services Authority. (n.d.). Patient handling videos. http://learn.phsa.ca/phsa/patienthandling/

Provincial Infection Control Network of British Columbia. https://www.picnet.ca/

Provincial Residential Care Musculoskeletal Injury Prevention Team. (n.d.). *Provincial safe resident handling standards for musculoskeletal injury prevention in British Columbia.* http://www.phsa.ca/Documents/Occupational-Health-Safety/HandbookProvincialSafeResidentHandlingStandardsfor.pdf

SafeCareBC. (n.d.). Point of care risk assessment. http://safecarebc.ca/wp-content/uploads/Point-of-Care-Risk-Assessment-SCBC-Version1.pdf

WorkSafeBC. (2007). Back talk: An owner's manual for backs. https://www.worksafebc.com/en/resources/health-safety/books-guides/back-talk-an-owners-manual-for-backs?lang=en

WorkSafeBC. (2009). Controlling exposure: Protecting workers from infectious disease. https://www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-protecting-workers-from-infectious-disease?lang=en

WorkSafeBC. (2006). *Home and community health worker handbook*. https://www.worksafebc.com/en/resources/health-safety/books-guides/home-and-community-health-worker-handbook

WorkSafeBC. (2013). WorkSafeBC occupational health and safety regulations

- Ergonomics (MSI) requirements. https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions
- Biological agents https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-06-substance-specific-requirements

WorkSafeBC. (2014). Patient handling: Ceiling lifts. They're not just for transfers. https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/ceiling-liftstheyre-not-just-for-transfers

WorkSafeBC. (2011). Patient handling: Ceiling lifts vs. floor lifts. What's the difference? https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/ceiling-lifts-vs-floor-liftswhats-the-difference

WorkSafeBC. (2014). Patient handling: Reducing the risks. https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/patient-handling-reducing-the-risks

WorkSafeBC. (2014). Patient handling: Weighing the risks. https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/patient-handling-weighing-the-risks

WorkSafeBC. (2010). Soaker pads are not for repositioning. https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/soaker-pads-are-not-for-repositioning

WorkSafeBC. (2015). Workplace hazardous materials information system. https://www.worksafebc.com/en/health-safety/hazards-exposures/whmis

Ministry of Health Services. (2008). *Personal assistance guidelines.* http://www.health.gov.bc.ca/library/publications/year/2008/Personal_Assistance_Guidelines.pdf

ONLINE LEARNING TOOLS

The following materials are ready for use in the classroom. A brief description and estimated time to complete each activity is included for each.

Provincial Infection Control Network of BC. (2017). Infection prevention and control practices modules. https://www.picnet.ca/education/education-modules/infection-control-module/

- ❖ This online module covers the basics of infection control and hand hygiene in the healthcare system (60 minutes).

Social Care Institute for Excellence. (2014). Dignity in care: Personal hygiene. http://www.scie.org.uk/socialcaretv/video-player.asp?v=personal-hygiene

- ❖ A video with examples to illustrate how personal hygiene can be provided to clients using a person-centred approach to care (15 minutes).

WorkSafeBC. (2008). Assess every time. https://www.worksafebc.com/en/resources/health-safety/videos/assess-every-time

- ❖ A video and discussion guide about the importance of assessment. (10-15 minutes)

WorkSafeBC. (2013). Ceiling lifts. Why aren't they being used? https://www.worksafebc.com/en/resources/health-safety/videos/ceiling-lifts

- ❖ A video and discussion guide about the use of ceiling lifts to reduce injuries (15 minutes)

WorkSafeBC. (2016). Home care visits: What's wrong with this photo.

- Closest to the home: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/closest-to-home
- In the car: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/in-the-car
- Near the home: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/near-the-home
- Slips and trips: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-inside-the-home/slips-and-trips?lang=en
- Soft tissue injuries: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-inside-the-home/soft-tissue-injuries?lang=en
- Violence, choking: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-inside-the-home/violence-choking
- Violence, hitting: https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-inside-the-home/violence-hitting?lang=en

- ❖ A series of photos illustrating hazards that may be faced by health care assistants working in the home setting (30-60 minutes for review and discussion). Students can work together to identify what is wrong in each photo. Answers on reverse.

WorkSafeBC. (2008). Leave when it's unsafe. https://www.worksafebc.com/en/resources/health-safety/videos/leave-when-its-unsafe

- ❖ A video and discussion guide describing what to do if you feel threatened or unsafe while working in the community setting (10-15 minutes for review and discussion).

WorkSafeBC. (2014). Make your home safer for care workers. www.worksafebc.com/en/resources/health-safety/books-guides/make-your-home-safer-for-care-workers?lang=en

- ❖ A pamphlet and checklist that can be used to discuss the safety of HCAs working in the home setting (10-15 minutes for review and discussion).

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

1. 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).

2. 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 (e.g., 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.

   Topics to support post-conference discussions or journal writing:

   - Describe a situation when you provided person-centered care to one of your clients.
   - Describe a situation where you applied a holistic approach to client care.
   - Reflect on your cultural competence and whether you feel prepared to provide adequate care.
   - Describe a communication challenge that you experienced this week and how you responded. Discuss an alternative approach you could have taken to effectively address the situation.
   - Has there been a time during this placement that you felt out of your depth or overwhelmed? How did you manage it? What did you learn from it?
   - Describe a communication challenge that you experienced with a staff member. How did you handle it?
   - Describe how you organize your day and prioritize care.
   - Describe a situation where your organization and time management went well.
   - Describe how you are using resources (e.g., textbook, nurse, instructor) to inform your practice.

- Describe a situation where you used creativity when you did not have the supplies you required.
- Use Gibb's Reflective Cycle[29] to analyze a situation that you encountered during clinical:
    - Description: What happened?
    - Feelings: What did you think and feel about it?
    - Evaluation: What were the positive and negative aspects?
    - Analysis: What sense can you make of it?
    - Conclusion: What else could you have done?
    - Action Plan: What will you do next time?

Students could also be asked to discuss how they have or would respond to the following situations:

- Being instructed to provide care in a manner that is contrary to what you have been taught.
- Observing an interaction between a client and staff member that is in conflict with your values.
- Observing your mentor cutting corners/taking short cuts.
- Being used as supplemental staff or used to answer call bells.
- Being asked to assist a client to get up for breakfast, but the client is still sleeping or wants to sleep in.

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).

3. 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.

[29] Gibbs Reflective Cycle. (1988). Retrieved from https://www.brightknowledge.org/knowledge-bank/medicine-and-healthcare/spotlight-on-medicine/what-is-reflective-practice

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 (e.g., 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 post-conference for wider discussion of possible causes of responsive behaviours and determination of how the information might help to guide caregiving practices.

Strategies that focus on professional approaches to practice

1. Orientation 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). Refer to Section 4: Sample Tools (p.184).

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). Refer to Section 4: Sample Tools (p.184).

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 (e.g., 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).

6. A professional behaviour development rubric can be completed by the course instructor to assess the student's ability to behave in a manner that supports his / her success in the workplace (Learning Outcomes #1, #2, #5, #6, #8, #9). Refer to Section 4: Sample Tools (p.184).

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-centred 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 p. 145). Have the student report their findings to the site team and/or supervisor at a daily meeting. If possible, the student could compare their assessment to the one completed by the employer and discuss the effectiveness of the strategies used to enhance safety in that setting (Learning outcomes #2, #7 and #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 conversation outcome 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 practice experience and relate it to the program learning outcomes. Throughout the practice 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). Refer to Section 4: Sample Tools (p.184).

3. A professional behaviour development rubric can be completed by the site supervisor and/or course instructor to assess the student's ability to behave in a manner that supports his / her success in the workplace (Learning Outcomes #1, #2, #5, #6, #8, #9). Refer to Section 4: Sample Tools (p.184).

Online Resources

BC Academic Health Council. (n.d.). BC preceptor development initiative: Supporting health preceptors in practice, modules 1-8. http://www.practiceeducation.ca/modules.html

Practice Education Guidelines for BC. (2013). http://www.hspcanada.net/managing/content-management.asp

Royal College of Occupational Therapists. (2015). *Care home staff resources.* https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes

Hampe, Narelle. (2013). *Reflective practice and writing: A guide to getting started.* http://www.alia.org.au/sites/default/files/documents/Reflective.Practice.Writing.Guide20130409JB.pdf

Melrose, S. Park, C. & Perry, B. (2015). *Creative clinical teaching in the health professions.* https://open.bccampus.ca/find-open-textbooks/?uuid=c6d0e9bd-ba6b-4548-82d6-afbd0f166b65&contributor=&keyword=&subject=Health/Medical

Phaneuf, M. (n.d.). *Learning and teaching in clinical settings.* http://www.infiressources.ca/fer/Depotdocument_anglais/LEARNING_AND_TEACHING_IN_CLINICAL_SETTINGS.pdf

Phaneuf, M. (n.d.). *Learning in a college laboratory: An educational practice that deserves a higher profile.* http://www.infiressources.ca/fer/Depotdocument_anglais/LEARNING_IN_A_COLLEGE_LABORATORY.pdf

Red Deer College and Alberta Health Services. (2011). *Preparing to be a preceptor: A handbook for health care aide preceptors.* http://www.albertahealthservices.ca/assets/careers/ahs-careers-stu-hca-preceptor-handbook.pdf

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 (e.g., cognitive or health challenge) or organization (e.g., 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 Google search tips: https://support.google.com/websearch/answer/134479?hl=en

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:

Adult Basic Education in British Columbia's Public Post-Secondary Institutions: An Articulation Handbook. (2014). Ministry of Advanced Education, Province of British Columbia.

B.C. Health Care Assistants Core Competency Profile. (2014). Ministry of Health, Government of British Columbia.

Literacy and Essential Skills, Skills Definitions and Complexity. Human Resources and Skills Development Canada. Retrieved from http://www.esdc.gc.ca/eng/jobs/les/definitions/inde.g.,shtml

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 table indicates where acute care content could be fit into existing courses with associated outcomes/content and aligns with the 2015 Curriculum Guide. Estimates of additional time related to the added content are also given.

The acute care content then provided in this section is based on materials developed by Island Health[30] (formerly Vancouver Health Authority [VIHA]). Educators are encouraged to adapt and integrate this content into their instructional activities (e.g., PowerPoint slide, student handouts, course manuals, etc.).

Acute Care at a Glance		
Content Added	**Courses and strategies**	**Time added**
1. The supervision structures in acute care that support HCA practice.	Health Care Assistant: Introduction to Practice	30 minutes
2. Similarities and differences between clients in acute care settings and clients in residential or community settings.	Healing 1: Caring for Individuals experiencing Common Health Challenges	1 hour 30 minutes
3. Specific elements of the acute care environment.	Healing 1: Caring for Individuals Experiencing Common Health Challenges Healing 3: Personal Care and Assistance	No additional time
4. How the role of the HCA may change in the acute care setting, depending on client acuity and intensity.	Healing 1: Caring for Individuals Experiencing Common Health Challenges Health Care Assistant: Introduction to Practice course. Health and Healing: Concepts for Practice	1 hour 15 minutes 30 minutes

[30] 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)*.

5. Key considerations for providing holistic, person-centered care for acute care clients with IV lines, tubes, wounds and surgical incisions.	Healing 3: Personal Care and Assistance	2 hours theory/lab
6. Strategies for prioritizing tasks, demonstrating flexibility in work assignments, problem-solving and decision-making regarding care provision.	Health and Healing: Concepts for Practice Healing 1: Caring for Individuals Experiencing Common Health Challenges Healing 3: Personal Care and Assistance	1 hour theory/lab
7. Interprofessional collaborative practice in acute care settings.	Health Care Assistant: Introduction to Practice	No additional time
8. The importance of knowing when and how often to communicate with the client and health care team.	Healing 1: Caring for Individuals Experiencing Common Health Challenges. Specific examples related to acute care. Healing 3: Personal Care and Assistance. Specific examples/applications related to acute care. Health Care Assistant: Introduction to Practice. Concepts related to supervision.	30 minutes
9. The role of the HCA in responding to emergency codes.	Health and Healing: Concepts for Practice. Healing 3: Personal Care and Assistance. Apply to lab scenarios	30 minutes
10. Other Acute Care Revisions.	Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges	15 minutes

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 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., & Godwin, M. (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 course. 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

(A call for help due to a potentially violent situation, or a violent or escalating incident)

- Call for help (this may simply involve notifying coworkers, the unit clerk, LPN or RN nearest to the phone system or emergency call button). 911 may have to be called.
- Maintain personal safety at all times, removing yourself and any clients who may be at risk.
- Be available to provide support to those responding to the Code White.
- Seek first aid if you were injured.
- Participate in any review of the incident.
- Provide support to those who may have been affected by the incident. Be aware of your own internal responses to the event and seek help if you are experiencing unhealthy reactions.
- 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.

Question: What are the differences between a Code White response in a hospital, residential care home and in a community setting?

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.[31] Generally, the client has been examined by a physician who is of the opinion and provides reporting supporting the opinion that the client:

a. has a mental health disorder.

b. requires treatment in or through a designated facility.

a. requires care, supervision and control in or through a designated facility to prevent the person's or patient's substantial mental or physical deterioration or for the protection of the person or patient or the protection of others.

b. cannot suitably be admitted as a voluntary patient.

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.

[31] Mental Health Act [RSBC 1998] Chapter 288, Section 22. Retrieved from http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01#section22

SECTION 4: SAMPLE TOOLS

Based on the request for assessment tools that are ready for use, the following section contains sample tools that could be applied to theory, lab and practice education courses. As noted for each, the tools in this section align with suggested course assessments.

The following assessment tools are included in this section:

Assignment - HCA Workplace Settings

Assignment Outline

The purpose of this assignment is to explore workplace settings that are compatible with your values, beliefs, interests and career goals as a Health Care Assistant (HCA).

Using the internet, students will research potential employers and settings of employment in their communities. After completing the research, students will prepare a written report of 500-750 words that addresses the follow components:

- Identify and describe a workplace setting (e.g., residential, community or acute care) that interests you. Discuss why you would like to work there and outline a minimum of two challenges and two rewards of working in that setting.
- Describe the mission / value statement of the prospective employer. Discuss how it aligns or does not align with your own beliefs and values. Print and submit a copy of the employer's mission statement along with your assignment and use APA referencing style to indicate your source(s).*
- Develop a personal mission statement that describes your beliefs, values, interests and career goals (short and long term) as a HCA.

You will be marked using the following criteria:

- Your ability to thoroughly address the required components of the assignment (Total possible marks: 10 / 10)
- The depth of your reflection regarding how your own beliefs, values, goals and interests align with that of the prospective employer (Total possible marks: 5 / 5)
- Your ability to prepare a report that is well written and presented in an organized manner (Total possible marks: 5 / 5)

APA Citation Referencing Style

- Lea, C. (2010, November 18). How to cite something you found on a website in APA style [Blog Post]. http://blog.apastyle.org/apastyle/2010/11/how-to-cite-something-you-found-on-a-website-in-apa-style.html
- Dymarz, A. (2016, September 19). Citation guide: APA (6th ed., 2010): General notes. http://www.lib.sfu.ca/help/cite-write/citation-style-guides/apa

Rubric - HCA Workplace Settings Assignment

Criteria	Exceeds Expectations	Meets expectations	Partially Meets Expectations	Does not meet expectations
1. Required Components Possible Marks: 10/10	Required components are thoroughly and thoughtfully addressed	Required components are adequately addressed	Required components are partially addressed	Required components are minimally, inadequately and/or not addressed
Describes the work setting, two rewards and two challenges of working in the chosen work setting	The work setting is fully described and clear, detailed examples of two rewards and two challenges of working in the chosen setting are provided 5	The work setting is described and examples of two rewards and two challenges of working in the chosen setting are provided 4	The work setting is minimally described and/or examples of one or two rewards and one or two challenges of working in the chosen setting are provided 2-3	A description of the work setting and appropriate examples of rewards and challenges are minimally or not provided 0-1
The mission/value statement of the employer has been submitted with the assignment and is appropriately referenced*	The mission/value statement of the employer has been submitted with the assignment and is appropriately referenced 1	The mission/value statement of the employer has been submitted with the assignment and is appropriately referenced 1	The information submitted as the employer mission/value statement is not a mission/value statement and is appropriately referenced 0.5	An employer mission/value statement has not been submitted OR is not appropriately referenced 0
A personal mission statement related to the values, beliefs , interests and career goals has been developed	The personal mission statement is well prepared. It clearly addresses the beliefs, values, interests and short and long term career goals of the student 4	The personal mission statement adequately addresses the beliefs, values, interests and short and long term career goals of the student 3	The personal mission statement partially addresses the beliefs, values, interests and short and long term career goals of the student 2	A personal mission statement minimally or does not address the beliefs, values, interests and short and long term career goals of the student 0 - 1
2. Reflection Reflect on how the mission/value statement of the employer aligns / does not align with your own beliefs, values, goals and interests Possible Marks: 5 / 5	Response demonstrates an in-depth reflection on how the mission/value statement of the employer aligns with each of the following: personal beliefs, values, goals and interests 5	Response demonstrates an adequate reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals and interests 4	Response demonstrates a partial reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals and interests 2-3	Response demonstrates minimal or no reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals and interests 0-1

3. Writing mechanics Possible Marks: 5/5 Writing and Sentence Structure	Writing style is clear and concise, with excellent sentence/paragraph construction 2	Writing style is mostly clear and concise, with adequate sentence/paragraph construction 1-1.5	Writing style is partially clear, with a few errors in sentence/paragraph construction 0.5-1	Writing is unclear and disorganized with errors in sentence/paragraph construction 0-0.5
Format and Presentation	Content is presented in an organized and logical manner with appropriate headings and formatting 2	Content is presented in a logical and organized manner 1-1.5	Content is partially expressed in a logical manner 0.5-1	Content is minimally or not presented in a clear and logical manner 0 – 0.5
Spelling and Grammar	There are no more than three errors in spelling or grammar 1	There are no more than five errors in spelling or grammar 0.5	There are more than five errors in spelling or grammar 0-0.5	There are more than five errors in spelling or grammar 0
Total Possible Marks: 20/20				

Note: This tool has been adapted from the Reflection Evaluation Criteria (the rubric). Retrieved from https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fweb.uri.edu%2Fassessment%2Ffiles%2Freflection_rubric.doc on August 26, 2016

* For any assignment requiring referencing of resources, it would be expected that the program would indicate the referencing style (e.g., APA) to be used and provide the necessary instruction / supporting materials for students to be successful in this criterion of the assignment. It would also be expected that referencing resources would be included as a criteria in the marking rubric, with placement depending on the parameters of the assignment.

***Note**: This sample tool has been included to align with Suggested Course Assessment 4 for the Health Care Assistant Introduction to Practice course (p. 49).*

Assignment - Supporting Clients with Dementia or a Mental Health Disorder

Assignment Outline

The purpose of this assignment is to explore best practices for communicating with clients with dementia or mental health disorders.

Working in small groups, students will research a cognitive or mental health disorder of their choice. After completing the research, the groups will prepare an 8-10 minute presentation, with visual materials (e.g., a power point presentation or poster) and a short written handout to give to the class, addressing the following components:

- Briefly describe the type of dementia or mental health disorder (causes, signs and symptoms).
- Describe how communication between a client with this diagnosis and a HCA may be impacted. Consider the elements of interpersonal communication (sender, receiver, message, feedback).
- Demonstrate and/or describe a minimum of three communication strategies/techniques (verbal and non-verbal) that can be used by the HCA to enhance communication while providing care to the client.

You will be marked using the following criteria:

- The ability of the team to thoroughly address the required components of the assignment (Total possible marks: 15 / 15).
- The ability of the team to present the information in a thorough and engaging presentation (Total possible marks: 10 / 10). *Each group member will receive an individual mark based on delivery of a portion of the presentation.
- The ability of the team to develop visual and written materials to support the presentation (Total possible marks: 5 / 5).

ONLINE RESOURCES

- Alzheimer Society of BC: http://www.alzheimer.ca/en/bc
- Canadian Mental Health Association, BC Division: http://www.cmha.bc.ca/
- HealthLinkBC: https://www.healthlinkbc.ca/
- Heretohelp: http://www.heretohelp.bc.ca/

Rubric - Supporting Clients with Dementia or a Mental Health Disorder

Criteria	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Does not meet expectations
1. Required Components Possible Marks: 15/15	Required components are thoroughly and thoughtfully addressed	Required components are adequately addressed	Required components are partially addressed	Required components are minimally, inadequately and / or not addressed
Briefly describe the type of dementia or mental health disorder.	The type of dementia or mental health disorder(causes, signs and symptoms) are accurately and thoroughly described 5	The type of dementia or mental health disorder is described , with some consideration of the causes, signs and/or symptoms 4	The type of dementia or mental health disorder is partially described. There may be important elements missing and/or some information may not be accurate 2-3	The type of dementia or mental health disorder is minimally or not described and/or Information is not accurate 0-1
Describe how the diagnosis or symptoms may impact communication between the client and HCA	How the diagnosis or symptoms may impact the ability to communicate is thoroughly described. The basic elements of interpersonal communication (sender, receiver, message, feedback) are considered 5	How the diagnosis or symptoms may impact the ability to is described, with some consideration for the basic elements of interpersonal communication 4	There is a partial description of how the diagnosis or symptoms may impact the ability of the client to communicate and/or the basic elements of interpersonal communication 2-3	How the diagnosis or symptoms may impact communication and the basic elements of communication are minimally or not addressed 0-1
Describe and/or demonstrate a minimum of three communication techniques (verbal and non-verbal) that could be used by a HCA to communicate with the client	A minimum of three appropriate communication techniques are fully demonstrated and/or described. Both verbal and non-verbal techniques are included. The value of each approach for the current context is fully explored 5	Two to three communication techniques are described and/or demonstrated. Verbal and/or non-verbal techniques are considered 4	There is a partial description of one to three communication techniques that may or may not be appropriate for the context 2-3	There is minimal coverage of communication techniques and/or suggestions are not appropriate 0 - 1
2. Presentation Possible Marks: 15/15 Delivery *Individual mark	The presentation is delivered in an engaging manner. The speaker uses appropriate eye contact, appears relaxed and confident and speaks with	The presentation is presented in a somewhat engaging manner. Eye contact, body language, tone and volume is satisfactory. Some reference may be	The speaker sometimes demonstrates eye contact with the audience, speaks in an uneven or low tone and mostly reads from their notes. Audience	The presentation is delivered in a manner that does not interest or engage the audience or is inappropriate

	appropriate volume and tone. There is a clear understanding of the subject matter, as evidenced by responses to questions from the audience 5	made to notes. There is a good understanding of the subject matter 4	engagement is minimal 2-3	 0-1
Teamwork and Organization	The group works well together to prepare and deliver the presentation Tasks are appropriately divided between group members and there is evidence of respectful collaboration between group members Components of the presentation are delivered in a logical sequence within the time frame allotted 5	The group works together to prepare and/or deliver the presentation The division of tasks is satisfactory and there is evidence of adequate collaboration between group members Components of the presentation are delivered in a logical sequence and/or within the time frame allotted 4	The team partially works together to prepare and/or deliver the presentation The division of tasks is not balanced and there is a low level of collaboration between group members Components of the presentation may not be delivered in a logical sequence and/or not delivered within the time frame allotted 2-3	There is minimal to no evidence that the team has worked together to prepare or deliver the presentation The division of tasks is not balanced and there appears to be a low level of collaboration between group members The presentation is not delivered in a logical sequence or within the time frame allotted 0-1
Visual materials and Student Handout	Visual materials and student handout are attractive and organized, with appropriate headings and formatting. There are minimal mistakes in spelling/grammar Resources used are identified and appropriately referenced ** 5	Visual materials and student handout are presented in organized manner with appropriate headings. There may be a few mistakes in spelling/grammar Resources used are identified and appropriately referenced ** 4	Visual materials and/or student handout are not clearly tied to the presentation. There may be mistakes in spelling/grammar Resources used are identified and appropriately referenced** 2-3	Visual materials are minimally or not adequate or resources are not appropriately referenced ** 0-1
Total Possible Marks: 30/30				

**For any assignment requiring referencing of resources, it would be expected that the program would indicate the referencing style (e.g., APA) to be used and provide the necessary instruction / supporting materials for students to be successful in this criterion of the assignment. It would also be expected that referencing resources would be included as a criteria in the marking rubric, with placement depending on the parameters of the assignment. criteria of the assignment. It would also be expected that referencing resources would be included as a criteria in the marking rubric, with placement depending on the parameters of the assignment.

Note: *This sample tool has been included to align with Suggested Course Assessment 3. (p. 131) for the Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges.*

Scenario-Based Lab Skills Assessment

To support program consistency, recognized BC HCA programs are expected to use case scenario testing to confirm that students are safe and competent before they go into the clinical setting.

As noted in the suggested course assessment for the Personal Care and Assistance course (p. 148), skills testing could 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. To support student success, it may be helpful to implement a mid-course assessment and/or pre-testing practice session.

For scenario-based or case study type assessment, it is typical to have at least four client scenarios for skills testing that students could receive in advance for preparation purposes. On testing day, a scenario will be randomly chosen for each student to perform. The student will have a set amount of time (e.g., 45 minutes per student) to complete the scenario. Students will work in pairs with one acting as the client and the other being the HCA.[32] It is important that the student acting as the client play the role seriously. Prompting or cueing by the client is not allowed. With some scenarios, it may be necessary for the HCA to obtain a partner who will be designated the "helper." Some components of care may be provided on a mannequin or using simulation aids (e.g., male/female torso).

A care plan is often provided for each scenario for the purpose of student testing.

Assessment Criteria

It is recognized that HCA programs may already have skills testing assessment criteria in place. At a minimum, students should demonstrate their ability to:

- 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.
- Demonstrate competency of the personal care and assistance skills being tested in the scenario.

[32] The program may choose to have an instructor or a standardized patient (actor) in the role of the client.

Evaluation is typically conducted on a satisfactory/unsatisfactory or a pass/fail basis. Programs implementing a mid-course, skills assessment may add a "needs improvement" designation, which, if assigned, is followed up with a learning contract.

To ensure fair and reliable student practical skills assessment, there should be established criteria regarding what would constitute unsatisfactory performance. This could include the designation and number of minor infractions that may result in a cumulative fail, or major infractions that may result in an immediate fail.

Elements that may be considered include:

- Skill testing takes longer than established time allotted for testing.
- Student leaves client on the side of the bed / with side rails down unattended.
- Student rolls client onto the edge of the bed without raising side rails.
- Student performs a lift transfer incorrectly / no safety check.
- Student makes offensive or inappropriate comments to the client.
- Student leaves the client unattended in bed in the high position.
- Student does not apply brakes to wheel chair / bed / equipment in an appropriate manner.
- Student repeatedly (more than once and/or after prompt/without self-correcting):
    - Forgets a portion of the skill.
    - Dresses client haphazardly/with inappropriate assistance from the client (e.g., clothes, TEDS, shoes).
    - Poorly positioning/moving of the client in bed.
    - Does not collect all supplies pre-scenario.
    - Provides care in a way that does not flow smoothly / is disorganized.
    - Does not use the appropriate number of side rails.
    - Performs morning care or perineal care in the incorrect order.
    - Contaminates objects by failing to wash hands, change gloves, touching clean objects with dirty gloves or dropping items on the floor.
    - Does not use proper body mechanics.
    - Forgets to give client an aid (e.g., glasses or hearing aid).
    - Fails to provide a thorough report of the client's condition.

There should also be details set out in regards to requirements for retesting.

See sample case scenarios and rubrics on the following pages.

Rubric #1

You are a HCA working in a residential care home. Today you are assigned to provide morning care for Edith Blaise, a 92 year old woman who has recently fractured her left foot. This morning when you enter Ms. Blaise's room, she asks you to assist her with a bedpan. Following this, you will assist Ms. Blaise with a partial bed bath, assist her with dressing and transfer her to her wheelchair using a full mechanical lift.

Depending on the case scenario, each required skill could be evaluated as follows:

Skill performed	**Unsatisfactory** **(Indicate where applicable with a ☑)**	**Satisfactory** **(Indicate where applicable with a ☑)**	**P=PASS** **F=FAIL** **R=Redo**
Assists with a bedpan	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly) ☐ Did not perform skill following correct lab procedures ☐ Performance of skill was unsafe ☐ Improper medical asepsis ☐ Incorrect body mechanics ☐ Inadequate communication with client ☐ Does not attend to client comfort and/or support dignity	☐ Effective organization and prioritization (gathered required supplies and managed time properly) ☐ Performed skill following correct lab procedures ☐ Safe performance of skill ☐ Proper medical asepsis ☐ Correct body mechanics ☐ Adequate communication with client ☐ Attends to client comfort and supports dignity	
Instructor Comments			
Partial Bed Bath	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly) ☐ Did not perform skill following correct lab procedures ☐ Performance of skill was unsafe. ☐ Improper medical asepsis ☐ Incorrect body mechanics ☐ Inadequate communication with client ☐ Does not attend to client comfort and/or support dignity	☐ Effective organization and prioritization (gathered required supplies and managed time properly) ☐ Performed skill following correct lab procedures ☐ Safe performance of skill ☐ Proper medical asepsis ☐ Correct body mechanics ☐ Adequate communication with client ☐ Attends to client comfort and supports dignity	

Instructor Comments			
Assists with dressing	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly) ☐ Did not perform skill following correct lab procedures ☐ Performance of skill was unsafe ☐ Improper medical asepsis ☐ Incorrect body mechanics ☐ Inadequate communication with client ☐ Does not attend to client comfort and/or support dignity	☐ Effective organization and prioritization (gathered required supplies and managed time properly) ☐ Performed skill following correct lab procedures ☐ Safe performance of skill ☐ Proper medical asepsis ☐ Correct body mechanics ☐ Adequate communication with client ☐ Attends to client comfort and supports dignity	
Instructor Comments			
(sample skill) **Transfer from bed to wheelchair**	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly) ☐ Did not perform skill following correct lab procedures ☐ Performance of skill was unsafe ☐ Improper medical asepsis ☐ Incorrect body mechanics ☐ Inadequate communication with client ☐ Does not attend to client comfort and/or support dignity	☐ Effective organization and prioritization (gathered required supplies and managed time properly) ☐ Performed skill following correct lab procedures ☐ Safe performance of skill. ☐ Proper medical asepsis ☐ Correct body mechanics ☐ Adequate communication with client ☐ Attends to client comfort and supports dignity	
Instructor Comments			

***Note**: This sample tool has been included to align with Suggested Course Assessment 3. in the Healing 3: Personal Care and Assistance Course (p. 148).*

Rubric #2

You are a HCA working in a residential care home. Today you are assigned to provide morning care for Edith Blaise, a 92 year old woman who has recently fractured her left foot. This morning when you enter Ms. Blaise's room, she asks you to assist her with a bedpan. Following this, you will assist Ms. Blaise with a partial bed bath, assist her with dressing and transfer her to her wheelchair using a full mechanical lift.

Depending on the scenario, and the using following criteria (NI = Needs improvement [may be used for mid-point testing], NS = Not Satisfactory, S = Satisfactory) the rubric could be used as follows:

1. Maintains the comfort and dignity of the client	**NI**	**NS**	**S**
Examples and Comments			
2. Maintains the safety of the client, self and other members of the health care team	**NI**	**NS**	**S**
Examples and Comments			
3. Communicates effectively with the client and other members of the health care team, where appropriate.	**NI**	**NS**	**S**
Examples and Comments			
4. Provides care in an organized manner, gathers supplies and manages time appropriately	**NI**	**NS**	**S**
Examples and Comments			
5. Maintains medical asepsis and infection control throughout scenario	**NI**	**NS**	**S**
Examples and Comments			
6. Uses proper body mechanics throughout scenario	**NI**	**NS**	**S**
Examples and Comments			

7. Performs personal care and assistance skills competently (scenario specific)	**NI**	**NS**	**S**
Examples and Comments			
i. Assist with bed pan (performed according to correct lab procedures)	**NI**	**NS**	**S**
Examples and Comments			
ii. Partial bed bath (performed according to correct lab procedures)	**NI**	**NS**	**S**
Examples and Comments			
iii. Transfer from bed to chair using full mechanical lift (performed according to correct lab procedures)	**NI**	**NS**	**S**
Examples and Comments			

Instructor Name _____ Instructor Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

***Note**: This sample tool has been included to align with Suggested Course Assessment 3 (p. 148) included in the Healing 3: Personal Care and Assistance Course.*

HCA Skills Summary Checklist

The following summary list could be used as an organizational tool to identify learning needs and record practice of HCA skills in the lab and clinical settings. It is not intended to replace scenario-based lab skills testing or assessment of meeting program learning outcomes for practice education placements.

This is a summary list only. It is expected that additional procedure criteria for each skill would be provided by the program in a lab skills manual. The program may wish to indicate skills with additional safety-related considerations (e.g., instructor is present for the first time demonstration of a skill in the clinical setting, two person mechanical lift policy, etc.).

Student Name: _____ has demonstrated completion of the following personal care and assistance skills.

Completion Criteria

☑ A check mark indicates that the skill was completed in a safe and efficient manner in accordance with established procedures/criterion.

☑ Reviewed by identifier --- Full name to be provided for first instances along with initials; initials may be used for thereafter for repeat reviewer.

HCA Skills Summary List	Peer Review (In Lab)	Instructor Review (In Lab)	Instructor Review (In Clinical)
Prevents Infection			
• Hand washing	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Gloving	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Donning and removing gloves	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Donning and removing gown	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Donning and removing mask	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Other, e.g., Double bagging _____	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Promotes Personal Hygiene			
• Oral hygiene	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Denture care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Partial bath	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Complete bed bath	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Perineal care	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:
• Grooming	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:	☐ Male Reviewed by: Date: ☐ Female Reviewed by: Date:
• Dressing and undressing	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Applying compression stockings	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Skin care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Relieving pressure	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Assists with Movement			
• Body mechanics	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Moving a client	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Positioning a client in chair	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Positioning a client in bed - supine	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Positioning a client in bed - lateral	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Positioning a client in bed - Sims	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Positioning a client in bed - Fowlers	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Transferring a client; One person transfer	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Transferring a client; Hemi transfer	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Use of a sit to stand lift	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Use of a full lift	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Use of a ceiling lift	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promotes Exercise and Activity			
• Assisting with walking devices	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Assisting with wheel chairs	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Preventing falls	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

• Responding to falls	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Assisting with range of motion exercises	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Provides Elimination Assistance			
• Application of continence products (1 piece / 2 piece)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Assisting with bedpans	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Assisting with urinals	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Assisting with commodes	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Suppository administration	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Enema administration	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Ostomy care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Care of indwelling urinary catheter	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Applying a condom catheter	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Collecting specimens	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promotes Client Well-Being			
• Supporting transitions	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Supporting comfort	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Supporting rest	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Changes Bed Linens			
• Occupied bed	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Unoccupied bed	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promotes Healthy Nutrition and Fluid Intake			
• Assisting a client with eating/fluid intake	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Feeding a client	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Measuring and recording intake	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Measures Vital Signs			
• Height	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Weight	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Pulse	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Respiration	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Temperature	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
• Reporting and recording	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Instructor Name _____ Instructor Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

***Note**: This sample tool has been included to align with Suggested Course Assessment 2 (p. 148) included in the Healing 3: Personal Care and Assistance course and Suggested Course Assessment 1 (p. 157) included in the Practice Experience in Multi-Level and/or Complex Care*

Health Care Assistant Program Learning Outcomes Verification

This form confirms that the student identified below has completed the required practice education placements and placement hours for the HCA Practice Education program segment and has been deemed by his/her Instructor as having met the required program learning outcomes outlined in the HCA Provincial Curriculum Guide (2015), p. 18.

Student Name: (please print) _____

Multi-Level/Complex Care Placement Site Name(s): _____

Date(s): _____Number of Hours Completed: _____

Name of Instructor(s): _____

Assisted Living / Home Support / Group Home Placement Site Name(s): _____

Date(s): _____Number of Hours Completed: _____

Name of Instructor(s): _____

Directions: *Please indicate whether or not the student has met (been able to demonstrate) the following learning outcomes in the clinical setting and sign and date the bottom of the form.*

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.	**Met**	**Not Met**
Examples and comments:	☐	☐
2. Use an informed, problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive, and/or spiritual well-being of clients and families.	**Met**	**Not Met**
Examples and comments:	☐	☐
3. Provide care and assistance for clients experiencing complex health challenges	**Met**	**Not Met**
Examples and comments:	☐	☐

4. Provide care and assistance for clients experiencing cognitive and/or mental health challenges	**Met**	**Not Met**
Examples and comments:	☐	☐
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals	**Met**	**Not Met**
Examples and comments:	☐	☐
6. Communicates clearly, accurately and in sensitive ways with clients and families within a variety of contexts	**Met**	**Not Met**
Examples and comments:	☐	☐
7. Provides personal care and assistance in a safe, organized and competent manner.	**Met**	**Not Met**
Examples and comments:	☐	☐
8. Recognizes and responds to own self-development, learning and health enhancement needs.	**Met**	**Not Met**
Examples and comments:	☐	☐
9. Performs the care provider role in a reflective, responsible, accountable and professional/ethical manner	**Met**	**Not Met**
Examples and comments:	☐	☐

Instructor Name _____Instructor Signature _____Date _____

Instructor Name _____Instructor Signature _____Date _____

Student Name _____Student Signature _____Date: _____

***Note**: This sample tool has been included to align with Suggested Course Assessments 3 & 5 included in the Practice Experience in Multi-Level and/or Complex Care course (p. 157) and Suggested Course Assessment 2 included in the Practice Experience in Home Support, Assisted Living and/or Group Home course (p. 159). It could be further adapted for use as a self-assessment by the student*

Professional Behaviour Development Rubric

The Professional Behaviour Development Rubric[33] sets out expectations for student conduct within the Health Care Assistant (HCA) program with a view to effectively preparing graduates for success in today's health care workforce. This rubric is intended to positively reinforce and support the development and application of professional behaviour. It responds to feedback from HCA educators and employers alike that HCA program students / graduates could gain from additional strategies to support their success in the program and allow for more productive employee integration and retention.

Given the associated learning outcomes and course content, it is suggested that this tool be introduced for learning and discussion during the HCA Introduction to Practice course. It could be used for as a formative evaluation tool (either graded or non-graded) during both the HCA Introduction to Practice course and the Healing 3: Personal Care and Assistance course. Constructive feedback gained throughout the program could then guide further development and application when used as a final evaluation tool (graded) during practice education coursework. The behaviours addressed within this tool align with the learning outcomes for both the Practice Experience in Multi-Level/Complex Care course and the Practice Experience in Home Support, Assisted Living and/or Group Home. Competent performance (in all areas) could be required for successful completion of practice education coursework.

Rubric Sections

There are four sections to the rubric:

Section 1 - Appropriate Behaviour includes: *Attitude, Appearance, Integrity and Technology*

Section 2 - Respect for Self and Others includes: *Communication (Verbal/Non Verbal), Communication (Written), Nonjudgmental, Caring, and Team Player*

Section 3 - Commitment includes: *Time Management, Adaptability, and Stress Management*

Section 4 - Competence includes: *Accountability, Continuous Learning and Problem Solving*

[33] **Note:** The Registry would like to acknowledge the Continuing Care Assistant Program in Nova Scotia, *www.novascotiacca.ca*, for developing the original version of this resource, which has been adapted for use in the BC Health Care Assistant Program. © Continuing Care Assistant Program. (2013). ***Professional Behaviour Development Rubric.*** Nova Scotia.

Integration and Assessment

A variety of approaches are encouraged to address the development of professionalism throughout the HCA program. By taking an ongoing, integrated approach, students can be supported in behaving in a way that will most greatly support their success when they move into their practice education experiences and into the workforce. When using this tool, it will be important for instructors (as well as practice education site mentors) to provide ongoing input, informing and enabling students to reach a 'competent' level for each of the behaviours by the end of the practice education placement. When assessing behaviours, specific examples and suggestions for development should be provided.

Measurements:	**Definitions:**
Developing	The student is *in the process of learning and applying* the behaviour.
Competent	The student *meets expectations* for the behaviour.
Exemplary	The student *exceeds expectations* of the desired behaviour.

Professional Behaviour Development Rubric[34]

Student Name: _____ Date: _____

1. Appropriate Behaviour	**Developing**	**Competent**	**Exemplary**
Attitude: The attitude of the student is positive, friendly, helpful, courteous, person-centered, optimistic and team-oriented.			
Appearance: The appearance of the student is appropriate: hair and body are clean, no noticeable body odor and scent free, clothes are clean, wrinkle free and appropriate, wears name tag, appropriate footwear and minimal jewelry and nails are clean, short and polish-free.			
Integrity: The student interacts with people in a respectful manner: his/her manner is honest, ethical, sincere, reliable, empathic and committed.			
Technology: The student uses technology (e.g., mobile phone, including photo and video recording features, computer, social media) in alignment with established policies and procedures. Does not use personal communication / media devices inappropriately.			
Comments (examples and suggestions):			

2. Respect for self and others	**Developing**	**Competent**	**Exemplary**
Communication (Verbal and Non-Verbal): The student communicates in an appropriate manner, verbally and non-verbally. Verbal communication is appropriate: able to speak in turn without interrupting others, takes into consideration tone			

[34] ©Continuing Care Assistant Program. (2013). ***Professional Behaviour Development Rubric.*** Nova Scotia.

Note*: This sample tool has been included to align with Suggested Course Assessment 6. in the Practice Experience in Multi-Level and/or Complex Care course (p. 157) and Suggested Course Assessment 3. in the Practice Experience in Home Support, Assisted Living and/or Group Home course (p. 159). It could be further adapted for use as a self-assessment by the student.*

and volume, does not speak too quickly or unclearly, avoids use of profanity and slang, appropriate self-disclosure. Is considerate of non-verbal communication (e.g., posture, facial expressions and other body-language).			
Communication (Written): The student communicates in an appropriate manner in written communication. Written documentation is legible, with correct spelling and grammar, objective (fact-based) and uses appropriate terms and abbreviations. E-communication, such as text messages and emails, are written in a suitable manner, taking into consideration the relationship with the recipient. For example, informal "SMS language" such as common texting abbreviations are avoided when communicating with the instructor or practice education site personnel.			
Nonjudgmental: The student demonstrates a nonjudgmental attitude in all settings: respecting diversity, differing opinions and beliefs. Displays a positive approach to differences.			
Caring: The student displays a caring attitude with clients/team in all settings. Actively listens, kind, respectful, gentle, thoughtful, considerate, compassionate, sincere, person-centered, concerned, team oriented.			
Team Player: The student demonstrates he/she is a positive team player. Contributes to the group, committed to team goals, shares the workload, participates in tasks, accountable for actions, take a multi-disciplinary approach.			
Comments (examples and suggestions):			

3. Commitment	**Developing**	**Competent**	**Exemplary**
Time Management: The student manages their time effectively. Student is punctual, prepared, and efficient. Student can effectively prioritize, multitask and is dependable.			

Adaptability: The student displays a positive attitude when adapting to changes such as shifts in team / group members or shifts in environment such as increased workload, changes in client assignment and practicing in diverse settings.			
Stress Management: The student manages their stress appropriately by demonstrating: awareness of and management of triggers (precipitating factors), able to accept when situations cannot be changed, utilizes and continues to develop individual coping skills, maintains professional boundaries effectively (leaves personal life at home), prioritizes appropriately.			
Comments (examples and suggestions):			

4. Competence	**Developing**	**Competent**	**Exemplary**
Accountability: The student demonstrates accountability through appropriate application of skills and knowledge, staying informed of learning goals and requirements, asking questions and seeking guidance, recognizing client status, reporting issues and changes and advocating for the client.			
Continuous Learning: The student demonstrates continuous learning by openly offering, receiving and applying feedback, seeking out learning opportunities, attending available in-services and workshops, and focusing on personal and professional development.			
Problem Solving: The student demonstrates problem solving skills: uses critical thinking skills, follows policies and procedures, understands chain of command, maintains calm and competent presence in unforeseen situations/circumstances.			
Comments (examples and suggestions):			

SECTION 5: ACKNOWLEDGEMENTS

The following individuals, organizations and groups are gratefully acknowledged for their contributions to the *HCA Provincial Curriculum (2015) Supplement, Second Edition*.

- Recognized BC HCA program educators, HCA program students, employers and workplace support organizations who provided valuable feedback via an online survey which served as a starting point and guide for *Supplement* updates.
- The Alzheimer Society of BC, Continuing Care Assistant Program (Nova Scotia), Canadian Mental Health Association – British Columbia Division, Life and Death Matters, and WorkSafeBC for providing additional consultation and/or classroom learning materials to support student learning.
- Z. B. Metzger for sharing the story of her family's journey with dementia to inspire HCA students to provide person-centered care to their clients.
- The attendees (as named below) of the HCA Educator Working Session and members of the BC HCA Articulation and HCA Education Standards Committees for their valuable input and thoughtful review of updated materials.
- Lara Williams and Sarina Corsi from the BC Care Aide and Community Health Worker Registry for coordinating the updates process and developing and updating content to address stakeholder input.

HCA Educator Working Session Attendees

Esther Aguilar	Sprott Shaw College
Colette Barabé	College Educacentre
Donna Becker	Gateway College
Jocelyn Bergeron	College of New Caledonia
Laurie Bird	North Island College
Ash Brar	Burnaby Continuing Education
Judy Christie	Vancouver Community College
Judy Crain	College of New Caledonia
Deborah Denhof	Vancouver Island University
Natashia Devji	Stenberg College
Barbara Fry	Drake Medox College
Zola Goebel	Sprott Shaw College
Sandi Hill	College of the Rockies
Heejeong Kim	Gateway College
Heather Klatt	Nicola Valley Institute of Technology
Lisa Kraft	Okanagan College
Marie Labreque	College Educacentre
Kathy Langford	Excel Career College

Sarah Lechtaler	Selkirk College
Natasha Lyons	Saint Elizabeth Health Career College
Nadja Neubauer	Capilano University
Joanna Neels	MTI College
Simrat Minhas	CDI and Vancouver Career College
Laila Pittawala	Pacific Coast Community College
Merliza Rodriguez	Stenberg College
Kelly Ross	College of New Caledonia
Michelle Siebel	Thompson Rivers University
Rona Simsuangco	Drake Medox College
Lana Sprinkle	Northern Lights College
Mick Stokoe	Discovery Community College
Jag Tak	Stenberg College
Carol Tanner	Capilano University
Suzanne Wilson	Stenberg College
Joleen Warmerdam	College of New Caledonia
Elena Zenzerova	Discovery Community College

BC HCA Articulation Committee – Public College Representatives and Guests (noted with an *)

Laurie Bird	North Island College
Arleigh Bell	Kwantlen Polytechnic University
Gianina Bocsanu	University of the Fraser Valley
Judy Christie	Vancouver Community College
Judy Crain	College of New Caledonia
Kim Diamond*	Yukon College
Shelley Goertz	Douglas College
Sandi Hill	College of the Rockies
Heather Klatt	Nicola Valley Institute of Technology
Angela Godler	Okanagan College
Sarah Lechtaler	Selkirk College
Rhonda McCreight	Thompson Rivers University
Pooran Quasami*	Native Education College
Michelle Siebel	Thompson Rivers University
Karen Neilson	Camosun College
Lana Sprinkle	Northern Lights College
Jody Stone	Northwest Community College
Carol Tanner	Capilano University
Wendy Wagner	Vancouver Island University
Joleen Warmerdam	College of New Caledonia

HCA Education Standards Committee Members and / or Appointed Alternates

Esther Aguilar	BC Career Colleges Association
Danielle Baxter	Private Training Institutions Branch
Pat Bawtinheimer	Public Member
Karla Biagioni	Ministry of Health
Bruce Bell	BC Care Aide & Community Health Worker Registry
Laurie Bird	Acting Chair of HCA Program Provincial Articulation
Lou Black	Hospital Employees Union
Ash Brar	Burnaby Continuing Education
Ann Bradbury	BC Government and Service Employees' Union
Brenda Brown	BC Government and Service Employees' Union
Lisa Bower	Vancouver Coastal Health
Stephen Elliott Buckley	Hospital Employees Union
Sarina Corsi	BC Care Aide & Community Health Worker Registry
Carly Hall	Chair of HCA Program Provincial Articulation
Micheal Kary	BC Care Providers Association
Baljit Lail	Fraser Health
Tricia McBain	Interior Health
Kevin Perrault	Ministry of Advanced Education
Lindsay Risk	Island Health
Debbie Sargent	Deans and Directors, Public Colleges
Manna Saunders	Ministry of Health
Monica Staff	United Food and Commercial Workers Union 1518
Mick Stokoe	BC Career Colleges Association Alternate
Angela Szabo	Northern Health
Hilde Wiebe	Menno Place
Lara Williams	BC Care Aide & Community Health Worker Registry