Health Care Assistant Program Supplement to the Provincial Curriculum
2023

Health Care Assistant Program Supplement to the Provincial Curriculum 2023

PROVINCE OF BRITISH COLUMBIA

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Introduction

The *Health Care Assistant Program Supplement to the Provincial Curriculum* 2023 (referred to as the Supplement) is an educational resource that supports instructors in delivering the <u>Health Care Assistant Program Provincial Curriculum 2023 (https://opentextbc.ca/hcacurriculum/)</u>. The Supplement includes a variety of suggested learning activities, assessments, and resources that can be integrated into existing course lesson plans and syllabi or used to support the creation of new HCA programs.

The Supplement is organized into six sections. Section 1 aligns with the courses required by the HCA Provincial Curriculum. Each course has suggested learning activities divided into subsections based on the focus of the activity (caring, problem-solving, and professionalism). Many of the learning activities include printable student handouts to support students' engagement with the activity. Section 1 also includes suggested course assessments (assignments and group presentations) and a resource section with an extensive list of text and video resources to support the delivery of curriculum content.

The remaining sections of the Supplement provide additional tools to support instructors in other key areas:

- Section 2 focuses on digital literacy skills, providing instructors with resources to support the assessment and enhancement of digital literacy skills.
- Section 3 is an instructor guide on the acute care content that was added to the curriculum in 2015.
- Section 4 includes a clinical instructor guide and a preceptor orientation guide to support practice educational placements in complex care.
- Section 5 has sample course assessment tools, such as assignments, group presentations, skill testing templates, and clinical performance criteria. Each assignment includes a sample rubric.

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Background

In 2023, the Health Care Assistant Program Provincial Curriculum was revised and updated to

meet the changing demands of Health Care Assistants in British Columbia. Following the publication of the 2023 curriculum, the *Health Care Assistant Program Supplement to the Provincial Curriculum* 2023 was updated to assist educators in teaching the updated curriculum.

BCcampus was contracted by the Ministry of Post-Secondary Education and Future Skills to support both the revision of the HCA Program Provincial Curriculum 2023 and the Supplement. The goal of the Supplement revision was to ensure the use of current and quality resources, provide resources for additional skills added to the HCA Program Provincial Curriculum 2023, and address any gaps in resources. Additions and revisions were guided and reviewed by the project advisory committee, the working group members, and the project development team. Members of these groups are listed in the Acknowledgements section.

Revisions Summary Table

The following table provides a summary of the revisions made to the *Health Care Assistant Program: Supplement to the Provincial Curriculum 2023.*

Recommendation	Relevant courses	Revisions made
Provide activities and resources on topics regarding diversity, cultural humility, culturally sensitive care, and Indigenous health practices. Content to include diversity as it relates to diet.	• Concepts for Practice • Common Health Challenges	• Added and updated online resources, videos, and LearningHub courses. • Added five activities to Concepts for Practice: ◦ Personal sharing ◦ Discussion on culture and aging ◦ Case studies on discrimination ◦ Discussion addressing the course learning outcome 3.9 ◦ Book club activity • Added an assessment assignment on diversity in health and healing to Concepts for Practice.

Provide activities and resources regarding the enhanced and updated content in the Cognitive and/or Mental Health Course, including trauma-informed care, mental health models, and changes in core terminology.	Cognitive and/or Mental Health Challenges	• Added and updated online resources, videos, and LearningHub courses. • Added a case study activity with a discussion and journal reflection regarding trauma-informed care and mental health. • Added a journal self-reflection activity on diverse perceptions in mental health and an activity for identifying and sharing mental health resources.
Review and enhance resources and activities regarding palliative care.	Common Health Challenges	• Added and updated online resources, videos, and LearningHub courses. • Added an activity on the five trajectories of dying to replace an activity that had required paying for the resource.
Provide activities and resources regarding electronic-based documentation.	Concepts for Practice	• Recommended a LearningHub course for the RAI Observation Tool. • Recommended LearningHub courses for Cerner, Meditech, and Procura. • Added online resources for edEHR, a Cerner wiki page and PointofCare.

Provide resources on the topic of creating and maintaining a respectful workplace.	Introduction to Practice	• Added and updated online resources, videos, and LearningHub courses. • Expanded on an existing workplace policy activity and created a role-playing activity.
Provide resources for curriculum additions and environmental scan results that are smaller in scope, including human development, communicable diseases, determinants of health, substance use, elder abuse, HCA oversight in B.C., and the Unfolding Case Study: Peter Schultz.	• Concepts for Practice • Common Health Challenges • Lifestyle and Choices • Introduction to Practice • Cognitive and/or Mental Health Challenges	• Added and updated online resources, videos, and LearningHub courses for the topics identified above. • Added two activities about how the B.C. Care Aide Registry oversees and regulates the HCA Program in B.C. One was added to the Introduction to Practice course and the other to the Cognitive and/or Mental Health Challenges course. • The Unfolding Case Study: Peter Schultz was combined and added to the end of Section 1 so it can be downloaded as a single file.

Provide information about task vs. restricted activities and medication management.	• Introduction to Practice • Personal Care and Assistance	• Language for tasks vs. restricted activities was updated throughout the Supplement. • A scenario-based activity was created that includes decision-making guidance regarding tasks and restricted activities. This activity replaced the assigned task/delegation decision-making tree. • Created an activity on best practices and reputable sources for legislation, regulations, and standards for guiding best practices.

In addition to the revisions made to the courses, revisions and updates were also made to sections 2, 3, 4, and 5, and the Unfolding Case Study: Caring for Peter Shultz activities were combined and added to the end of Section 1.

Acknowledgements

The following individuals, organizations, and groups are gratefully acknowledged for their contributions to the *Health Care Assistant Program: Supplement to Provincial Curriculum* 2023.

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Section 1: Suggested Learning Activities, Assessments, and Resources for HCA Courses

About This Section

This section includes suggested learning strategies, course assessments, and resources for all of the courses to enhance student learning.

For each course in the Health Care Assistant Program Provincial Curriculum 2023, (https://opentextbc.ca/hcacurriculum/) this section includes:

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, and 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.
  - Support the development of cultural sensitivity and an understanding of lived experiences and historical traumas when working with Indigenous communities.
- An unfolding case study called "Caring for Peter Schultz" 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 B.C. It is based on a personal anthology written by the client's wife and 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. The Unfolding Case Study: Caring for Peter Schultz activities are highlighted in each course. The case study has also been compiled into one document and can be found in The Unfolding Case Study: Caring for Peter Schultz.

Suggested Course Assessments

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

Resources

- At the end of each course, there is a list of related online resources, videos, and ready-to-use online learning tools, which were selected for their relevance to HCA education. While valid at the time of publication, the online links and resources are subject to change. Before using any of the online resources, instructors will need to confirm that links are active and that online resources are appropriate and relevant to their teaching and learning contexts.

Student Handouts

- At the beginning of each course, there is a downloadable document with all the student handouts for that course. Instructors can download and revise these handouts as needed.

Recommended B.C. HCA Program Textbooks

Textbooks listed could be used for specific HCA program courses or serve as overall program texts. Preference has been given to Canadian editions and those with online ancillary resources. In addition, several of the textbooks listed are available online through BCcampus as open educational resources.

Full Curriculum Textbooks

Wilk, M. J. (2021). *Sorrentino's Canadian textbook for the support worker* (5th Canadian ed.). Elsevier.

Wolgin, F., Smith, K., French, J., Butt, A., Patterson, D. (2017). *The Canadian personal care provider.* Pearson Canada, Inc.

Books on Communication

Adams, C., & Jones, P. H. (2010). *Therapeutic communication for health professionals* (3rd ed.) McGraw-Hill.

Adler R. B., Proctor, R. F., (2024). <u>*Interplay: The process of interpersonal communication* (16th ed. Enhanced E-book.)</u>. Oxford University Press. https://www.worldcat.org/title/1387568126

Beebe, S. A., Beebe, S. J., & Redmond, M. V. (2019). *Interpersonal communication: Relating to others* (9th Canadian ed.). Pearson Canada.

Camosun College. (2021). <u>*Trades access common core competency B-3: Use interpersonal communication skills*</u>. (2nd ed.). BCcampus. https://opentextbc.ca/tradescommoncoreb3/

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

Elsevier Inc. (2020). *Job readiness for health professionals: Soft skills strategies for success* (3rd ed.). Elsevier.

Books on Dementia and Mental Health

Carr, E. & Mizock, L. (2020). *Women with serious mental illness: Gender sensitive and recovery-oriented care.* Oxford University Press.

Christie, J., (2020). *Promoting resilience in dementia care: A person-centred framework for assessment and support planning.* Jessica Kingsley Publishers.

Jones, M. (2007). *Gentlecare: Changing the experience of Alzheimer's disease in a positive way* (2nd ed.). Moyra Jones Resources Ltd.

Melrose, S., Dusome, D., Simpson, J., Crocker, C., & Athens, E. (2015). <u>*Supporting individuals with intellectual disabilities and mental illness: What caregivers need to know*</u>. BCcampus. https://opentextbc.ca/caregivers/

Nightengale, D. J. (2020). *The pocket guide to mouth and dental hygiene in dementia care: Guidance for maintaining good oral health.* Jessica Kingsley Publishers.

Richards, C. (Ed.) (2020). *Living well with dementia through music: A resource book for activities providers and care staff.* Jessica Kingsley Publishers.

Thelker, C. (2020). *For this I am grateful: Living with dementia.* Austin Macauley.

Books on Palliative Care, Aging and Caregiving

Blackmore, T, & Parker, G. (2020). *Community palliative care and COVID-19: A handbook for clinicians who care for palliative patients with COVID-19 in community settings.* Class Professional Publishing.

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

Murray, K. (2014). *Integrating a palliative approach: Essentials for personal support workers* (2nd ed.). Life and Death Matters.

Nouwen, H. (2011). *A spirituality of caregiving.* Upper Room Books.

Schachter-Shalomi, Z. & Miller, R. (2014). *From age-ing to sage-ing: A profound new vision of growing older.* Warner Books.

Additional Texts

Betts, J. G., Young, K. A., Wise, J. A., Johnson, E., Poe, B., Kruse, D. H., Korol, O., Johnson, J. E. Womble, M., & DeSaix, P. (2022). _Anatomy and physiology_. (2nd ed.). OpenStax. https://openstax.org/details/books/anatomy-and-physiology-2e

Christianson, T. & Morris, K. (2023). _Personal care skills for health care assistants_. BCcampus https://opentextbc.ca/hcalabtheoryandpractice/

Doyle, R. G., & McCutcheon, J. A. (2015). _Clinical procedures for safer patient care_. BCcampus. https://opentextbc.ca/clinicalskills/

Donatelle, R. (2023). _Health: The basics_ (14th Canadian ed.). Pearson Education, Inc.

Melrose, S., Park, C., & Perry, B. (2015). _Creative clinical teaching in the health professions_. Athabasca University Press. https://doi.org/10.15215/aupress/9781771993319.01

Concepts for Practice

Download student handouts: <u>Concepts for Practice handouts [Word doc]</u>.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Caring and Caregiving Discussion

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. Characteristics of Caring and Caregiving Discussion

Invite students to read <u>Values, Beliefs, and Principles (https://opentextbc.ca/hcacurriculum/chapter/values-beliefs-and-principles/)</u> in the Health Care Assistant Program Provincial Curriculum 2023, and to pay particular attention to the section called Caring and Caregiving Are Central to HCA Practice. Encourage them to identify as many characteristics of caring as they can from their reading.

Ask students if they can identify other characteristics of caring based on their own experience. Then ask students to see if they can group the characteristics of caring according to themes.

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. Person-Centred Care Scenarios

Invite students to work in small groups to examine two or more scenarios. For each scenario, ask groups to consider questions: What about the situation reflects person-centred care and what does not? Could the situation have been handled differently? If so, how? Refer to the scenarios included on the STUDENT HANDOUT 1 below.

STUDENT HANDOUT 1
Situations: Reflections on Person-Centred Care

Person-Centred Care Scenarios

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

Scenario 1

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 ensure that the clients in her care are safe, clean, and comfortable.

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

Scenario 2

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

Scenario 3

Andrés is an HCA 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, Andrés feels frustrated and discouraged because

he can't seem to please Gordon. Andrés 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 and online materials describing the five principles of compassionate, person-centred 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. Pairs Activity

   ◦ Divide the class into pairs and ask each student to read the <u>STUDENT HANDOUT 2</u> below introducing the case study and providing a client profile for Peter Schultz. After reading the client profile, the pairs should complete a proposed schedule.

C. Whole Class Debrief

   ◦ After students have completed the pairs 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 or addressed at appropriate intervals (e.g., toileting before going out in the garden for a walk).

Note: Ask students to add a copy of the client profile and schedule to their client portfolio for Peter Schultz.

STUDENT HANDOUT 2
Unfolding Case Study: Caring for Peter Schultz
Providing Person-Centred Care

DIRECTIONS: *You are an HCA working as a home support worker. You have been assigned to provide respite care to Peter for a four-hour period from 3:00 p.m. to 7:00 p.m. 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

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 1950s, Peter moved with his wife, Eve, and their family to the Lower Mainland of B.C., where he worked in construction, life insurance, and real estate. During the 1970s, Peter owned and operated a small hobby farm. He retired at the age of 75 and moved to a small city near Vancouver, B.C.

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.

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 Activity	Rationale for Activities	Principle of Person-Centred Care
3:00–4:00 p.m.	*Greeting and conversation about life and family; propose ideas for time together*	*Create comfort and ease with client*	*Independence and preference – so client can suggest and choose activities that interest him*
4:00–5:00 p.m.	*Walk in garden*		
5:00–6:00 p.m.			
7:00–8:00 p.m.			

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 <u>CC BY-SA 4.0 licence</u>.

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, they must grasp how important it is to do a careful analysis of a situation before making 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 (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 many options or choices as possible. For each option, ask them to identify the positive and negative consequences of that 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 an 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 analyze problems and look at possible options before jumping to a solution. Have them discuss how 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 3 below for use with this exercise). This process could be used as an assignment for this course.

STUDENT HANDOUT 3
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 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 assist you – 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?

F. 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?

Problem–Solving Exercise: Template for Report

Problem:

Analysis of the problem:

Your goal or designed outcome:

Options	Positive Consequences	Negative Consequences

Sources of assistance:

Your decision:

Evaluation:

Self-reflection on the decision and the process:

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

The six steps below provide a framework for decision-making by the HCA and could be used in a variety of situations. The case study on the <u>STUDENT HANDOUT 4</u> below outlines how these steps can be applied and could also be used in the <u>Personal Care and Assistance</u> course.

Six Steps

1. Confirm instructions
2. Gather information
3. Perform activity
4. Observe responses
5. Report
6. Record

Note: These steps for decision-making regarding care provision are adapted from Island Health. (2012). *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum.* Island Health Authority, B.C. Health Education Foundation, and the Ministry of Health Services are acknowledged for granting permission to adapt this material.

STUDENT HANDOUT 4

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

Ms. Pham 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. Pham 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 walk

independently with her four-wheeled walker so that she can walk the 23 metres (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. Pham 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, the Licensed Practical Nurse, the Physiotherapist, or the Occupational Therapist. Determine the method to communicate should problems or issues arise.

    ◦ Consider if you have the training or 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 for the walk? If so, where? How does this line up with Ms. Pham's treatment goals at discharge of working toward the ability to walk 23 meters (75 feet) at home?

    ◦ Ask if there are any specific details or techniques you should be reinforcing. (e.g., proper technique with a 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. Pham 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 the nursing staff if there are any medications required before mobilizing that may increase Ms. Pham's comfort while walking.

    ◦ See if Ms. Pham has any other scheduled appointments that may conflict with her ability to complete mobilization at a certain time (e.g., medical imaging or

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. Pham's status before ambulating.

   ◦ Complete a pre-handling checklist (or other pre-mobility evaluation) to determine if Ms. Pham 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. Pham 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?

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3. Classroom Debate Activity

Invite students to engage in a debate about a topic discussed in this course. Divide the class into small groups of three to five students and assign two groups to each of the topics outlined for a debate; one group will take a pros position toward the topic and the other group will take a cons 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, briefly come together as a larger group and summarize the positions presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until all students have participated in a debate.

Debate topics for Concepts for Practice:

1. Couples should receive priority to live together in care.

2. Clients are better supported by family and friends than by employed HCAs.

3. Clients are better supported by HCAs who share their culture, values and/or beliefs.

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 their clients who prefer to live at risk (e.g., support a client who does not want to use a walker).

4. Reporting and Recording: Electronic Health Records

Electronic health records (EHR) and digital communication tools are increasingly used for reporting and recording in acute and continuing care settings. To prepare HCA students for their workplace environment, they should be introduced to common health technology systems and the privacy, confidentiality, and security requirements related to those technologies. This section provides resources for teaching students about EHRs. Content related to foundational concepts about reporting and documenting observations is covered in the recommended full curriculum textbooks.

Additional resources supporting the development of students general digital literacy skills can be found in Section 2: Supporting HCA Students' Fundamental Digital Literacy Skills.

LearningHub Courses

LearningHub (https://learninghubhelp.phsa.ca/), the province-wide registry and learning management system from the Provincial Health Services Authority, has several courses on EHRs and reporting and recording requirements. Although the courses cannot provide access to training on specific EHR software servers, they will introduce students to different types of EHR systems. The resources listed below were chosen for their clarity, presentation quality, and applicability of core concepts to other software systems. LearningHub courses are not a substitute for hands-on training, but they will lay a foundation for students to build upon in their practice education courses. In these settings, students can apply the principles learned during their theory coursework to the specific EHR software used at their assigned clinical site.

Instructions for students accessing the LearningHub courses:

1. Log in to LearningHub using your institution's email address.
2. Navigate to the course you want by using the search function or clicking on one of the links below.
3. Enroll in the course by clicking the orange Register Course button.
4. To begin the course, click the orange Start Course button.
5. Complete the course by reviewing all the course materials including videos, readings, and quizzes. (Note: Your progress is tracked, and you will not be issued a certificate of completion if you skip or miss a section.)
6. After you've completed the course, print the certificate of completion and submit it to your instructor.

NHA RAI – RAI 2.0: Observation Tool Education for Long Term Care Homes

(https://learninghub.phsa.ca/Courses/24534/nha-rai-rai-2-0-observations-tool-education-for-long-term-care-homes)

Estimated time to complete: 20 minutes

Although the course is specific to Northern Health, the content of the course can be applied across all health authorities. This course provides students with an overview of why the Residential Assistant Instrument (RAI) is completed in complex care, how HCA observations contribute to the assessment process and care planning, and how to complete the observations tool. It is clear and easy to understand. It gives a picture of the Northern Health RAI document but doesn't provide access to the full document.

This tool will likely have to be replaced in 2026 as the health authorities are currently in the process of updating to interRAI Long Term Care Facilities (LTCF). However, as training tools for interRAI LTCF are not currently available, this RAI 2.0 course provides students with a reasonable introduction to the RAI observational requirements.

CST Cerner – Introduction to CST Cerner (https://learninghub.phsa.ca/Courses/16468/cst-cerner-introduction-to-cst-cerner)

Estimated time to complete: 15 minutes

Although this course is specific to an EHR used in acute care by Vancouver Coastal Health, Provincial Health Services Authority, and Providence Health Care, it includes general aspects of EHRs, such as how the different components of an electronic chart fit together and how multiple members of the health care team can chart on the same encounter. The course is clear and easy to understand. This short course does not include HCAs in the examples; rather it focuses on alleviating employee concerns about learning new software and provides an introduction to the software applications.

CST Cerner – Privacy and Confidentiality in CST Cerner (https://learninghub.phsa.ca/Courses/15848/cst-cerner-privacy-and-confidentiality-in-cst-cerner)

Estimated time to complete: 15 minutes

While this course is specific to Vancouver Coastal Health, Provincial Health Services Authority, and Providence Health Care, the content focuses on general privacy and confidentiality regulations that apply to all EHR systems. The information is clear, easy to understand, and includes case studies and questions.

Advance – Introduction to Expanse (Online) (https://learninghub.phsa.ca/Courses/30902/advance-introduction-to-expanse-online)

Estimated time to complete: 30 minutes

This course is specific to Fraser Health, but it provides an overview of the Meditech EHR platform, including the basics of the software applications. This includes logging in and logging out, the base menu, privacy considerations, navigation rules, chart viewer, and using different tabs to view multiple parts of the EHR.

VCH Home Support: Procura Mobile (https://learninghub.phsa.ca/Courses/20905/vch-home-support-orientation)

Estimated time to complete: 1 hour

This course is specific to home support settings and the mobile application used by Vancouver Coastal Health's home support team, but there are several core concepts that can be applied to other settings. The overview of the mobile app is well-designed, practical, and easy to understand. This course provides a good foundational overview of what EHR documentation can look like on a mobile device such as a phone or tablet. This resource could be used in the Concepts for Practice course, or it could be used in the community practicum as an addition to the onsite learning.

Advance – Downtime for EMR Training (Online) (https://learninghub.phsa.ca/Courses/31954/advance-downtime-for-emr-training-online)

Estimated time to complete: 30 minutes

Although this course is specific to Fraser Health, it provides an overview of procedures for when the EHR system is not available due to planned maintenance or an unexpected system problem (such as code gray). While HCAs are not responsible for coordinating downtime activities, it might be valuable for them to understand that paper-based documentation is still required during downtime events. As the HCA role is not clear in the course, it may be better for instructors to first review the course and then discuss downtime documentation with students, instead of having students complete the course on their own.

Other EHR Learning Resources

CernerWiki – Health Care Assistant Curriculum (https://wiki.cerner.com/display/VIHACD/Module+1+-+Health+Care+Assistant)

The Cerner Wiki is a dedicated website for storing knowledge and serving as the home for Cerner's help and reference documents. There are eight modules. They can be assigned to students to complete as a whole review activity or used as a reference document to look up guidance for specific questions.

EdEHR – Student Health Record Software for EHR Training (https://edehr.org/)

EdEHR is a learning tool based in British Columbia designed to support the instruction of health care students in using electronic health records. Developed by educators, EdEHR is a flexible, student-centred software capable of adapting lessons and activities to meet individual curriculum needs. It is currently used by several nursing and medical laboratory programs in B.C. EdEHR can integrate with existing learning management systems and follows equity, diversity, and inclusion standards for instructional design.

Individual lessons are designed through collaboration between faculty and the websites' software design team. This flexibility allows it to be integrated into existing program lessons and assessments. For example, faculty can incorporate existing case scenarios used in the classroom or lab into the EdEHR platform. As students discuss case studies or perform skills in the lab, they can use the software through their mobile device (simulating home support) or on a computer/ laptop (simulating complex care or acute care) to access the client's ADL/care plan and then document on the client.

The EdEHR can also be adapted to model the different forms of software documentation that HCAs will encounter in the common EHR technologies used in B.C. (e.g., Cerner, Meditech, PointofCare, and Procura). An electronic version of the RAI observation tool could also be included in the HCA created content. This exposure to different formats of documentation supports students to develop digital competency skills and will help them more easily adapt to the specific software used by future employers.

PointClickCare and Point of Care (https://pointclickcare.com/products/point-of-care/)

PointClickCare is a company that provides EHR software. Point of Care is their mobile application specifically designed for HCA staff to document activities of daily living at or close to the location where they provide a client's care. Software is available for post-secondary institutions to train students prior to attending clinical. However, the cost of a post-secondary training subscription is significant and the software is limited to complex care settings. If post-secondary institutions are seeking to purchase EHR training software, it is recommended that they consider EdEHR instead, which can be used across multiple health programs.

Strategies that Focus on Professional Approaches to Practice

1. Diverse Practices in Health and Healing: Sharing Activity

This activity explores diverse health and healing practices by encouraging students to share personal experiences with traditional healing practices within their own families and investigate alternative forms of healing.

This activity is not for marks, but a fun way for the students to engage in the content, reflect on their family and traditional healing practices, and explore diversity within their cohort.

A. Small Group Activity

Invite students to work in small groups. Provide students with recipe cards and ask them to do the following:

1. Think of an example of a traditional healing recipe used by someone in your family (grandparent, parent, aunt or uncle, cousin, or sibling).
2. On one side of your recipe card, write your traditional family healing recipe. Include the condition or illness (such as a sore throat) that the recipe is meant to heal.
3. On the other side of the recipe card, describe the alternative forms of healing or treatment that were assigned to you by your instructor and explain how it could complement traditional medical interventions.
4. Share both your family recipe and your alternative form of healing with your small group.

B. Whole Class Discussion

After the small group activity, invite students to share what they learned with the whole class.

Examples of traditional family healing recipes include steaming with certain leaves to reduce congestion, drinking hot water with lemon and honey to soothe a cough, or eating certain foods such as ginger to settle nausea. You could make these suggestions to guide the students to think about their own family recipes. Note: Recipes can be quite general, specific measurements and details are not required.

A few examples of alternative treatments include acupuncture, Reiki, naturopathy, massage, cupping, meditation, chiropractic care, and therapeutic touch. Additional forms of healing can be added as required or as per students' interests.

2. Impact of Culture on Aging, Health, and Healing: Sharing Activity

Introduce the activity by explaining that understanding cultural influences on aging, health, and healing practices supports Health Care Assistants in providing culturally safe and sensitive care. Review concepts such as cultural humility and sensitivity before beginning the activity.

A. Small Group Discussion

Invite students to work in small groups to discuss the questions in the STUDENT HANDOUT 5. Ask them to prepare to give a summary to the whole class of what was discussed in their small

group. Small group discussions can take place in class in a talking circle, an online forum, or an online imageboard.

As students will be sharing perspectives and experiences from their own cultures, it's important to remind students to use cultural humility and sensitivity in class while listening.

B. Whole Class Discussion

After the students have completed the small group discussion activity, have them come together as a class and invite groups to give a summary of what they learned. Encourage students to share personal anecdotes or experiences that illustrate how their cultural background has influenced their perceptions of aging, health, and healing (but don't make it a requirement). If comfortable, they can also share challenges or conflicts they have encountered in reconciling traditional cultural practices with Western medical approaches.

STUDENT HANDOUT 5
Impact of Culture on Aging, Health, and Healing

In your small group consider the following questions:

Cultural views on aging

- How does your culture view aging?
- What beliefs, values, and practices are related to aging in your culture?
- How are older adults treated within your community?

Cultural views on health

- How does your culture view health?
- What types of health practices are commonly used in your community?
- Do factors such as gender, socio-economic status, age, and religion/spirituality, influence the general cultural views on health?

Cultural healing practices

- What kind of healing practices are commonly used in your culture or community?
- What role do rituals or ceremonies have in healing in your culture?
- Do these traditional cultural healing practices complement or differ from Western medical approaches?

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3. Case Studies in Discrimination: Discussion Activity

Using the resource _What is discrimination?_ (https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-discrimination) from the Canadian Human Rights Commission, introduce the concept of discrimination to the class.

Invite students to review the four case studies involving discrimination in STUDENT HANDOUT 6. Have them work in small groups to discuss questions related to equity, diversity, and inclusion. Different groups could take on different case studies or each group could discuss all four case studies. The goal is to better understand the impact of discrimination on:

- The five dimensions of health
- Access to health care services (equity and inclusion)
- The quality of care provided by health care providers

Explain that while reviewing and reflecting on the case studies, students will also consider the broader implications for HCA practice and reflect on potential strategies for addressing and preventing discrimination in health care settings.

Note: You can choose one or multiple case studies for the students to review. Additionally, depending on differences in the course delivery schedule, instructors can drop or add questions as needed. For example, if this course occurs before Lifestyle and Choices or Introduction to Practice, you may choose to remove questions 4 and 5.

STUDENT HANDOUT 6
Case Studies in Discrimination

DIRECTIONS: View one or all four of the case studies (links are provided below). After reviewing the case study, discuss the following questions in your small group.

1. What specific forms of discrimination did the person encounter?

2. How did that discrimination affect the person's interactions with health care providers?

3. What barriers did the person face in accessing quality health care due to discrimination? (Explore concepts related to equity and inclusion as part of this discussion).

4. How did the experience affect the person's health? Consider all five dimensions of their health: physical, psychological, cognitive, social, and spiritual.

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5. What ethical issues may arise due to the behaviour of the health care providers?

6. What role did unconscious bias play in perpetuating discrimination in this situation?

7. Based on what you have learned:

   ◦ What steps can HCAs take to promote culturally safe and sensitive care?

   ◦ What steps can HCAs take to promote equity, diversity and inclusion?

Case Studies

North Western Melbourne Primary Health Network. (2018). *LGBTIQ+ people talk about their experiences accessing health care*. [Video]. https://www.youtube.com/watch?v=Q5-7t_qBw14

- Various people who are LGBTQ share their experiences with the health care system and how health care professionals could better meet their needs. (5.52 min)

Patient Safety by Healthcare Excellence Canada. (2019). *Breaking down the barriers Indigenous people face in Canada's health-care system*. [Video]. https://www.youtube.com/watch?v=fsso3hR_PKo

- Samaria Cardinal talks about her experiences in the health care system as an Indigenous woman. (10 min)

The Independence Center. (2019). *Improving health care access for people with disabilities*. [Video]. https://www.youtube.com/watch?v=KKyzZVpWezw

- People with disabilities share the challenges they face in accessing health care. (12 min)

Wabano Centre for Aboriginal Health. (2022). *Share your story: Indigenous-specific racism in health care across the Champlain Region: Full report*. https://wabano.com/wp-content/uploads/2022/05/ShareYourStory-FullReport-EN.pdf

- See Appendix B: Butch's Story (pages 98–102 in the report). This story is about Butch's experiences with the health care system as a young Indigenous man with cystic fibrosis.

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4. Case Studies in Working with Diverse Clients and Families: Discussion Activity

Have students, in groups, use the <u>STUDENT HANDOUT 7</u> below to consider the case studies and how they are related to key course concepts.

STUDENT HANDOUT 7
Case Studies: Working with Diverse Clients and Families

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

Case Study 1

Sakura is an HCA who was recently hired by a home support agency. One of the first clients she is assigned to visit is Mr. James (Jim) 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, Elena, cares for him 24 hours per day. Sakura is assigned to visit for respite care, four hours, twice per week. On this first visit, Elena does not want to leave the house because she doesn't know Sakura and is concerned that she won't know what Jim wants or needs. Elena shows Sakura around the house and is friendly toward her but spends most of the time sitting by Jim's bedside, frequently patting his hand or hugging him.

Sakura's training did not include much information on HIV, drug use, or medical marijuana. Her 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 Elena. When it is time to leave, she tells Elena that maybe another HCA will come for the next visit.

Case Study 2

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 freelance 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 toward Manpreet, but she feels uncomfortable and is unsure of how to respond when Brent and Jordan are affectionate toward one another. Manpreet avoids eye contact with Brent and Jordan and is quiet and reserved during the visit. She is considering contacting her employer to ask if she can be excused from this assignment.

Discussion Questions for the Case Studies

1. Did the HCA exhibit professional behaviour? Why or why not?

2. 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 of the client

   - Respecting individuality

   - Working with families

   - Valuing diversity

   - Respecting choice of alternative medicines and treatments

   - Protecting personal safety

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

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

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

5. Indigenous Health and Wellness: Discussion and Self-Reflection Journal

This activity aligns with the new Concepts for Practice course learning outcome 3.9: Describe how to provide culturally safe and sensitive care, including how to consider Indigenous history, cultural practices, traditional healing practices and medicines, and different community norms and protocols.

The goal of this activity is to support both instructors and students in gaining a deeper understanding of the impact that historical traumas have had on Indigenous communities and

the ongoing effects of this trauma. Through discussion and presentations, students will explore how health care workers can provide culturally safe and sensitive care by understanding cultural practices, traditional healing practices, and different community norms and protocols.

Resources to help instructors prepare for this activity:

Allan, B., Perreault A., Chenoweth, J., Biin, D., Hobenshield, S., Ormiston, T., Hardman, S. A., Lacerte, L., Wright, L., Wilson, J. *Pulling Together: A guide for Indigenization of post-secondary institutions, teachers and instructors*. BCcampus. https://opentextbc.ca/ indigenizationinstructors/

Bakes , S. The medicine wheel. https://indigenizinglearning.educ.ubc.ca/curriculum-bundles/ the-medicine-wheel/

First Nations Health Authority. (2022). *Sacred and strong: Upholding our matriarchal roles. The health and wellness journeys of BC First Nations women and girls*. http://www.fnha.ca/ Documents/FNHA-PHO-Sacred-and-Strong-Technical-Supplement.pdf

Ontario Secondary School Teachers' Federation. (2012). *Full circle: First Nations, Métis, Inuit ways of knowing: A common threads resource*. https://firstnationspedagogy.ca/full-circle-first-nations-metis-and-inuit-ways-of-knowing.pdf

Rose, M. (2021). *What is the medicine wheel?* [Video] YouTube. https://www.youtube.com/ watch?v=S7nb4rJ_N14

A. Whole Class Discussion

- Begin a discussion with students about Indigenous-specific racism and the effects it has on Indigenous people accessing health care.
- Tell students that you will be showing a video about Joyce Echaquan, an Indigenous woman who died while in hospital. Advise students in advance that the content of the video may be upsetting as it indicates that racism was a factor in the death of Joyce Echaquan. (The link to the video is provided below.)
- Before showing the video, divide the class into four groups. Give each group a topic to research after watching the video:
  - Historical trauma
  - Traditional practices
  - Community protocols
  - Indigenous family involvement

Video for the activity

Laframboise, K. (2023, July 10). <u>Joyce Echaquan's death "unacceptable," Quebec coroner says in addressing inquiry findings</u>. Global News. https://globalnews.ca/news/8243732/quebec-coroner-systemic-racism-joyce-echaquan/

Content warning: This video and article indicate racism as the factor for the death of Joyce Echaquan, an Indigenous woman who died while in hospital.

B. Small Group Discussion

After viewing the video, invite students to work in small groups to research their assigned topic and to discuss the questions on the <u>STUDENT HANDOUT 8</u> (below).

Give groups about 15 to 20 minutes to research and analyze their assigned topic. This will help with their discussion of question 5 on the student handout: *Why do you think it is important to understand the historical trauma, traditional practices, community protocols, and Indigenous family involvement when learning to provide culturally safe and sensitive care?*

Ask students to write down their thoughts about their topic and then create a summary of their discussion to present to the class.

C. Whole Class Discussion

After students have completed the small group discussion activity, come together as a class and invite each group to present a summary of their assigned topic: historical trauma, traditional practices, community protocols, and Indigenous family involvement.

Provide a large medicine wheel on the whiteboard or a large piece of paper to have the groups collaborate and further discuss with the class. Show the students how all four components of the medicine wheel (mind, body, spirit, and emotion) help to create a plan of care that understands the entire person, as well as their life history.

To the four quadrants of the medicine wheel, add the group topics: historical trauma, traditional practices, community protocols, and Indigenous family involvement.

Topics to encourage discussion:

- Historical trauma: residential schools, 60's Scoop, Indian hospitals
- Traditional practices: grief practices, baby welcoming, womanhood training, sweat house (lodge)
- Community protocols: food gathering, funeral responsibilities in the community
- Indigenous family involvement: large families all involved in care, extended family dynamics (cousin/sister, cousin/aunt), how families are involved in the care (e.g., is there a matriarch

or family head that will talk for the family?)

Note: Information about traditional practices and community protocols may be difficult to find online. Within Indigenous storytelling, culture, traditions, beliefs, and practices are embedded within the stories. To learn about these practices, students must take a relational approach and learn by listening to the client's story, and this learning will happen during the care interaction. Additionally, instructors may want to bring in an Indigenous Knowledge Keeper to facilitate this activity and support students' learning.

D. Self-Reflection Journal

Ask students to use their self-reflection journals to respond to the questions:

Think about your own knowledge regarding Indigenous history and cultural practices before starting the Health Care Assistant program. How has your understanding of trauma and its impact on mental health changed? What experiences or knowledge have contributed to this change, and how do you think this will affect your approach to care?

STUDENT HANDOUT 8

Indigenous Health and Wellness: Discussion and Self-Reflection Journal Activity

DIRECTIONS: In your small group, discuss the questions below. After the discussion, respond to the self-reflection questions in your self-reflection journal.

1. How do you think racism played a part in the care of Joyce?

2. How do you feel cases like this influence an Indigenous person accessing health care? (E.g., how does a case like this affect Indigenous people's trust in the health care system)?

3. What ethical principles were disregarded due to the behaviour of the health care providers?

4. What role did unconscious bias and stereotyping play in perpetuating discrimination in this situation?

5. Why do you think it is important to understand the historical trauma, traditional practices, community protocols, and Indigenous family involvement when learning to provide culturally safe and sensitive care?

6. If you needed to learn about your community's protocols and traditions, where could you seek advice?

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7. How could relationship building help you as a Health Care Assistant attain knowledge to support future care interactions?

Self-Reflection Journal

Think about your own knowledge regarding Indigenous history and cultural practices before starting the Health Care Assistant program. How has your understanding of trauma and its impact on mental health changed? What experiences or knowledge have contributed to this change, and how do you think this will affect your approach to care?

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discrimination in B.C. health care: Data report. https://engage.gov.bc.ca/app/uploads/sites/ 613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf

6. Diversity in Health and Healing: Book Club

This activity is modelled after a book club. Invite students to read a book from the list of suggested titles below. These books provide insights into diverse practices in health and healing, the challenges faced by marginalized individuals navigating the health care system, and the importance of cultural humility in providing effective and equitable care.

Students can be assigned to read a book throughout their program, with regular small group discussions connecting themes from the book with different course learning outcomes throughout the HCA curriculum. Alternatively, students can be assigned selected excerpts for standalone activities related directly to the diversity section within the Concepts for Practice course.

Ask students to discuss their impressions and reflections on the book and consider how this learning can impact their HCA practice. Some sample discussion questions are provided below.

Sample general questions

1. What themes did you notice in the book, and how were they developed throughout the book?
2. How did the book change or challenge your perspective on a particular issue or topic?
3. Did reading this book impact you in any way? If yes, how?
4. What is your greatest takeaway from this book? What have you learned?
5. Are there lingering questions from the book you are still thinking about?

Sample questions on diversity, health, and healing

1. What role did cultural transitions, rituals, and ceremonies play in the health and/or healing of individuals in the book?
2. How can communities promote and preserve their cultural healing practices in the face of modernization and globalization?
3. How can health care providers incorporate cultural humility into their practice to better understand and respect diverse beliefs about healing?
4. How will this knowledge impact your role as an HCA?

Recommended Books and Readings About Diversity in Health and Healing

Fadiman, A. (1997). _The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures_. Macmillan. https://academic.macmillan.com/academictrade/ 9780374533403/thespiritcatchesyouandyoufalldown

- This non-fiction book tells the story of a Hmong refugee family in the United States and their interactions with the American health care system, highlighting the importance of cultural understanding in health care.

First Nations Health Authority. (2022). _Sacred and strong: Upholding our matriarchal roles: The health and wellness journey of BC First Nations women and girls_. https://www.fnha.ca/ Documents/FNHA-PHO-Sacred-and-Strong.pdf

- This report from the First Nations Health Authority provides stories and teachings about the physical, psychological, cognitive, social, and spiritual health and well-being of First Nations women at every phase of life.

Habib, S. (2019). _We have always been here_. Penguin Random House Canada. https://www.penguinrandomhouse.ca/books/565780/we-have-always-been-here-by-samra-habib/9780735235007

- As a child Samira Habib moved with her family to Canada from Pakistan to escape religious persecution. This memoir documents her struggles growing up in Canada as an Ahmadi Muslim, while she navigates her queer sexuality and family's expectations.

Thistle, J. (2019). _From the ashes: My story of being Métis, homeless, and finding my way_. Simon & Schuster. https://www.simonandschuster.ca/books/From-the-Ashes/Jesse-Thistle/ 9781982101213

- This memoir tells the story of a Métis-Cree man struggling through familial dysfunction, addiction, and racism. Themes include hope, resilience, and healing.

Wagamese, R. (2020). _For Joshua: An Ojibway father teaches his son_. Penguin Random House Canada. https://www.penguinrandomhouse.ca/books/184586/for-joshua-by-richard-wagamese/9780385693240

- In this memoir, Richard Wagamese shares how he was taken from his family and placed in foster care as a young Indigenous boy and the impact this trauma had on his life. Told through letters that Wagamese wrote to his son Joshua, the book explores themes of loss,

identity, and resilience, highlighting the impact of colonialism and the foster care system on Indigenous communities in Canada.

Note: If online access isn't available, connect with your institution's library or bookstore for access to books.

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 and protection (Learning Outcomes 1, 2, and 4).

2. An individual project that uses problem-solving and decision-making processes in a caregiving context. Students could be given a scenario from a practice environment and use a systematic problem-solving process to decide (Learning Outcome 3).

3. A written assignment in which students will explore how factors such as culture, ethnicity, generation, socio-economic status, religious or spiritual beliefs, gender identity, gender expression, and sexual orientation affect health and healing. Through exploration and personal reflection, students will develop insights that can inform culturally sensitive and inclusive health care practices. (Learning Outcomes 1 and 3). Instructions and a marking guide are in <u>Diversity Factors in Health and Healing Assignment</u> in *Section 5: Sample Course Assessment Tools*.

4. An elder-awareness project in which each student interviews an older person (someone over 75), preferably someone also different from the student in gender, culture, ethnicity, and/or socio-economic status. Students will share their interviews with their student peers in small groups and discuss what these interviews tell them about generational differences, diversity, and changing family structures. Ask students to submit a paper about this project. (Learning Outcomes 1 and 5).

5. An occupational health and safety awareness project. HCAs are the most injured workers in the province, with about 3,000 claims accepted annually by WorkSafeBC. For students to get a better sense of the hazards facing them in the workplace and how to minimize them, they could complete an assignment that requires them to go to the <u>WorkSafeBC website health care section (https://www.worksafebc.com/en/health-safety/industries/health-care-social-services)</u> and research a topic to increase their awareness related to hazards and safety. Specific HCA hazards include patient handling, slips and trips, violence, and infectious disease. Students could select and review a publication or watch a video related to one of the top health care hazards. They could describe the potential hazard, ways to minimize the risk of injury and recommend responses when facing that hazard. Additionally, they could

describe how the hazard they face could also impact the person being cared for (Learning Outcome 5). To demonstrate their learning, students could submit a written summary, create an informational handout for their peers, make a visual presentation (e.g., poster, PowerPoint, or narrated video), or share their findings through a forum or imageboard.

6. The LearningHub courses on electronic health records can be graded and used as assessments. See Reporting and Recording: Electronic Health Records for a list of suggested courses.

Resources for Concepts for Practice

Online Resources

Anderson, J. (2016, December 21). *7 ways to prevent social isolation and loneliness in seniors*. A Place for Mom. http://www.aplaceformom.com/blog/help-seniors-avoid-social-isolation-8-14-2014/

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B.C. College of Nurses and Midwives. (2024).*Indigenous cultural safety, cultural humility, and anti-racism.* https://www.bccnm.ca/RN/PracticeStandards/Pages/CulturalSafetyHumility.aspx

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First Nations Health Authority. (n.d.). *Traditional wellness and healing*. https://www.fnha.ca/what-we-do/health-system/traditional-wellness-and-healing

Fraser Health. (2022). *Colour code quick reference guide* https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/employees/clinical-resources/acute-care-orientation/Quick-reference-guide-poster-tabloid-7111-Dec22.pdf

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Government of British Columbia. (2017, December 8). *Self care*. http://www2.gov.bc.ca/gov/content/family-social-supports/seniors/caring-for-seniors/caring-for-the-caregiver/self-care

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    and-Community-Booklet-final-2.pdf

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Online Learning Tools

ISSofBC. (2020). _Welcome to our homelands (https://issbc.org/our-resources/issofbc-newcomer-awareness-tools/)_ [Multilingual videos and study guides].

- This website provides a seven-minute video and accompanying study guide in multiple languages for newcomers to B.C.

LearningHub, Provincial Health Services Authority

LearningHub is a secure, province-wide course registry and learning management system hosted by the Provincial Health Services Authority. LearningHub provides a wide range of online and in-class courses on various topics. These e-learning courses can be used as activities or assessments for the HCA program courses. Students can access the LearningHub using their post-secondary email account. After completing all mandatory learning activities for a course, students can obtain a course completion certificate to show that they fulfilled all the course requirements. Instructions for registering and completing courses are available on the LearningHub site (https://learninghubhelp.phsa.ca/take-a-course).

The following courses are examples of courses on LearningHub related to diversity, cultural safety and humility and person-centred care. All courses are accessible to HCA students.

- Indigenous Cultural Safety: An Introduction (https://learninghub.phsa.ca/Courses/24156/indigenous-cultural-safety-an-introduction) (30 minutes)
- Introduction to Indigenous Health (https://learninghub.phsa.ca/Courses/16926/introduction-to-indigenous-health) (15 minutes)
- Person and Family Centered Care – New Employee Orientation (https://learninghub.phsa.ca/Courses/14019/person-and-family-centred-care-new-employee-orientation) (30 minutes)

Introduction to Practice

Download student handouts: <u>Introduction to Practice handouts [Word doc]</u>.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Qualities and Characteristics of Care Providers Discussion

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.

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

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

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

2. Caring for Clients Discussion

Invite students to consider some of the key aspects of caring. Questions that could be used to elicit discussion:

- 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?
- How does a respectful work environment among colleagues contribute to positive outcomes in client care?

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 complex care. Ask the students to identify the positive aspects and challenges associated with working in each setting.

A. Whole Class Activity and Discussion

- In class, briefly review the health care settings. On a whiteboard, list the positive aspects and challenges that may be experienced by the HCA working in these settings. 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 whiteboard.

B. Small Group Activity

- Divide the class into small groups, assigning each group to one of the following health care agencies and settings that is described in the handout. After the students have read the scenario, they should work together to identify the positive aspects and challenges described and be prepared to share their observations with the larger group. See STUDENT HANDOUT 1 below.

C. Whole Class Activity Debrief

- Come together as a class and have each group report back on the positive aspects and challenges 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 descriptions and notes from this session to their client portfolio for Peter Schultz.

STUDENT HANDOUT 1
Unfolding Case Study: Caring for Peter Schultz
Client and Family Experiences with Different Health Care Settings

DIRECTIONS: In this handout, Peter's wife Eve shares their experiences with various types of health care settings and agencies. In your group, review your assigned type of health care setting. 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.

Adult Day Program

People from various agencies came to the house to interview Peter and me. 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 complex care was needed, he was attending the program three times a week, which was a Godsend to me.

Home Support

Community services also introduced me to home support. This was such a wonderful help to me. An 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.

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.

Complex Care

I just came home from the complex 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 through 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.

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 <u>CC BY-SA 4.0 (https://creativecommons.org/licenses/by-sa/4.0/deed.en)</u> licence.

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 three to five students and assign two groups to each of the topics outlined for a debate; one group will take a pros position toward the topic and the other group will take a cons 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 Introduction to Practice

1. HCAs can provide better care to clients in complex care settings vs. community settings.

2. HCAs should be able to provide formal care services to their own family members.

3. An HCA has the right to refuse to provide care that makes them feel uncomfortable.

4. Health care workers should be allowed to have their phones while at work.

5. HCAs have the right to talk about their clinical experiences on social media.

2. Encouraging Reflective Practice

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 Gibbs' Reflective Cycle.

- 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 Gibbs' Reflective Cycle model to the scenarios outlined below.

Note: This activity refers to Gibbs, G. (1988). _Learning by doing: A guide to teaching and learning methods_. Oxford Centre for Staff Development. https://stephenp.net/wp-content/uploads/2015/12/learning-by-doing-graham-gibbs.pdf

Scenario 1

Today at your annual performance review, your supervisor tells you that they have received a report from another HCA that you were impatient with a client. The HCA stated that they 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 bad for sighing loudly and saying, "I don't have all day," when your client was taking a longer time than usual to pick her outfit.

Scenario 2

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.

Scenario 3

As a recent HCA graduate, you are feeling excited about your new job at a complex 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 impression on your employer, so don't speak up when the session leader asks if anyone has any questions or concerns.

Scenario 4

You are a new HCA and are struggling to keep up with your care activities. You often ask a more experienced HCA for help and guidance. Initially, they are very supportive and patient, however, as time goes on, they begin to feel resentful of your requests for assistance. The experienced HCA begins making snide remarks about your capabilities behind your back and excludes you from team discussions and activities. You notice the change in behaviour but don't know how to address it. You are feeling isolated and demoralized, and this is making it even harder for you to perform your job.

Scenario 5

You are a new HCA who has recently been hired at a complex care home. Today you are assigned to work with an HCA who has been employed there for 18 years. When you suggest that the two of you come up with a brief plan for how to schedule your morning, the HCA insists that you follow their regular routine. Throughout the day, they make all of the decisions and disregard 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 the HCA for the rest of the week.

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3. Problem-Solving and Decision-Making Process

Have students, either alone or with peers, 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 which health care context you'd like to work in and whether you would like to continue your education.

The <u>STUDENT HANDOUT 2</u> below will help students analyze this problem and come to a decision that best "fits" for them at this point in time.

STUDENT HANDOUT 2
Problem-Solving and Decision-Making Exercise

DIRECTIONS: Consider the following problem:

As you move towards completion of the HCA program, you will have to decide which health care context you'd like work in and whether you would like to continue your education.

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

- 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, complex, 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

- Based on your analysis, what is the best choice(or choices) for now?
- Based on your choice, what are your next steps? How will you evaluate your choice?
- 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 flip chart. 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

B. Introduce the <u>Professional Behaviour Development Rubric</u> from Section 5: Sample Course Assessment Tools and discuss how this type of tool could support students 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, to function in a professional manner as an HCA in relation to the descriptors they have identified. Ask each small group to examine one of the major elements of professional practice and discuss the learning needs related to it. They may use a graph such as the one below.

Major elements of a professional approach to practice	What I'll need to know and be able to do in order to reflect professionalism in my practice
EXAMPLE Working collaboratively with other members of the health care team	Need to know and 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 limitations and obligations of HCAs. • Types of care activities (tasks vs. restricted activities) • What to do when a situation exceeds legal parameters of one's role. • 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. • Maintaining a respectful workplace 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 session. • 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. Have students work in pairs to complete online research about the work-based policies of an employer, government website, or health authority in B.C. The policies can be related to:

◦ Electronic communication, including social media, the use of mobile devices, and texting

◦ Respectful workplace practices, including communicating respectfully, bullying (in

person or online), gossiping, and harassment

◦ Privacy 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. After each group presents, the students could identify commonalities between various workplace policies and then draft a respectful workplace policy (classroom agreement) for their classroom or lab setting.

Students can also share their resources by posting workplace policies, links, or documents on a physical bulletin board in the classroom or to a virtual bulletin board through imageboards and forums.

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 (https://www.islandhealth.ca/about-us/accountability/code-conduct-policies)

◦ Northern Health (https://www.northernhealth.ca/about-us/accountability/policies)

◦ 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 Resources for website information).

B. Ethical Practice Considerations and Employer Policies Scenarios
Invite students to form small discussion groups and discuss situations in which an HCA is confronted with a workplace dilemma. Ask them to discuss the scenarios on STUDENT HANDOUT 3 below and put forward suggestions for how each situation should be handled based on what they have learned in the course. Encourage students to check out the websites of the health authorities (links are provided above) to consider whether there is a program, workplace policy, or collective agreement that they could refer to for guidance.

STUDENT HANDOUT 3

Ethical Practice Considerations and Employer Policies Scenarios

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

Scenario 1

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

Scenario 2

You enjoy working with your colleague, Sandy, because they are 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 their smartphone, checking texts and emails during their shift. One day when you are eating lunch with Sandy, they show you some pictures of them posing with one of the clients that they has taken with their phone. Sandy shares that they have posted these pictures to social media. What do you think about Sandy's use of their phone at work? How will you respond to the current situation?

Scenario 3

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

Scenario 4

Mr. Chopra was a well-known businessman and 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. Chopra. You were fond of Mr. Chopra and would like him to be remembered for the fine gentleman he was. What will you do?

Scenario 5

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 TV 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?

Scenario 6

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?

Scenario 7

Ms. Dhillon 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. Dhillon with her shower. You notice that Jessie is quite rough in the way she handles Ms. Dhillon. She also sounds angry when she talks to Ms. Dhillon and raises her voice, even though Mrs. Dhillon has no hearing loss. While you and Jessie are helping Ms. Dhillon to transfer from the shower to her wheelchair using the ceiling lift, Ms. Dhillon reaches out and puts her hand on Jessie's arm for stability. Jessie slaps Ms. Dhillon's hand away, saying, "Don't grab me." What will you do at that moment? What will you do later?

Scenario 8

Mr. Zhao 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 cerebral vascular accident 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 to meet his dietary needs and can also have fluids by mouth if they are thickened to pudding consistency. Mr. Zhao has not been off the ward very much since he has been in hospital the past few days. At home, he usually 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?

3. Interprofessional Teamwork

Share the case study below with the whole class and invite students and share their responses to the discussion questions below.

Zareen is an HCA who works on an inpatient orthopaedic unit and has worked on this unit as a casual for the past three months. She is participating in a morning huddle and hears about Mrs. Nguyen, 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.

Mrs. Nguyen lives alone in a two-level townhome with a cat. She has one son who lives in town and he reports that his mom has lost a lot of weight since her husband passed away six months ago. The team leader reports that Mrs. Nguyen 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). Mrs. Nguyen 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 Mrs. Nguyen's care.

2. What unique contributions might Zareen expect from the members of the interprofessional health care team that would support the goal of being discharged home?

3. What might Zareen's role be in Mrs. Nguyen's care?

4. How might Zareen demonstrate interprofessional communication with the team?

Note: This case study is used with permission from Island Health. (2012). *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum.*

4. 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 and supervision, and the importance of workplace orientation and training. While some content may overlap with content in other courses, given the overall importance of occupational health and safety, it is included in this HCA Introduction to Practice course.

It is suggested that instructors:

- 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 flip chart. See those listed in below as a guide or provide the STUDENT HANDOUT 4 below.
- After the brainstorming session, work with students to consider workplace safety and how rights and responsibilities can be considered specifically within the role of the HCA, using the questions and answers on the INSTRUCTOR DISCUSSION GUIDE 1, if helpful.

STUDENT HANDOUT 4
Workers' Rights and Responsibilities

Workers have the *right* 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 care activities 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 *responsible* 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 health conditions that may make you unable to work safely

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

<div align="center">**INSTRUCTOR DISCUSSION GUIDE 1**</div>
<div align="center">**Rights and Responsibilities**</div>

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 or withdrawal

- ■ "Life" hazards, such as walking into objects or getting hit by doors

- ■ Infectious diseases, such as norovirus, 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 and hand sanitizer

4. **Training (including orientation)**

   - ○ **Consider: What types of safety-related education or training might HCAs 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 care activities or work process
  - The employer's health and safety program
  - Workplace Hazardous Materials Information System (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 supervisors' 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 well-being

    - ■ 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"**

  - ○ Co-workers
  - ○ Clients
  - ○ Families and members of the public

- **Consider: As an 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 or alcohol, medical conditions, distractions from your life outside work)

5. Maintaining a Respectful Workplace Scenarios

In groups of three or four, ask students to explore how to respond to challenging behaviours from classmates or co-workers and consider how different choices in verbal and non-verbal expression can change the meaning of a statement and influence the outcome of a conversation. For each scenario, students will consider the following questions:

- Is this behaviour respectful? Why or why not?
- How might you feel in this situation?
- How would you respond to this situation?

Students can incorporate knowledge from the Interpersonal Communications course to guide their responses. This means considering verbal elements such as word choice, and non-verbal elements such as tone, gestures, and facial expressions. The goal is to create a response that is most likely to result in a positive response from the other person and maintain a productive working relationship. Students will use conflict resolution skills to manage conflict effectively, incorporating the following program learning outcomes:

- 5.11 Identify problems, concerns, and conflicts within the health care team and discuss these with appropriate team members in a timely manner.
- 5.12 Approach problems or conflict in a non-threatening way.
- 5.13 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.
- 6.18 Use effective approaches to conflict management.

Using non-verbal behaviours or innuendo (e.g., eye-rolling, making faces, deep sighing)

Scenario 1

You are a new HCA student and still have lots of questions. Every time you ask your student partner for help, they roll their eyes. They eventually will answer your question, but you feel uncomfortable with the response and are uncertain how to respond.

Scenario 2

As you are assisting a client with their morning care, you notice the HCA waiting for you sighing loudly. You are concerned that they may be frustrated with you but are not certain.

Spreading rumours, gossiping, or sharing information you were asked to keep private

Scenario 3

During a shift a fellow HCA says "Reyna has been calling in sick to a lot of shifts lately, but I saw photos they posted on social media of them out partying. Seems like they're just faking it to get out of work."

Scenario 4

A peer tells you that a fellow classmate failed their last skills assessment and might have to leave the program. You initially say, "Oh really?", but then realize that this is a breach of trust and confidentiality as you did not hear it directly from the classmate who failed.

Sarcastic remarks, name-calling, verbal affronts, demeaning comments, putdowns

Scenario 5

Your client asks to use the bathroom. When you ask the HCA for help with the transfer, they respond sarcastically saying "Again? They just went!"

Scenario 6

You are a student practising in the lab and your student partner keeps criticizing you, saying that you are too slow and are wasting supplies. You feel embarrassed and upset.

Using silent treatment or withholding important information

Scenario 7

You are working on an unfamiliar unit, and during the morning report, you ask if there is anything you need to know about your clients. No one says anything. Later, you discover that your client is late to an appointment because you didn't have them ready in time. When you ask the HCA about it, they respond that "you should know where to find that information."

Scenario 8

You had a conflict with a friend from class. You texted them yesterday to try and resolve the situation, but they have not yet responded to your text.

Failing to support others and work productively as a team

Scenario 9

It's a particularly busy shift, and you are having a hard time keeping up with your care activities. You feel overwhelmed and notice that your HCA partner has finished all their care activities. You expect them to offer to help you, but when you look over, you see that they've just sat down at the nursing station and are reading a magazine. You are feeling isolated and frustrated.

Scenario 10

You are working on a group presentation with two other students. One of the students in your group has not completed their portion of the assignment. The presentation is due at the end of the week, and you are worried that their portion will not be completed in time.

Distracting, telling jokes, and disrupting others during classes and meetings

Scenario 11

During lab practice, your student partner tends to create distractions while you work. This includes discussing things not related to the lab and showing you pictures and social media posts on their phone. You are finding it difficult to focus on practicing the care activities.

Scenario 12

During a staff meeting, one of the HCAs consistently interrupts and talks over their colleagues, disregarding their input and monopolizing the conversation. Their disruptive behaviour prevents other HCAs from sharing their perspectives. You are frustrated because you had some ideas to share but were not able to do so.

Adapted from Griffin, M. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *The Journal of Continuing Education in Nursing.* 45(12), 535–542.

6. The Role and Mandate of the B.C. Care Aide & Community Health Worker Registry: Search and Find Activity

This activity is designed to support students to understand the role and mandate of the B.C. Care Aide & Community Health Worker Registry. It can be designed as a follow up to the LearningHub's <u>Health Care Assistant Practice in B.C (https://learninghub.phsa.ca/Courses/ 24104/health-care-assistant-practice-in-british-columbia)</u>. online Module 4, Lesson 5 – Public Protection Mandate of B.C. Care Aide & Community Health Worker or used on its own.

- In class, invite students to work in pairs or small groups to visit the B.C. Care Aide & Community Health Worker Registry website to answer the questions outlined in the <u>STUDENT HANDOUT 5</u> below.
- After students have completed the activity, come together as a class, and ask students to report back on what they have learned. An <u>INSTRUCTOR DISCUSSION GUIDE 2</u> with links to the relevant web pages is provided below.

STUDENT HANDOUT 5

The Role and Mandate of the B.C. Care Aide & Community Health Worker Registry: Search and Find Activity

DIRECTIONS: Visit the B.C. Care Aide & Community Health Worker Registry Website (https://www.cachwr.bc.ca/).

Working in small groups, search the website to answer the questions below. Be prepared to report back to the whole class.

Questions:

1. The B.C. Care Aide & Community Health Worker Registry (Registry)

    ◦ What is the Registry?

    ◦ How does it work?

    ◦ What is the role and mandate of the Registry?

2. HCA Registration

    ◦ What is the purpose of registration?

    ◦ Who is required to be registered?

    ◦ Who can apply for registration?

    ◦ What are the application requirements for graduates of an HCA Program in B.C.?

    ◦ What is the account verification process?

3. HCA Education

    ◦ What is the role of the Registry in HCA education?

    ◦ Where can individuals complete a recognized B.C. HCA program?

    ◦ Where can HCAs find resources related to their role?

    ◦ What are some continuing education opportunities for HCAs?

4. Alleged Abuse Reporting

    ◦ What is the employer's role in the Registry?

    ◦ What is the definition of abuse, as set out in the *Community Care and Assisted*

Living Act, Residential Care Regulation?

- What is the process for reporting alleged abuse?
- What are the key points in alleged abuse reporting?

INSTRUCTOR DISCUSSION GUIDE 2

The relevant web pages with information to answer each question are provided below.

1. The B.C. Care Aide & Community Health Worker Registry (Registry)

   ◦ What is the Registry? See <u>About the Registry (https://www.cachwr.bc.ca/about-the-registry/)</u>.

   ◦ How does it work? See <u>About the Registry (https://www.cachwr.bc.ca/about-the-registry/)</u>.

   ◦ What is the role and mandate of the Registry: <u>Role and Mandate (https://www.cachwr.bc.ca/about-the-registry/role-mandate/)</u>.

2. HCA Registration

   ◦ What is the purpose of Registration? Why apply? See <u>Applicants (https://www.cachwr.bc.ca/registrants/)</u>.

   ◦ Who is required to be registered? See <u>About the Registry (https://www.cachwr.bc.ca/about-the-registry/)</u>.

   ◦ Who can apply for registration: See <u>Applicants (https://www.cachwr.bc.ca/registrants/)</u>.

   ◦ What are the application requirements for graduates of an HCA Program in B.C.? See <u>Graduate of an HCA Program in BC (https://www.cachwr.bc.ca/hca-graduate/)</u>.

   ◦ What is the account verification process and why is it important? See <u>Frequently Asked Questions – Registrants (https://www.cachwr.bc.ca/about-the-registry/registrants-faq/)</u>.

3. HCA Education

   ◦ What is the role of the Registry in HCA education? See <u>Educators</u>

(https://www.cachwr.bc.ca/educators/).

- ◦ Where can individuals complete a recognized B.C. HCA program? See Recognized B.C. Health Care Assistant Programs (https://www.cachwr.bc.ca/about-the-registry/list-of-hca-programs-in-bc/).

- ◦ Where can HCAs find resources related to their role? See Resources (https://www.cachwr.bc.ca/about-the-registry/resources/).

- ◦ What are some continuing education opportunities for HCAs? See Continuing Education (https://www.cachwr.bc.ca/about-the-registry/continuing-education/).

4. Alleged Abuse Reporting

- ◦ What is the employer's role in the Registry? See Employers (https://www.cachwr.bc.ca/employers/).

- ◦ What is the definition of abuse, as set out in the *Community Care and Assisted Living Act*, Residential Care Regulation? See Reporting Alleged Abuse (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/).

- ◦ What is the process for reporting alleged abuse? See Reporting Alleged Abuse (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/).

- ◦ What are the key points in alleged abuse reporting?

  1. Alleged abuse is reported in the workplace.

  2. Within 7 calendar days, the employer submits an Alleged Abuse Report (https://employers.cachwr.bc.ca/public/Employees/ReportAllegedAbuse/) to the Registry.

  3. Upon receipt of an alleged abuse report, the registered HCA is suspended from the Registry and the employer and union (or HCA if non-unionized) are informed of the suspension from the Registry.

  4. If an employer investigation results in HCA being able to return to work, the employer submits an updated report to the Registry and the HCA is reinstated to the Registry.

  5. If an employer investigation results in an HCA being terminated, the union or the HCA (in the case of a non-unionized HCA) may request an investigation by a third-party investigator appointed by the Registry.

6. Within 10 days of receiving an investigation request, a third-party investigator is assigned.

7. Depending on the outcome of the third-party investigation, the HCA could be returned to the Registry without conditions, returned to the Registry after meeting conditions, or removed permanently from the Registry.

Detailed information about removal from the Registry is available here: Removal from the Registry (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/removal-from-the-registry/).

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 care team members, respectful workplace, legal and 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 and 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 themselves 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 search online to look up the mission and value statements of various employers. Using this information and their knowledge of the challenges and rewards of various workplace settings (community, complex, acute care), the students will describe where they would like to work and why and how this fits with their own beliefs, values, goals, and interests (Learning Outcome 5). Refer to HCA Workplace Settings Assignment in Section 5: Sample Course Assessment Tools.

5. The LearningHub modules included in the Online Learning Resource section can also be included as graded activities, as certificates are provided for completion. These modules

include the HCA Practice in B.C. module (required by the B.C. Care Aide & Community Health Worker Registry) and two modules on the topic of respectful workplaces.

Resources for Introduction to Practice

Online Resources

Adult Guardianship Act. RSBC 1996, c. 6. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96006_01

Alberta Health Services. (n.d). *Respectful workplaces: Resource guide*. https://www.ualberta.ca/anesthesiology-pain-medicine/media-library/eliassons-wellness-docs/hr-respectful-workplaces-resource-guide-copy.pdf

B.C. Care Aide & Community Health Worker Registry. (2024). https://www.cachwr.bc.ca/

B.C. Care Providers Association. (2022). http://bccare.ca/

B.C. Centre for Disease Control. (2020). *Ethics*. http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/ethics

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

Bright Knowledge from Brightside. (2017). *What is reflective practice?* https://brightknowledge.org/medicine-and-healthcare/what-is-reflective-practice

British Columbia College of Nurses and Midwives. (2021). *Licenced practice nurses-practice standards-working with health care assistants*. https://www.bccnm.ca/LPN/PracticeStandards/Pages/WorkingwithHealthCareAssistants.aspx

Canadian Human Rights Commission. https://www.chrc-ccdp.gc.ca/en

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework*. https://drive.google.com/file/d/1Des_mznc7Rr8stsEhHxl8XMjgiYWzRIn/view

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

Canadian Nurses Association. (2018). *Interprofessional collaboration*. https://www.cna-aiic.ca/en/nursing/nursing-tools-and-resources/interprofessional-collaboration

Community Care and Assisted Living Act, SBC 2002 c. 75. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_02075_01

Community Care and Assisted Living Act. Residential Care Regulation. [B.C. Reg. 96/2009.] https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96_2009

Continuing Studies University of Victoria. (2021). *Skills to support independent living.* https://continuingstudies.uvic.ca/health-wellness-and-safety/programs/strategies-and-actions-for-independent-living-sail/

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

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

Government of British Columbia, (n.d.). *About B.C.'s health care system.* https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system

Government of British Columbia. (n.d.). *Accessing health care.* https://www2.gov.bc.ca/gov/content/health/accessing-health-care

Government of British Columbia. (n.d.). *Assisted living in B.C.* https://www2.gov.bc.ca/gov/content/health/assisted-living-in-bc

Government of British Columbia. (2023). *B.C. health care assistants core competency profile.* https://www.health.gov.bc.ca/library/publications/year/2023/hca-core-competency-profile-april-2023.pdf

Government of British Columbia. (2022). *Building a respectful workplace: Checklist for employees.* https://www2.gov.bc.ca/assets/gov/careers/all-employees/working-with-others/building_a_respectful_workplace_checklist_for_employees.pdf

Government of British Columbia. (2024) *Define discrimination, bullying and harassment.* https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/working-with-others/address-a-respectful-workplace-issue/define-discrimination-bullying-harassment

Government of British Columbia. (2021). *Health authorities.* https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities

Government of British Columbia. (2019). *Home and community care.* https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care

Government of British Columbia. (n.d.). *Human rights in British Columbia. What you need to know.* [Fact sheet]. https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/human-rights/human-rights-protection/what-you-need-to-know.pdf

Government of British Columbia. (2022) *Human Resources Policy 11 – Discrimination, Bullying and Harassment in the Workplace.* https://www2.gov.bc.ca/assets/gov/careers/managers-

supervisors/managing-employee-labour-relations/hr-policy-pdf-documents/
11_discrimination_harassment_workplace_policy.pdf

Government of British Columbia. (2024). *Long-term care services*. https://www2.gov.bc.ca/gov/
content/health/accessing-health-care/home-community-care/care-options-and-cost/
long-term-care-services

Government of British Columbia. (2024). *Professional regulation*. https://www2.gov.bc.ca/gov/
content/health/practitioner-professional-resources/professional-regulation

Government of British Columbia. (2016). *Protecting personal information*.
https://www2.gov.bc.ca/gov/content/employment-business/business/managing-a-
business/protect-personal-information

Government of British Columbia. (2023). *Protection from elder abuse and neglect*.
https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/
protection-from-elder-abuse-and-neglect

Government of British Columbia. (2022). *Resident's rights*. https://www2.gov.bc.ca/gov/content/
health/assisted-living-in-bc/operating-an-assisted-living-residence/operator-
responsibilities/residents-rights

Government of British Columbia. (2022). *Medical Services Plan of B.C*. https://www2.gov.bc.ca/
gov/content/health/health-drug-coverage/msp

Government of British Columbia. (2024). *Ministry of Health.* https://www2.gov.bc.ca/gov/
content/governments/organizational-structure/ministries-organizations/ministries/health

Government of Canada. (2019). *Canada's health care system*. https://www.canada.ca/en/health-
canada/services/health-care-system/reports-publications/health-care-system/canada.html

Government of Canada. (2012). *It's not right: What you can do when abuse or neglect is happening
to an older adult in your life*. https://www.canada.ca/content/dam/phac-aspc/documents/
services/publications/health-risks-safety/what-you-can-do-elder-abuse/pub1-eng.pdf

Health Employers Association of B.C. (n.d.). *Collective agreements*. https://www.heabc.bc.ca/
Page20.aspx#.YLEo5KhKjIV

Health Employers Association of B.C. (n.d.). *Labour relations*. https://www.heabc.bc.ca/
Page11.aspx

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

- *Facilities collective agreement.* https://heu.org/collective-agreements/facilities
- *Community health collective agreement.* https://heu.org/collective-agreements/community-health
- *Independent collective agreement.* https://www.heu.org/collective-agreements/independent
- *Community Social Services.* https://www.heu.org/collective-agreements/community-social-services

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

InterRAI. http://www.interrai.org

Island Health. https://www.islandhealth.ca/

Master Class. (2022). *How to recognize the five stages of group development.* https://www.masterclass.com/articles/how-to-recognize-the-5-stages-of-group-development

National Healthcareer Association. (n.d.). *Healthcare job interview questions (and how to answer them).* https://info.nhanow.com/blog/healthcare-job-interview-questions-and-how-to-answer-them

Nidus. (2024). *Your Choice. Your Plan. Your Life.* https://nidus.ca/

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

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

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

Providence Healthcare. https://www.providencehealthcare.org/en

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

SafeCare BC (2020). *Civility matters: An online toolkit for long-term care staff.* https://www.safecarebc.ca/civilitymatters/

Truth and Reconciliation Commission of Canada. (n.d.). https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525

WorkSafeBC. (2020). *Back talk for workers.* https://www.worksafebc.com/en/resources/health-safety/interactive-tools/back-talk-for-workers

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

WorkSafeBC. (2023). *Communicating risk information to prevent violence-related injuries to workers*. https://www.worksafebc.com/en/resources/health-safety/information-sheets/communicating-risk-information-prevent-violence-injuries-workers?lang=en

WorkSafeBC. (2023). *Industry claims analysis: Time-loss claims in B.C.* https://public.tableau.com/app/profile/worksafebc/viz/IndustryclaimsanalysisTime-lossclaimsinB_C_/Didyouknow

WorkSafeBC. (2020). *Occupational health and safety regulation*. https://www.worksafebc.com/en/law-policy/occupational-health-safety/occupational-health-safety-regulation

WorkSafeBC. (2018). *Point-of-care risk assessments in long-term care* [Videos].https://www.worksafebc.com/en/resources/health-safety/videos/point-of-care-risk-assessments-in-long-term-care/full-video

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

WorkSafeBC. (2013). *Toward a respectful workplace: A handbook on addressing and preventing workplace bullying and harassment*. http://www.worksafebc.com/en/resources/health-safety/books-guides/a-handbook-on-preventing-and-addressing-workplace-bullying-and-harassment?lang=en

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

Young, J. M. & Everett, B. (2018). When patients choose to live at risk: What is an ethical approach to intervention? *BCMJ*, 60(6), 314–318. https://bcmj.org/articles/when-patients-choose-live-risk-what-ethical-approach-intervention

Online Videos

Alberta Health Services. (2016, July 26). *Patient and family centered care: Moments that make all the difference* [Video]. YouTube. https://www.youtube.com/watch?v=Tej5g6w34BA&feature=youtu.be

City News 1130. (2020, December 8). *Elder abuse calls increase* [Video]. YouTube. https://www.youtube.com/watch?v=iYOCT8N9lwg

CLPNA. (2020). _Respectful Workplaces; Building Healthy Working Relationships_ [Video]. YouTube.
https://www.youtube.com/watch?v=ca94a0UnOyc

Indeed. (2020, January 3). _Top interview tips: Common questions, body language and more_ [Video].
YouTube. https://youtu.be/HG68Ymazo18

McGill Caps. (n.d.). Writing a cover letter. https://www.mcgill.ca/careers4engineers/files/
careers4engineers/guide_coverletter.pdf

University of British Columbia. (2012, September 17). _Resumes 101: Accomplishment statements_
[Video]. YouTube. https://www.youtube.com/watch?v=bOSKynkOgQE&t=2s

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.

British Columbia College of Nurses and Midwives, (n.d.). _Social media scenarios: Complaints to the
college (https://www.bccnm.ca/RPN/learning/socialmedia/Pages/Social_media_scenarios.aspx)_.

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

B.C. Health Regulators. (n.d). _Achieving Competence in Collaborative Practice: Mini Module Series_
(https://bchealthregulators.ca/modules/accp/story_html5.html).

- Modules cover content on Interprofessional Communication, Intercultural Communication,
  Patient/Client/Family/Community Care, Role Clarification, Team Functioning, Conflict
  Management and Collaborative Leadership. Case Studies and a final assessment are included.
  (60-90 minutes)

LearningHub, Provincial Health Services Authority

LearningHub is a secure, province-wide course registry and learning management system hosted
by the Provincial Health Services Authority. LearningHub provides a wide range of online and in-
class courses on various topics. These e-learning courses can be used as activities or
assessments for the HCA program courses. Students can access the LearningHub using their
post-secondary email account. After completing all mandatory learning activities for a course,
students can obtain a course completion certificate to show that they fulfilled all the course
requirements. Instructions for registering and completing courses are available on the
LearningHub site (https://learninghubhelp.phsa.ca/take-a-course).

- Respectful Workplace (https://learninghub.phsa.ca/Courses/24534/nha-rai-rai-2-0-observations-tool-education-for-long-term-care-homes) (30 minutes)
- Health Care Assistant Practice in British Columbia (https://learninghub.phsa.ca/Courses/24104/health-care-assistant-practice-in-british-columbia) (5 hours)
- SPECO (Student Practice Education Core Orientation) (https://learninghub.phsa.ca/Courses/8538/speco-curriculum) (8 hours)

Social Care Institute for Excellence. (2014). *Dignity in care (https://www.scie.org.uk/providing-care/dignity-in-care/privacy/)*.

- Video and messages for practice to illustrate various scenarios with themes encompassing dignity in care.

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, etc.). The handbook is only stored for the duration of the web session, but can be downloaded or printed for future reference.

WorkSafeBC. (2011, July). *Supervision in health care: Know your responsibilities (https://www.worksafebc.com/en/resources/health-safety/books-guides/supervision-in-health-care-know-your-responsibilities)*.

- 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)*.

- 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).

Interpersonal Communication

Download student handouts: <u>Interpersonal Communication handouts [Word doc]</u>.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Discussion About Effective Interpersonal Communication

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, ask the class to 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 communication, ask students to discuss some examples of communication approaches they have experienced that they 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 communication?

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

2. Discussion About Caring

Use the following questions to start a 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 try 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? For example:
    - 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 and an increased need for empathetic communication skills
    - Increased urgency of caregiver care activities may interfere with active listening.
    - A changing client condition requiring immediate action may make caring communication more of a challenge in the moment
- Why is assertiveness on the part of the caregiver important to the care of the client? Why is it important and caring for an HCA to say "no" sometimes? How is self-respect related to one's ability to act assertively? For example, an HCA may be asked to work outside of their role, possibly putting themselves 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 care activity (or do the care activity in this way)."

3. Unfolding Case Study: Caring for Peter Schulz

A. Whole Class Review

- In class, review the characteristics of effective communication and verbal and non-verbal communication. Also consider how cultural and generational differences 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 <u>STUDENT HANDOUT 1</u> below.

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 or notes to the client profile.

STUDENT HANDOUT 1
Unfolding Case Study: Caring for Peter Schultz
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 loveseat 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?"

"I am 15 in 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 three to five students and assign two groups to each of the topics outlined; one group will take a pros position towards the topic and the other group will take a cons 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, briefly come together as a larger group and summarize the positions presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until all students have participated in a debate.

Debate topics for Interpersonal Communication.

1. Is technology enhancing or harming interpersonal communication?
2. An HCA is responsible for observing and giving direct feedback on the performance and/or behaviour of other health care team members.
3. It is beneficial for people to talk about their feelings at work.

2. Problem-Solving Exercise

When students are learning about conflict resolution, it might be helpful for them to grasp how a problem-solving process can 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 <u>STUDENT HANDOUT 2</u> below could be used to direct this discussion.

STUDENT HANDOUT 2
Problem-Solving Exercise: Resolving Conflicts

DIRECTIONS: Consider the following problem/dilemma:

Maria 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 friends that he has socialized with since high school. Maria has made it clear that she does not want to socialize with these friends. Jason is devoted to his friends and enjoys the comfortable camaraderie he experiences when he is with them.

Both Maria and Jason thought their relationship could 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 could Maria get more information on the rewards that Jason gets from these friends? How can Jason discover exactly what Maria doesn't like about these friends?

   ◦ Feelings:

      ■ How might Maria feel when Jason goes out with his buddies?

      ■ How might Jason feel when Maria 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 Maria continues to comment

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> negatively about these friends?

- ◦ Positive benefits:

    - ■ What opportunities might be gained if Jason continues to see these friends without Maria?

    - ■ 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 Maria and Jason.

Options	Positive Consequences	Negative Consequences

C. Based on your analysis, what is the best choice for Maria and Jason now? Some questions to consider: Is this a win-win solution (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?

E. 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: Interprofessional Communication

Share the following case study with students and use the discussion questions to guide a whole group discussion.

Kamala is an 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 HCA in

complex care and will be working as a casual HCA on Kamala's medical unit, as well. Today is David's first mentorship time on the medical unit.

Just as Kamala and David are about to get Mr. Roberts out of bed, Kamala is called by the LPN to offer assistance to Mrs. Kwakye 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 Kamala. A second patient on this unit, also a Mr. Roberts, was admitted for pneumonia several days ago and is awaiting his discharge.

Discussion Questions:

1. How might Kamala approach David about his decision to get Mr. Roberts out of bed?
2. What recommendations should Kamala 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.

Note: This case study is used with permission from Island Health. (2012). *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum.*

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

HCA instructors are asked to build specific learning opportunities into their programs and confirm that students have completed the Provincial Violence Prevention for Medium and High Risk Departments prior to starting their practice education placements. The curriculum is available online at LearningHub (https://learninghub.phsa.ca/Courses/7558/provincial-violence-prevention-for-medium-and-high-risk-departments-8-modules). It provides training in effective, recommended, and provincially recognized violence prevention. After completing this curriculum, HCA students will have received education and tools to prevent, defuse, and deal with potentially violent situations.

The curriculum consists of eight e-learning modules and takes approximately 3.5 to 4 hours to

complete. A quiz is embedded at the end of each module and students are then able to print their results to provide proof of completion. 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, and these skills need to be practised. Below are several approaches that are aimed at giving students opportunities to practise effective communication.

A. 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 practice excellent listening. For example:

- Face the speaker.
- Make eye contact whenever possible.
- Lean slightly toward the speaker.
- Maintain a relaxed, open posture.
- Maintain a facial expression appropriate to the content.
- Nod the head or use other non-verbal ways to indicate that the speaker is being heard.

After 5 or 10 minutes, the interaction stops 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 to 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?

B. 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 some suggested topics are 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 an HCA is...

The process for each group will be as follows:

1. The speaker makes a comment related to the chosen topic.

2. 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, they can take on the speaker role and make a comment.

3. The observer ensures that the rules are followed (that is, the listener may not become the speaker until they have paraphrased the content of the communication to the speaker's satisfaction).

4. Take turns in each role.

Following this activity, 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 activity about speaking and listening.

C. 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 salesperson 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 seem 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?
- 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?

D. Practising Assertive Communication

Ask students to work with a partner and use the scenarios on the STUDENT HANDOUT 3 below to practise assertive communication skills.

STUDENT HANDOUT 3
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): *"Hi _____. I'm going on my lunch break now. Janice will cover this team as team leader 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 an HCA. What will you say to the team leader?

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. Valinski? 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., team leader, client's daughter 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. Effective Communication Skills: Role Play Activity

Students will apply effective communication strategies using the scenarios provided below. 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 or list effective communication strategies (e.g., non-verbal listening skills, paraphrasing, responding empathetically) on a whiteboard or flip chart paper and have these displayed for students to reference throughout the activity. To increase student engagement and comfort, the instructor could also model the activity (with two students) before asking 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 on the <u>STUDENT HANDOUT 4</u>
      below. 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 and situation?

        ■ What three communications skills were applied and why were they chosen for this
          client and situation?

        ■ What did the observer/recorder notice about the communication strategies that
          were used?

        ■ What worked or 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 4
Communication Skills: Role Play Activity

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 communication skills that they will apply to the scenario. Then 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.

Scenario 1

You are an HCA working for a home support agency. You have been asked to visit Mr. Ansah, 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 you must report this to your supervisor, and when you mention this, Mr. Ansah becomes upset and shakes his cane at you.

Scenario 2

You are an HCA working in a complex care home and have been assigned to care for Mrs. Chan, a 90-year-old woman who has just moved into the care home. Mrs. Chan emigrated from China and has been living in Canada for 10 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.

Scenario 3

You are an 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 Mr. Khatri. When you enter the client's room, his daughter starts to complain about the care her father received from you that day.

Scenario 4

You have recently been hired as an HCA in assisted living. Lately, 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?

Scenario 5

You are an 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?

Scenario 6

Today is the first day of your clinical placement in multi-level/complex care and you are assigned to shadow Carlos, one of the HCAs. While you are assisting with the morning routine, Carlos asks you to help him with the mechanical lift. You politely explain to Carlos that you are not permitted to assist with lifts until your instructor has signed you off. Carlos sighs loudly, and says, "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 completed, the group should discuss the following:

1. What important information was provided about the client and situation?

2. What three communications skills were applied and why were they chosen for this client/situation?

3. What did the observer/recorder notice about the communication strategies that were used?

4. What worked or didn't work with the approach that was taken?

5. 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 (such as paraphrasing, empathic responses, or perception checking) and 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).

Resources for Interpersonal Communications

Online Resources

Amareson, S. (2021, June). _27 conflict resolution skills to use with your team and your customers_. Hubspot. https://blog.hubspot.com/service/conflict-resolution-skills

Benjamin, K. (2021, July 6). _6 Steps to conflict resolution in the workplace_ [Blog post] HR Daily Advisor. https://hrdailyadvisor.blr.com/2013/06/24/6-steps-to-conflict-resolution-in-the-workplace/

British Columbia College of Nurses and Midwives. (n.d.). *Taking pictures of clients: Is it ever OK?* https://www.bccnm.ca/LPN/learning/confidentiality/Pages/photos_clients.aspx

Pappas, C. (2015, June 6). *10 netiquette tips for online discussions*. eLearning Industry. https://elearningindustry.com/10-netiquette-tips-online-discussions

Online Videos

Arnold, R. (2015, February 23). *A world of gestures. Culture and nonverbal communication* [Video]. YouTube. https://www.youtube.com/watch?v=GRo0gLWqKxI

Academic Skills, The University of Melbourne. (2017, April 5). *Giving and receiving effective feedback* [Video]. YouTube. https://www.youtube.com/watch?v=zSEGZaI3fIY

Academy of Social Competency. (2018, April 10). *Communication skills: Empathetic listening* [Video]. YouTube. https://www.youtube.com/watch?v=t685WM5R6aM

Ballerz Mixtape. (2020, January 10). *Non-verbal communication – the documentary* [Video]. YouTube. https://www.youtube.com/watch?v=Ym081ObRtPcClassic

Conversation Sparks. (2017, September 12). *How to be a better listener: Paraphrasing* [Video]. YouTube. https://www.youtube.com/watch?v=BjUCF_Z146c

Cuddy, A. (2012, June). *Your body language may shape who you are* [Video]. TED Global. https://www.ted.com/talks/amy_cuddy_your_body_language_may_shape_who_you_are/up-next?language=en

The Distilled Man. (2018, April 15). *How to be more assertive: 7 tips* [Video]. YouTube. https://www.youtube.com/watch?v=NBkvWCmz2W4

EIRMC (Eastern Idaho Regional Medical Center). (2013, November 25). *Say this, not that: Patient experience video* [Video]. YouTube. https://www.youtube.com/watch?v=r842Ylpa-nQ&t=267s

Fact and Figures. (2017, January 25). *How to show respect in a conversation* [Video]. YouTube. https://www.youtube.com/watch?v=1wVw4D5KvVM

GavProVideo. (2013, September 9). *Communicate! – Paraphrasing with Denise Besson-Silva* [Video]. YouTube. https://www.youtube.com/watch?v=5JL2iizK2c0

Happify. (2016, January 19). *How mindfulness empowers us: An animation narrated by Sharon Salzberg* [Video]. YouTube. https://www.youtube.com/watch?v=vzKryaN44ss

Headly, J. (2013, May 22). *It's not about the nail* [Video]. YouTube. https://www.youtube.com/watch?v=-4EDhdAHrOg

Health Chronicle. (2017, November 8). _How laughter affects our health (and why it's the best medicine)_ [Video]. YouTube. https://www.youtube.com/watch?v=DB_cSy0IIOg

Izzo, J. (2014). _5 words that will improve your ability to receive feedback_ [Video]. YouTube. https://www.youtube.com/watch?v=4BpPtjKpJZM

Kiawans, K. (2013, December 12). _The importance of non-verbal cues as told by "Friends."_ [Video]. YouTube. https://www.youtube.com/watch?v=OvEci5Bjgd4

Kurtzberg, T. (2016, May 26). _The unintended consequences of electronic communication_ [Video]. YouTube. https://www.youtube.com/watch?v=rH6dMhf_P-w

Lyon, A. (2019, June 11). _Communicate with empathy_ [Video]. YouTube. https://www.youtube.com/watch?v=8tyFJTtzYtY

McAdam, E. (2017, November 2). _Empathetic listening: "The hairy eyebrow" and other essential communication skills_ [Video]. YouTube. https://www.youtube.com/watch?v=MGdgUP8XLwc

MindToolsVideos. (2014, August 19). _The Johari window_ [Video]. YouTube. https://www.youtube.com/watch?v=skKBI8wcMaA&feature=emb_logo

Richards, L. (2016, October 29). _Conflict resolution techniques. A brief overview_ [Video]. YouTube. Teamworks. https://www.youtube.com/watch?v=NJH0XV9jGIE

RSA. (2013, December 10). _Brené Brown on empathy_ [Video]. YouTube. https://www.youtube.com/watch?v=1Evwgu369Jw&list=PLoLnm0ZhSqhCsQmLI6U4zzDQBleEeyH0t

Santilli, B. (2016, November 6). _5 ways to improve nonverbal communication/body language skills_ [Video]. YouTube. https://www.youtube.com/watch?v=oQh7t4WRHOk

Sesame Street. (2007, April 20). _Ernie and Bert can't communicate_ [Video]. YouTube. http://www.youtube.com/watch?v=kjF4rKCR81o&feature=related

Sesame Street. (2007, September 29). _Ernie and Bert "very important note"_ [Video]. YouTube. http://www.youtube.com/watch?v=RLgJtxCzDmM&feature=related

TEDx Talks. (2015, May 7). _Interpersonal communication in the future world with Celine Fitzgerald_ [Video]. YouTube. https://www.youtube.com/watch?v=KlI2qDO0J6s

TEDx. Talks. (2015). _Sheila Heen: How to use others' feedback to learn and grow_ [Video]. YouTube. https://www.youtube.com/watch?v=FQNbaKkYk_Q

Van Edwards, V. (2020, January 14). _Self-worth: 20 ideas to build your self-esteem_ [Video]. YouTube. https://www.youtube.com/watch?v=iDqik1-U3is

Winch, G. (2014, November). _Why we all need to practice emotional first aid_ [Video].
TEDxLinnaeusUniversity. https://www.ted.com/talks/
guy_winch_why_we_all_need_to_practice_emotional_first_aid/up-next

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.

LearningHub. Provincial Violence Prevention Curriculum (https://learninghub.phsa.ca/Courses/
7558/provincial-violence-prevention-for-medium-and-high-risk-departments-8-modules) [E-learning modules].

- 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.)

Social Care Institute for Excellence. (2014). _Dignity in care: Communication_
(http://www.scie.org.uk/socialcaretv/video-player.asp?v=communication) [Video].

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

Lifestyle and Choices

Download student handouts: <u>Lifestyle and Choices handouts [Word doc]</u>.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Caring and Caregiving Discussion

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 health related to the ability to express caring for others?
- How does social connectedness relate to physical and psychological health? What does this tell you in terms of the social needs of clients with whom you'll be working?
- How does cognitive ability relate to overall 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. To fully understand the uniqueness of each client, students need to grasp how changes in one dimension of health affect are affected by all the other dimensions. The following exercise helps to portray this interaction:

Begin by drawing a health wheel on a whiteboard or flip chart paper, and then add the five components or dimensions of health to the wheel. Invite students to suggest indicators or signs of health in each of the five components. (See below for some indicators of health. Another resource is the <u>First Nations Health Authority's Health Wheel</u>.)

The Health Wheel: Indicators of Health
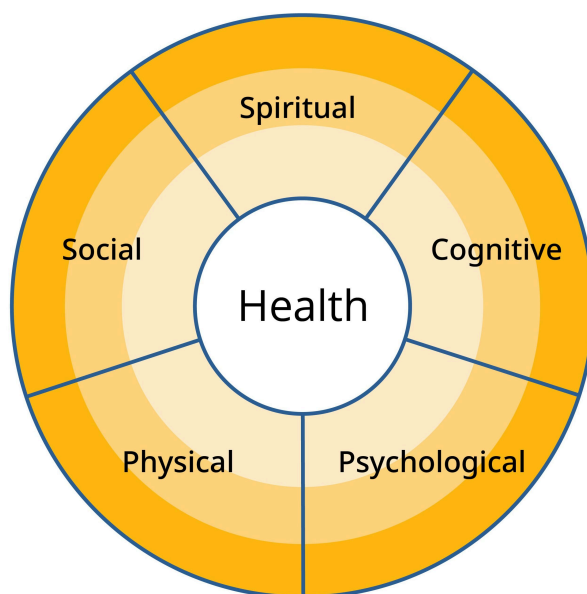
Physical

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

Psychological

- 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-confidence, 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
- Positive involvement in social settings
- 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
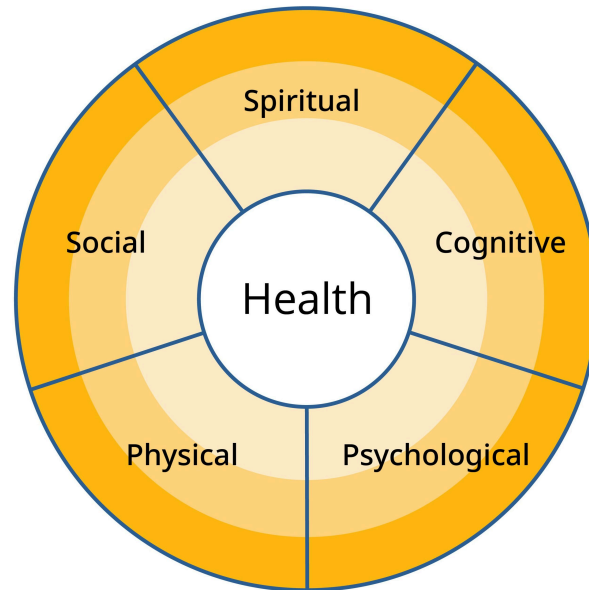
To assist students to see the intimate interconnectedness of the five components or dimensions of health, guide the students through the following exercise:

- Identify symptoms or indicators of challenges to health
  - Draw a circle on the whiteboard 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 psychological symptoms or indicators? Cognitive? Social? Spiritual?* As the students identify these, write them in the circle (see the table <u>Holistic Nature of Health</u> below for examples).
- Identify 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? Psychological causes? Cognitive? Social? Spiritual?* As the students identify these, write them in the circle (see the table <u>Holistic Nature of Health</u> below for examples).
  - ◦ **Note**: The causes do not need to match the symptoms.
- Identify 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 psychological dimension? Cognitive? Social? Spiritual?* As students identify the behaviours, write them in the circle (see the table <u>Holistic Nature of Health</u> below for examples).
  - ◦ **Note**: The approaches to health do not need to correspond with the already listed causes or symptoms.
- Examine the interconnectedness of the dimensions

  - ◦ Ask a student from the group to secretly select one of the symptoms and write it down, ask another student to secretly select a cause, a third student to secretly select an approach to health, and a fourth student to secretly select a sign of health. Encourage these students to select from any of the health dimensions.
  - ◦ Invite the students to reveal their selection by using the following script:
    Here's a situation in which a person is experiencing ____ *(symptom), caused by* ____ *(cause). The approach to health that will be undertaken is* ____ *(approach to health), and the result, hopefully, will be* ____ *(sign of health).*
  - ◦ Experiment with this exercise two or three times. Since each dimension of health represents a part of a whole, no combination will ever be too far-fetched.
- Invite students to discuss what this exercise has displayed with 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?

Holistic Nature of Health

Components of Health	Symptoms	Causes	Approaches
Physical	• Pain • Fatigue • Constant infections (e.g., colds) • Insomnia • Constant accidents • Lack of energy	• Unhealthy eating habits • Inadequate exercise • Using harmful substances (e.g., coffee, tobacco, drugs) • Not getting enough sleep • Sleeping too much • Unhealthy hygiene habits	• Get more exercise • Eat better • Sleep more • Stop or modify bad habits (e.g., smoking, drinking, drugs) • Massage, chiropractic, or physiotherapy • Medication, surgery, or other physical therapies

Psychological	• 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	• Failure • Lack of direction • Loss of self-confidence or self-esteem • Increasing demands and stress	• Use positive self-talk • Learn a 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
Cognitive	• Memory loss • Inability to concentrate • Loss of humour • Loss of imagination • Apathy • Confusion • Poor decision-making ability • Poor problem-solving ability	• Too little mental challenge • Too much happening (feeling over-extended) • Lack of goals • Boredom • Apathy	• Find new pursuits and challenges • Read more on different topics • Go back to school • Write a diary • Take a course on decision-making/ problem-solving • Watch less TV • Join a discussion group • Change jobs

Social	• Loneliness • Feelings of being unloved or unappreciated • Withdrawal from friends and family • Extreme shyness • Avoidance of social interactions	• Too many people to please • Loss of a job • Moving from one city to another • Change in status (e.g., from worker to student)	• 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
Spiritual	• Guilt • Despair • Loss of meaning • Helplessness • Emptiness	• Doubts • Disappointments • Lack of commitment • Uncertainty about direction in life • Uncertainty about personal values	• Clarify values • Spend time in nature • Make a commitment to something • Undertake personal reflection • Take up meditation • Engage in activities that give you joy or contentment

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. They could also use the First Nations Health Authority's Health Wheel (https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness) for this assignment.

A. Whole Class Activity and Discussion

◦ In class, draw a health wheel on the whiteboard, labelling the components (e.g., psychological) and their indicators (e.g., ability to cope effectively with the demands of life), where applicable. Leave the health wheel on the whiteboard 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-centred care, family care providers, and health to identify two to three challenges that may be experienced for each component of health (e.g., for psychological 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 B.C. 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.

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 three to five students and assign two groups to each of the topics outlined; one group will take a pros position towards the topic and the other group will take a cons 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 all students have participated in a debate.

Debate topics for Lifestyle and Choices:

1. Health care professionals have a responsibility to model healthy living habits for their clients.
2. HCAs should be required to have vaccinations.
3. Where you live affects your health more than how you live.
4. As an HCA, both physical and psychological health are equally important to your ability to provide high-quality care.
5. Technology is harming our physical and psychological health outcomes.

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 as "the ability to access, understand, evaluate, and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life-course."[1]

- 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).
- Using the STUDENT HANDOUT 1 below, have the students visit a website related to their topic and complete an evaluation of the information provided.
- 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, and students to carefully evaluate health information found online.
- Ask students what other criteria are important to consider when evaluating information

1. Canadian Public Health Association. (2017). A *Vision for a Health Literate Canada*: *Report of the Expert Panel of Health Literacy*. p. 11. https://www.cpha.ca/vision-health-literate-canada-report-expert-panel-health-literacy

online.

This activity could be completed as part of a related assignment, such as the Lifestyle Change Project (Learning Strategy 4) below.

STUDENT HANDOUT 1
Evaluating Health Information Online: A Checklist

When seeking 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 you decide whether information found online is credible.

- Does the website say who is responsible for the information and how you can contact them? Look for sections called 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 trying to sell you something? Commercial websites (with a URL address ending in .com) might provide information that supports what they are selling and might not provide 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. 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, and 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.
- Internet Research: Finding and Evaluating Resources, Simon Fraser University Library.

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 an online tool or app to monitor their progress. See the Online Learning Tools in the Resources section.

- Observations: Invite students to observe and compare their present health status in light of what they have learned in the course.
- Goals: Ask them to set achievable goals related to their observations.
- Planning: Guide students to plan carefully for their change project.
- Evaluation: Guide students 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 the STUDENT HANDOUT 2 to guide this Lifestyle Change Project.

For an alternate assignment, you could use the Planning Your Journey to Wellness: A Road Map from the First Nations Health Authority (https://www.fnha.ca/Documents/FNHA-wellness-roadmap.pdf).

STUDENT HANDOUT 2
Lifestyle Change Project

The purpose of this project is to provide you with an opportunity to apply knowledge learned in 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 the evaluation 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 payoffs 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 or 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. For example, "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 currently 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(s)?

- 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(s) 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

1. Self-Care and Professional Practice Scenarios

Invite students to work 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.

Scenario 1

Marg Thompson is an 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 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 at the start of every new year 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 illnesses (mainly colds) in the past year than anyone else on the unit. He wonders if she is unhappy with her job.

Scenario 2

Rashid Ahmed is an 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 child care 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 Rashid to do 1:1 observation with the client. Rashid keeps the client safe and reports his observations to the nurse. At the end of the shift, the nurse asks Rashid if he can "do a double" (work until 0700) as the night HCA who was booked for 1:1 phoned in sick. Rashid really needs the money, so he 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. Rashid 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 Assessment

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 diet and/or physical activity routines. Invite students to discuss how their choices in diet 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 the Online Learning Tools in the Resources section for suggested tools and apps.

Resources for Lifestyle and Choices

Online Resources

Active Pause. (n.d). Proactive mindfulness: How to disrupt your life (in a good way). https://activepause.com/mindful-pause-2/

Bergland, C. (2014, March 12). Eight habits that improve cognitive function. *Psychology Today.* https://www.psychologytoday.com/ca/blog/the-athletes-way/201403/eight-habits-improve-cognitive-function

Brown University, Health and Wellness. (2015). *Alcohol and your body.* https://www.brown.edu/campus-life/health/services/promotion/alcohol-other-drugs-alcohol/alcohol-and-your-body

Canadian Institute for Substance Use Research. (2013). _Understanding substance use: A health promotion perspective_. Here to Help. https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective

Centre for Disease Control and Prevention. (2015). _Check for safety: A home fall prevention checklist for older adults_ [Brochure]. https://www.cdc.gov/steadi/pdf/steadi-brochure-checkforsafety-508.pdf

First Nations Health Authority (n.d.) _First Nations perspective on health and wellness_. https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness

First Nations Health Authority (n.d.) _Wellness roadmap_. https://www.fnha.ca/Documents/FNHA-wellness-roadmap.pdf

First Nations Health Authority (n.d.) _Wellness streams_. https://www.fnha.ca/wellness/wellness-for-first-nations/wellness-streams

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

Government of Canada, Health Canada. (2012). _Environmental and workplace health_. http://www.hc-sc.gc.ca/ewh-semt/index-eng.php

Government of Canada, Health Canada. (2015). _Food and nutrition_. http://www.hc-sc.gc.ca/fn-an/index-eng.php

Government of Canada, Public Health Agency of Canada. (n.d.). _Social determinants of health and health inequalities_. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

Government of Canada. (2023). _Substance use_. https://www.canada.ca/en/health-canada/services/substance-use.html

HealthLinkBC. (2024). _Healthy aging_. https://www.healthlinkbc.ca/more/healthy-aging

HealthLinkBC. (2022). _Making a change that matters_. https://www.healthlinkbc.ca/health-topics/making-change-matters

HealthLinkBC. (2023). _Spirituality and your health_. https://www.healthlinkbc.ca/health-topics/spirituality-and-your-health

HealthLinkBC. (2022). _Stress management_.https://www.healthlinkbc.ca/health-topics/stress-management

Here to Help (2022). _Understanding substance use: A health promotion perspective_. https://www.heretohelp.bc.ca/infosheet/understanding-substance-use-a-health-promotion-perspective

National Institute of Diabetes and Digestive and Kidney Diseases. (2022). _Changing your habits for better health_. https://www.niddk.nih.gov/health-information/diet-nutrition/changing-habits-better-health

Sidi, T. (2022). _Understanding the Wellness Wheel: 7 Dimensions of Wellness._ _https://www.talkspace.com/blog/wellness-wheel/_

World Health Organization. (n.d.). _Health topics_. https://www.who.int/health-topics/

Online Videos

AsapScience. (2014, December 14). _Are you sitting too much?_ [Video]. YouTube. https://youtu.be/uiKg6JfS658

ASAPScience. (2015, January 18). _The scientific power of meditation_ [Video]. https://www.youtube.com/watch?v=Aw71zanwMnY

Braive. (2017, December 10) _Stress bucket_ [Video]. YouTube. https://youtu.be/1KYC5SsJjx8

Braive. (2016, March 31). _The fight flight freeze response_ [Video]. YouTube. https://youtu.be/jEHwB1PG_-Q

Buettner, D. (2009, September). _How to live to be 100+_ [Video]. TEDxTC. https://www.ted.com/talks/dan_buettner_how_to_live_to_be_100/up-next?language=en

Cleveland Clinic. (2024, January 17). _How alcohol affects your brain, Akhil Anand, MD_ [Video]. YouTube. https://www.youtube.com/watch?v=jr-uObs5kKY

DocMikeEvans. (2011, December 2). _23 and 1/2 hours. What is the single best thing we can do for our health?_ [Video]. YouTube. https://www.youtube.com/watch?v=aUaInS6HIGo&list=PL4TcyUrQ3YhJ4X5kajWc

McGonigal, K. (2013, June 13). _How to make stress your friend_ [Video]. TEDGlobal. https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend/up-next

MHLiteracy. (2020, May 1). _Stress (le stress)_ [Video]. YouTube. https://youtu.be/jHjkEfwfECo

Motivation Thrive. (2021, January 19). _I can't say no! – Don't be emotionally triggered: Dr.Gabor Maté_ [Video]. YouTube. https://youtu.be/JKbZbiXzvDg

PE Buddy. (2020, May 10). _Learn the 5 dimensions of health! PE Buddy_ [Video]. https://www.youtube.com/watch?v=ijpvLaArBBI&t=11s

PsycheTruth. (2011, August 8). _Self-esteem, confidence, how to love yourself, human needs and humanistic psychology_ [Video]. YouTube. https://youtu.be/hplaY196ARw

Science Animated. (2018, November 5). _Maintaining mobility as we age_ [Video]. https://www.youtube.com/watch?v=1NJmq–OFLY

TED. (2020, September 2). _A walk through the stages of sleep: Sleeping with science, a TED series_ [Video]. YouTube. https://youtu.be/eM2VWspRpfk

The School of Life. (2021, April 7). _What is mental health?_ [Video]. YouTube. https://www.youtube.com/watch?v=oxx564hMBUI

World Health Organization. (2020, November 4). _Alcohol, health & well-being_ [Video]. https://www.youtube.com/watch?v=_-skVpmoaGI

Youngster. (2019, November 6). _Top 3 benefits of physical activity: Dr. Greg Wells_ [Video]. YouTube. https://youtu.be/5-SgF18bCHQ

Online Learning Tools

The following materials are either ready for use in the classroom, include a variety of resources on a single website, or can be used for self-care. A brief description is included.

Anxiety Canada. (n.d.). _MindShift CBT (https://www.anxietycanada.com/resources/mindshift-cbt/)_ [Mobile app].

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

Care for Caregivers. (n.d.). _Healthcare worker resources (https://www.careforcaregivers.ca/)_.

- A collection of resources and podcasts to provide mental health support for front-line continuing care providers working in long-term, community and home care settings.

Emerald Works Mind Tools. (n.d.). _Stress management: Manage stress. Be happy and effective at work. (https://www.mindtools.com/cmihhof/stress-management-well-being/stress-management)_

- Resources available as readings, self-assessments, infographics etc. on stress management and how to avoid burnout.

Government of British Columbia. (2022). _Move for life DVD (https://www2.gov.bc.ca/gov/_
content/family-social-supports/seniors/health-safety/active-aging/move-for-life-dvd)
[Videos].

- Segments within a video featuring older adults of all abilities demonstrating physical activity,
  followed by a comprehensive list of activities for participants watching to follow along.

Government of Manitoba. (n.d.). _Physical education/health education. Module B: Fitness_
management, lesson 2: Changing physical activity behaviour (https://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 11 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).

Healthwise. (2015). _Interactive tools (https://www.healthlinkbc.ca/more/interactive-tools)._

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

LearningHub, Provincial Health Services Authority. (n.d.) _Recognizing and responding to adult_
abuse. (https://learninghub.phsa.ca/Courses/7574/recognizing-and-responding-to-adult-
abuse)

- This course will help you to recognize, prevent and respond to adult abuse and neglect in
  care settings.

Optimity. (2016). _My optimity (https://www.myoptimity.com/)_ [Mobile app].

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

Common Health Challenges

Download student handouts: <u>Common Health Challenges handouts [Word doc]</u>.

Suggested Learning Strategies

Strategies that Focus on Caring

#### 1. Contributing to a Broadened Understanding of Common Health Challenges

Using the health wheel below 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).

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 psychological, cognitive, social, 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.

Note: The health wheel is first introduced in the Lifestyle and Choices course. See "The Health Wheel: Indicators of Health" for more information.
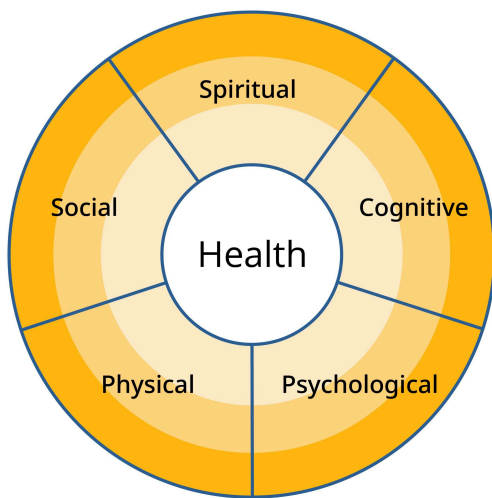
2. Contributing to Person-Centred Care

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. Ask students to work in small groups to 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 textbooks, online courses, 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 whiteboard for reference. Following this, have students read the account describing the CVA experienced by Peter Schultz. See <u>STUDENT HANDOUT 1</u>.

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 1
Unfolding Case Study: Caring for Peter Schultz
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.

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 <u>CC BY-SA 4.0 licence</u>.

4. Case Study: Creating a Caring Environment for a Patient Who is Dying

Share the following case study with students and use the discussion questions to guide a whole group discussion.

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, you 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. You go for more pillows to help with positioning, get a warm blanket, and retrieve other care items. You ask the RN how you can help (for example, find an IV pole, collect mouthwash supplies, or get ice water).

Once the patient is settled, you turn your attention to the family. You consider how many chairs they will need in the room and ask if you can get them something to drink. You also 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?
- What does empathy mean to you? How could you demonstrate empathy with the patient?

Note: This case study is used with permission from Island Health. (2012). *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum.*

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 three to five students and assign two groups to each of the topics outlined; one group will take a pros position towards the topic and the other group will take a cons 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, briefly come together as a larger group and summarize the positions presented. Invite feedback from the students not involved in the debate and discuss further considerations. Alternate groups until all students have participated in a debate.

Debate topics for Common Health Challenges.

1. HCAs should assist clients to smoke (e.g., wheel them outside, light the cigarette, or prepare the vape cartridge).
2. The family of an adolescent client with a developmental disability should be informed of the client's involvement in a romantic or sexual relationship.
3. Should families have the right to override a patient's wishes regarding end-of-life care?

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 (for example, a checklist of best practices) that would aid them when they are supporting a client who is dying.

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 psychological and cognitive changes in the client?
- In respect to their social and spiritual health needs?

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. Case Studies and Discussion: Trajectories of Illness and Dying

Using the resource _The five trajectories: Supporting patients during serious illness_ (https://csupalliativecare.org/wp-content/uploads/Five-Trajectories-eBook-02.21.2018.pdf) from the California State University Shiley Institute for Palliative Care, introduce the concept of the trajectories of illness and dying to the class. Explain that this activity with involve:

- Exploring the five trajectories of illness and dying
- Identifying common health challenges that contribute to each trajectory
- Integrating a palliative care approach into each case study

- Begin the activity by listing the five trajectories on a whiteboard:
  - Sudden death
  - Terminal disease
  - Major organ failure
  - Frailty
  - Catastrophic event
- Have the students read the description of the five sudden death trajectories in the resource. The trajectory descriptions are located after the "Case study" and before the subhead "Advance care planning." At this point, the students should only read the trajectory description, not the case studies, care planning or key practice points.
- Divide the students into small groups to discuss the following:
  - What are the differences between the five trajectories?
  - What factors impact the prevalence, circumstances, and ways in which people die? (E.g., access to health care, quality of their diet, safety in work settings, advances in medicine, pollution and exposure to toxins, genetics, lifestyle)
  - What information did you find surprising or interesting?
- Bring the students back together in a large group and ask for one student from each group to give a short summary of their discussion.
- As a large group, ask the students to identify common health challenges that contribute to each trajectory. Write these challenges on the whiteboard beside each trajectory. Examples are included below:

- ◦ Sudden death (e.g., fatal major heart attack or stroke, car accident, sudden acute illness)
  - ◦ Terminal disease (e.g., cancer)
  - ◦ Major organ failure (e.g., chronic obstructive pulmonary disease, congestive heart failure, renal disease)
  - ◦ Frailty (e.g., dementia, multiple sclerosis, Parkinson's disease, failure to thrive)
  - ◦ Catastrophic event (e.g., hip fracture, non-fatal heart attack or stroke, traumatic brain injury, accident)
- • Divide the students back into small groups. Students will read each of the five case studies in the resource (in the coloured text boxes on pages 2, 4, 6, 8, and 10) and then discuss the following:
  - ◦ What impact would each trajectory of dying have on the patient, the family and the health care providers? For each person, consider the impact in terms of the dimensions of health.
  - ◦ What is the role of advance care planning in improving care during each trajectory?
  - ◦ How could a palliative care approach be integrated into the care of the patient and their families for each trajectory?
  - ◦ How would different health care settings (e.g., complex care, home care, hospice, acute care) impact the palliative care approach?

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

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

Six scenarios of clients with common health challenges are provided below. Included for each scenario are an 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 <u>Personal Care and Assistance</u> course.

Depending on program sequencing, the scenarios and client profiles could be further adapted to increase the complexity of this activity. This could be accomplished by incorporating additional props 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 and 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. Provide role-play cards 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 the 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, ask the pairs to 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 Ali Singh 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 Ali Singh, 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 Aiko Tanaka 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 Aiko Tanaka, 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 Matika Tahoma 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 Matika Tahoma. 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 complex care home. Today you will be assisting Gabriela 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 Gabriela 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 complex care home. Today you will be assisting Erika Karlsson 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 Erika Karlsson. 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

Ali Singh 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 and English

Cultural: Attends temple every Sunday

ROLE PLAY 3: CLIENT PROFILE

Aiko Tanaka 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 and Japanese, uses gestures to communicate when hungry

ROLE PLAY 4: CLIENT PROFILE

Matika Tahoma 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, and deep breathing and coughing exercises

Mobility: Two-person assist to dangle and commode

Nutrition: Thickened fluids, dysphagia diet

Communication: Speaks Halkomelem and English

ROLE PLAY 5: CLIENT PROFILE

Gabriela Martinez is a 79-year-old female who lives in an complex care 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

5. 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 know to most effectively communicate changes in client conditions to ensure their safety and well-being.

For the past few months, Mel, an HCA, has been working full time on a surgical unit. They are getting to know the team members and enjoy the opportunity to work in partnership with the health care team.

For the past few shifts, Mel has been supporting Mr. Hassan. Mr. Hassan 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. Hassan plans to independently manage his colostomy care with assistance from community-based nursing as required.

Mel is stopped by Mr. Hassan while doing their hourly care rounds. Mr. Hassan indicates that he is feeling like he is going to vomit and needs help. Mr. Hassan's RN, Indira, 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 they are unable to interrupt Indira, they should contact the RN who is covering for Indira or the team leader.

What to communicate. Tell the RN what you saw (observations), when you saw it, and what Mr. Hassan 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. Hassan. Because of this, it is important that you verbally communicate this information immediately.

Where. You may be 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. 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. Hassan will require the assessment of his condition and possible treatment. Timely communication will also reassure Mr. Hassan that his care needs are being addressed.

How. You may be able to use the nurse call bell system, a pager, or a voice-activated device 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

1. The Dance: Maintaining Professional Boundaries

Maintaining professional boundaries when caring for a dying person can sometimes be particularly challenging. Elizabeth Causton, in her writings on the "The Dance" (See <u>STUDENT HANDOUT 2</u>), 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 a 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 2
The Dance by Elizabeth Causton

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

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

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

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

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

However, whereas working with this kind of clarity and respect for boundaries may be our

goal, experience tells us that it is not easy to achieve. The edge of the family dance floor is often, in fact, a fluid border as difficult to define as it is to say exactly where the sea meets the sand. In addition, each of us has "hooks" – people or situations that may touch us in some deep, unconscious place. Because we have an obligation to do this work with awareness, it is important that we do our "homework," seeking to identify our "hooks" and paying attention to signs that we may have stepped over the line.

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

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

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Suggested Course Assessments

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

1. One or more quizzes or examinations that pertain to knowledge of human anatomy and physiology, normal changes of aging, special diets, diversity and dietary needs, common challenges to health and healing, and palliative care (Learning Outcomes 1, 2, 3, and 4).

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 consider dietary needs

as they relate to specific health challenges and how the health challenge could impact the physical, psychological, cognitive, social, spiritual dimensions of the individual's health. 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, 3, and 4).

3. A written assignment in which each student identifies what they would want in a care provider for themselves 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 or professional development that would assist them to become more effective or confident in providing end-of-life care (Learning Outcome 4).

Resources for Common Health Challenges

Online Resources

ALS Canada. https://www.als.ca/

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Online Learning Tools

The following materials are either ready for use in the classroom or represent a large repository of resources on multiple topics. A brief description and estimated time for each resource is included for each.

Canadian Virtual Hospice (https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx). (2024).

This website provides several valuable resources regarding palliative care, including the four resources below.

- Living my culture (https://livingmyculture.ca/culture/).

- ◦ A series of online videos discussing quality palliative care for people from the following cultures: First Nations, Inuit, Métis, Chinese, Ethiopian, Filipino, Indian, Iranian, Italian, Pakistani, Somali. videos range from 2 to 25 minutes.
- Grief in 2SLGBTQ+ communities (https://www.mygrief.ca/mod/lesson/view.php?id=1104).

  - ◦ This module includes eight chapters exploring grief in 2SLGBTQ+ communities. Stories, guidelines, and videos are provided.
- My grief (https://www.mygrief.ca/).

  - ◦ This section includes 28 modules covering topics from the basics of grief, to personal grief, grief caused by specific circumstances and MAID. Modules include a combination of stories, guidelines, and videos.
- The Learning Hub: Indigenous cultural safety training (https://www.virtualhospice.ca/learninghub).

  - ◦ This section provides modules on grief and palliative practices specific to Indigenous persons. (Note: This Learning Hub is not the same as the Provincial Health Services Authority LearningHub website.)

CrashCourse. (2015). *Anatomy & physiology* (https://thecrashcourse.com/topic/anatomy/).

- An educational website including a series of 47 animated videos covering the types of tissues, organs and systems in the human body. They range from 2 to 12 minutes in length.

Demystifying Medicine McMaster (https://thecrashcourse.com/topic/anatomy/). (n.d.).

A YouTube channel with hundreds of videos on health and medical content created by undergraduate and graduate students at McMaster University. Topics include anatomy, genetic disorders, physical, cognitive, and mental health conditions and diseases, and nutrition and health.

LearningHub, Provincial Health Services Authority

LearningHub is a secure, province-wide course registry and learning management system hosted by the Provincial Health Services Authority. LearningHub provides a wide range of online and in-class courses on various topics. These e-learning courses can be used as activities or assessments for the HCA program courses. Students can access the LearningHub using their post-secondary email account. After completing all mandatory learning activities for a course, students can obtain a course completion certificate to show that they fulfilled all the course requirements. Instructions for registering and completing courses are available on the LearningHub site (https://learninghubhelp.phsa.ca/take-a-course).

- Fraser Health biological hazards and communicable disease (https://learninghub.phsa.ca/

Courses/17630/fraser-health-biological-hazards-and-communicable-diseases). (45 minutes)
- Introduction to palliative care (https://learninghub.phsa.ca/Courses/27706/introduction-to-palliative-care). (45 minutes).
- Introduction to medical assistance in dying: MAiD (https://learninghub.phsa.ca/Courses/24203/introduction-to-medical-assistance-in-dying-maid). (15 minutes).
- NHA-CL-Palliative care awareness (https://learninghub.phsa.ca/Courses/7491/nha-cl-palliative-care-awareness). (90 minutes)

Medical Centric (https://www.youtube.com/@MedicalCentric/playlists). (n.d.). *Awesome medical content.*

- A YouTube channel with hundreds of videos on health and medical content. Topics include anatomy, pathophysiology, nutritional concerns, and oral health. The content is created by medical professionals and designed for the patients and the public.

Pallium Foundation of Canada (https://www.youtube.com/@palliummja).

- A YouTube channel hosting 30 videos by the Pallium Foundation of Canada exploring palliative care. Although these videos are older (12-16 years old), six of the videos specifically focus on palliative care and Indigenous persons. Although the visual effects are fuzzy, the content is valuable.

Science ABC. (2024). *Human body (https://www.youtube.com/playlist?list=PLooF83S-sY9Barnz1a4pzH8rqO3dIgPYZ)*. [Video series].

- A series of 13 videos between 5 to 9 minutes on the systems in the human body.

Stories for Caregivers (https://storiesforcaregivers.com/). (2024).

- This website has a collection of videos about patients and caregivers, covering a wide range of health challenges.

Cognitive and/or Mental Health Challenges

Download student handouts: <u>Cognitive and/or Mental Health Challenges handouts [Word doc]</u>.

Course Guideline

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

- Learning Outcome 1: Describe ways to organize, provide, and evaluate person-centred care and assistance for clients experiencing cognitive challenges.
- Learning Outcome 3: Describe effective approaches to responding to responsive and reactive behaviours.

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

- Learning Outcome 2: Describe ways to organize, provide, and evaluate person-centred care and assistance for clients experiencing mental health challenges.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Contributing to a Broadened Understanding of Cognitive Challenges

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

Speaking softly, lead students through the following scenario:

> *Imagine yourself walking alone through a forest. It's a lovely warm spring day. The sights, 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 verges 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 individuals with cognitive challenges 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 would this person be likely to have? How is this related to some of the behaviours we might see in a person with cognitive challenges?

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 person who seems to be following or observing you.

Can you see them? They are about 9 metres (30 feet) away. When you attempt to speak to this person, they answer in a language you don't understand.

Invite students to open their eyes and describe their responses to the stranger. Some questions to encourage discussion:

- What feelings were stimulated?
- How does this relate to how individuals with cognitive challenges might experience the people in their environment (even family members)?
- How might this help us understand some of their responses?

Note: Some students may feel distressed by this activity. A content or trigger warning may be helpful. The following resource provides guidance on how to create a content or trigger warning.

University of Connecticut. (2024). *Trigger and content warning guidance*. https://provost.uconn.edu/trigger-warning/

2. Contributing to Person-Centred Care

 A. Using the health wheel below as a guide, invite students to work in small groups to discuss

how cognitive challenges might affect all areas of the dimensions of health: physical, psychological, cognitive, social, and spiritual. Then ask the groups to discuss how changes in each dimension of health might positively contribute to improved quality of life for the affected individual. Invite each group to report back to the whole class. An alternative to this activity is to provide students with scenarios of real or fictitious individuals who are experiencing a cognitive challenge. Ask students to focus their small group discussions on a specific scenario.

B. Another alternative to this activity is to use scenarios that focus on family members (e.g., wife, husband, partner, daughter, son) who are supporting a person with a cognitive challenge. This time ask students to discuss in small groups how an individual's cognitive and perceptual changes affect a family member. Students should consider all dimensions of the health wheel. Discussion should also focus on how this understanding might influence caregiver practice. Invite each group to report back to the whole class.

Note: The health wheel is first introduced in Lifestyle and Choices. See this course for more information.
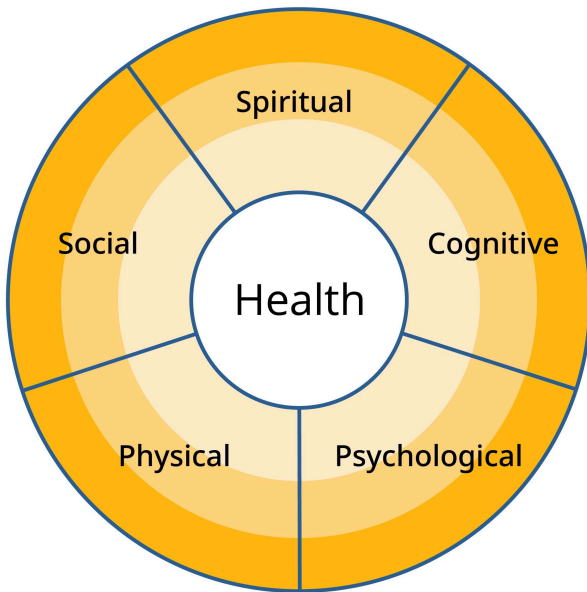
3. Unfolding Case Study: Caring for Peter Schultz

As a homework assignment, ask students to review relevant textbooks, online courses, or other course materials related to communicating with clients with dementia.

Whole Class 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 whiteboard or use the <u>STUDENT HANDOUT 1</u> below.

- **Column 1: Communication challenges.** To provide a meaningful context for this activity, list the communication challenges experienced by Peter Schultz.
- **Column 2: Impact on client and family**. For each challenge listed, ask the students to consider and list the potential impact on the client and his family.
- **Column 3: HCA strategies:** Have students list communication strategies that an HCA could use to address the challenge and reduce the potential impact.

Note: You 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 during the debrief, highlight further communication challenges and strategies not listed.

STUDENT HANDOUT 1

Communication Challenges and Impact: Supporting Clients with Dementia

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

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 <u>CC BY-SA 4.0 licence</u>.

4. Ambiguous Loss and Grief Discussion Activity

Using the Alzheimer Society's resource _Supporting clients through ambiguous loss and grief: Strategies for health-care providers_ (https://alzheimer.ca/en/help-support/im-healthcare-provider/addressing-ambiguous-loss-grief-healthcare-provider) as a reference, introduce the concept of ambiguous loss and grief to the class.

Explain that this resource is intended to help health care providers 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 INSTRUCTOR DISCUSSION GUIDE 1 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 flip chart. Use the instructor discussion guide to highlight any items they haven't considered.

Note: To promote discussion, you could prepare a few copies of the resource _Supporting clients through ambiguous loss and grief: Strategies for health-care providers_ (https://alzheimer.ca/en/help-support/im-healthcare-provider/addressing-ambiguous-loss-grief-healthcare-provider) to share with the class. You could also ask students to review the document as a homework assignment before 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.

INSTRUCTOR DSCUSSION GUIDE 1
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 their partner, 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 practise 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.

5. Trauma-Informed Practice: Discussion and Self-Reflection Journal Activity

Introduce the activity by explaining that students will review a case scenario designed to explore the intersection between trauma-informed practice, mental health, and cultural safety and sensitivity.

In small groups, have students work through the discussion questions on the STUDENT HANDOUT 2. After the small group discussion, ask students to submit a self-reflection journal entry about the scenario and what they discussed.

STUDENT HANDOUT 2

Trauma-Informed Practice: Discussion and Self-Reflection Journal

DIRECTIONS: Read the scenario and discussion questions below. First discuss the questions in your small group before answering the self-reflection journal questions.

Emma is an 80-year-old Indigenous woman from a community in Northern B.C. She was a prominent community worker, dedicating her time to local youth programs. Emma now receives home support services from an HCA to assist with bathing, dressing, and mobility. Over the past year, Emma has been experiencing symptoms indicative of depression, including prolonged periods of sadness, a noticeable decrease in energy, and difficulty concentrating.

In Emma's community, mental health issues are often enveloped in silence, partly due to historical trauma and distrust toward the mainstream health care system, which has a legacy of mistreatment of Indigenous people. There is also a significant stigma associated with admitting to mental health struggles, often perceived as a personal failing rather than a health issue that requires professional intervention.

For these reasons, Emma faces the challenge of a community-wide reluctance to discuss mental health openly, influenced by past and ongoing experiences of marginalization and cultural disconnection. This environment has contributed to her reluctance to seek help, fearing judgment and misunderstanding from her community and health care providers.

Small Group Discussion Questions

Trauma-informed practice

- What historical events contributed to the trauma experienced by Indigenous peoples in Canada?
- How has this history of trauma impacted the mental health of individuals and their communities?
- What would be the characteristics of a trauma-informed approach in this scenario?

Cultural competency

- What actions can HCAs take to ensure their practice is culturally safe, sensitive, and respectful of the historical contexts that affect the health and well-being of Indigenous people in Canada?
- What is the connection between a trauma-informed approach and cultural competency in providing care to individuals with mental health challenges?

Access to mental health services

- Through a trauma-informed approach to care, identify and discuss the barriers and concerns that Emma faces as an Indigenous person who is attempting to access mental health care.
- What changes to the system do you feel could benefit and improve access to mental health services for Indigenous communities?

Self-Reflection Journal Questions

Think about your perception of trauma and mental health challenges before starting the HCA Program.

- How has your understanding of trauma and its impact on mental health changed?
- How will an understanding of historical trauma faced by Indigenous people change the way you provide care?

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 (see debate topics below). Divide the class into small groups of three to five students and assign two groups to each

of the topics outlined for a debate; one group will take a pros position toward the topic and the other group will take a cons 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, briefly come together as a larger group and summarize the positions presented. Invite feedback from the students not involved in the debate and discuss other considerations. Alternate groups until all students have participated in a debate.

Debate topics for caring for individuals experiencing cognitive and/or mental health challenges:

1. For clients with dementia, reality orientation is more effective than validation therapy.

2. Is it ethical for HCAs to lie to clients when they are using validation therapy?

3. A client demonstrating responsive behaviours should be moved from a communal setting to a quiet room.

4. HCAs should support and assist clients with dementia who are in romantic or sexual relationships. (See LearningHub learning resources for more information about the course <u>Supporting Sexual Health and Intimacy in LTC, Assisted Living, Group Homes, and Supported Housing (https://learninghub.phsa.ca/Courses/25808/supporting-sexual-health-intimacy-in-ltc-assisted-living-group-homes-and-supported-housing)</u>).

5. When a client with mild cognitive impairment makes decisions that their family doesn't agree with, the HCA should always advocate for the client.

2. Supporting Clients with Dementia Scenarios

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 <u>STUDENT HANDOUT 3</u> below, read one of the following scenarios and use it

as an example. Then have the students identify key information and observations from the scenario and list it in the first column. Following this, have students identify important considerations that could provide context for the scenario and list them in the second column. Lead the students in a discussion about how they, as HCAs, would respond to the scenario. (An INSTRUCTOR DISCUSSION GUIDE 2 on supporting clients with dementia has been provided below).

B. Small Group Activity

   ◦ Divide the class into small groups, assigning each group one of the remaining scenarios. Using the student handout provided below, 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 INSTRUCTOR DISCUSSION GUIDE 2 to highlight any that were not identified.

STUDENT HANDOUT 3
Scenarios: Supporting Clients with Dementia

DIRECTIONS: Identify key information and 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 1:00 p.m. – 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 Responses
• 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

Maria usually goes to bed around 8:00 p.m. but always gets up at 2:00 a.m. and wanders the halls. When staff take her back to bed, she gets up again, saying she must take care of the baby.

Key Information	Considerations	HCA Responses

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 dresser – everything matching, makeup always impeccable. Her daughter, Marjorie, is having a hard time adjusting to her mother's changing abilities.

Today the HCA, Wenona, came in to help Fiona get ready for the day and Fiona was already dressed. Wenona noticed that the buttons of her blouse were done up incorrectly and her clothing neither matched nor clean. She also noticed that Fiona had brushed her hair but left a large piece sticking up at the back. Wenona was thrilled that Fiona had dressed and groomed independently and rather than correcting her errors, she chose to leave Fiona's hair and clothing as they were, 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 Responses

Scenario 4

Albert is a newly graduated HCA. He feels lucky to have secured full-time employment at a new complex care facility. During his HCA program, Albert took pride in taking the time to apply a person-centred 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 can use anything he learned, since every minute of his day is spent racing through a series of tasks.

Key Information	Considerations	HCA Responses

INSTRUCTOR DISCUSSION GUIDE 2:
Supporting Clients with Dementia

Key Information	Considerations and Potential Responses
Scenario 1 • 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?

Scenario 2	
• It is difficult to keep Maria in bed after 2:00 a.m. • Maria gets up and starts to wander the halls at 2:00 a.m. • Only the night staff is involved; Maria does not go into the rooms of the other residents. • According to Maria, the reason is that she needs to take care of the baby. • It may not require intervention. If Maria is not upset, if she is safe, and if she is not disturbing others, there may not be a concern.	• Is Maria getting too much sleep? Perhaps Maria could go to bed later. She is getting 6 hours of sleep, which may be enough for her. Perhaps Maria 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 Maria experiencing pain? If she is taking painkillers, her medication may have worn off by 2:00 a.m. • Is there a regular sound that occurs around 2:00 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 Maria have to go to the bathroom? She may be getting up because she needs to go to the bathroom, but then gets sidetracked as she heads down the hallway. Try limiting her fluid intake at night. • Is Maria hungry? Staff could place a snack by her bedside, which may redirect her and prevent her from leaving her bed. • If Maria 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, Maria'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.

Scenario 3 • 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.	• Wenona 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 Wenona, 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 Wenona 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, would only further antagonize the situation.

Scenario 4	
• 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 demanding, Albert can still work to accomplish these health care activities 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 overall. • 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 Scenario

Explore the role of the HCA in providing person-centred care to clients with dementia.

A. Whole Class Review and Discussion

- Ask the students to respond to one or more of the following questions:
  - What is person-centred care?
  - How can health care staff provide person-centred care for clients with dementia?
  - What does it mean to understand the reality of someone with dementia?

- - Is it possible to provide person-centred 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 flip chart. Use the INSTRUCTOR DISCUSSION GUIDE 3 below on person-centred care in practice 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 (considering a client's preference, culture, formality, etc.).

B. Small Group Activity

  - Divide the class into small groups. Ask the students to read the scenario on the STUDENT HANDOUT 4 below and respond to the discussion questions provided. To support completion of the small group activity, ensure that students can link to the reference document or provide printed copies.

C. Whole Class Activity Debrief

  - Briefly come back together as a group and have each group report on their responses. Use the INSTRUCTOR DISCUSSION GUIDE 3 below to highlight any considerations that were not identified.

STUDENT HANDOUT 4
Scenario: Person-Centred Care in Practice

DIRECTIONS: Read the scenario and respond to discussion questions provided.

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-centred response? Why or 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?

4. Why is meaningful activity critical to a person-centred approach?

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? Why is it important to provide choices?

INSTRUCTOR DISCUSSION GUIDE 3
Person-Centred Care in Practice

Person-centred 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-centred care for people with dementia?

- Focus on people with dementia as individuals – understanding the person's history, values, likes, and dislikes
- Try to understand each person's reality
- Remember that all behaviour has meaning
- Master effective and meaningful communication
- Recognize every person's potential to engage socially and spiritually
- Talk to and about the person with dignified, non-judgmental and respectful language
- Provide choices, taking the person's wishes into consideration, and obtaining consent, if possible
- Recognize feelings and provide support
- Demonstrate empathy
- Involve and support family and friends
- Focus on bringing out the best in the person and helping them to have a good day
- Bring these values into the last stages of dementia and the end of life

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

- Remember that a person's reality does not 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 a client's family and friends?

- First and foremost, the staff needs to recognize what a move to complex 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 counselling 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 their 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.

4. Mental Health Resource Collaboration

Have students research, vet, and share mental health information and resources collectively as a class.

These resources could include personal mental health supportive apps that can be downloaded onto smartphones, community support programs, information from health authorities, and provincial or federal websites with information regarding mental health. The resources can also vary in their core purpose. For example, they could be resources that primarily provide information about mental health and mental health challenges or resources that provide students with daily activities or health services that support their mental health. The activity could be ungraded or graded based on participation (for example, each student could be asked to find two resources).

Invite students to share resources in person or online. Students could post resources on a physical bulletin board in the classroom, or they could post the resources to an online imageboard or forum. Instructors should investigate the available applications within the learning management systems provided by their institution before investigating external software that may require payment.

Strategies that Focus on Professional Approaches to Practice

1. Mental Health Challenges Discussion

A. Self-Reflection

Invite students to reflect individually on the following questions. This could be done through a journal activity prior to the small group in class discussion. As the content of the students' reflections may be sensitive and include personal or familial trauma, instructors may want to have students complete this journal without requiring them to submit it to respect students' privacy.

- What are your concerns or fears about people experiencing mental health challenges? What has caused you to have these concerns?

- Do you have any friends or family members who have had experiences with mental health challenges? If so, how has this influenced your feelings about mental health?

- Do you think you would enjoy working with individuals with mental health challenges? On what do you base your response to this question?

B. Small Group Discussion

Invite students to form small groups to discuss the following:

- How is the caregiver role, whether in the community or a facility, different when the client is experiencing a mental health challenge as opposed to a physical health challenge?

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

  - Personality/temperament

  - Knowledge about mental health

  - Ability to form relationships with clients

  - Need for control

  - Ability to work with other health care team members

  - Ability to interact with family members

  - Other characteristics that seem important

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

2. Diverse Perceptions of Mental Health Challenges: Self-Reflection Journal

Introduce the activity by explaining that perceptions of mental health and mental health challenges may differ between diverse groups. Diverse factors such as cultural background, religion/spirituality, generation, socio-economic status, gender, and personal experience can affect how people perceive mental health challenges in themselves and others.

Clarify with students that the purpose of the activity is to reflect on their own perceptions about mental health, the factors or experiences that have influenced those perceptions, and how their perceptions and experiences might influence the care they provide to clients experiencing mental health challenges.

Show the video:

TEDx Talks. (2015). *Challenges and Rewards of a culturally-informed approach to mental health |Jessica Dere|TEDxUTSC* [Video]. YouTube. https://www.youtube.com/watch?v=VrYmQDiunSc

Ask students to write their responses to the self-reflection questions on <u>STUDENT HANDOUT 5</u> in their self-reflection journals.

STUDENT HANDOUT 5

Diverse Perceptions of Mental Health Challenges: Self-Reflection Journal

DIRECTIONS: After watching the video, *Challenges and rewards of a culturally informed approach to mental health* (https://www.youtube.com/watch?v=VrYmQDiunSc), answer the self-reflection questions below in your self-reflection journal.

Reflecting on cultural perspectives

- How do differences in cultural background and societal attitudes influence the perception of mental health challenges in diverse communities (consider stigmas and mental health)?
- How do differences in cultural background and societal attitudes influence access to health services and the willingness to seek help?

Reflect on a specific example from a particular group to illustrate your points.

Culturally safe and sensitive care

- What does it mean to take an approach of "informed curiosity" when providing

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culturally sensitive care?

- Why would this approach better promote cultural humility than an approach of being a knowledge expert?

Person-centred care

- How do the concepts of informed curiosity and culturally safe and sensitive care connect to the principle of providing person-centred care?

Personal and professional growth

Think about what your perceptions were toward mental health challenges before starting your program.

- How has your understanding of mental health in diverse groups changed since then?
- What experiences or knowledge have contributed to this change, and how do you think this will affect your approach to care?

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

A. Anti-Stigma Videos

- As a homework activity, have students watch the video series on anti-stigma: Provincial Health Services Authority. (2023). _Anti-stigma_ [Video series]. YouTube. https://www.youtube.com/playlist?list=PLcE0nANeV5MrhI0CvgEQgWWmYE9F972GP The series consists of six videos that will take about 35 minutes to view.
- Alternatively, students could review other course information describing myths and stigma associated with dementia and mental health so they are prepared for the in-class discussion.

B. In-Class Discussion

- In class, discuss language and terms that contribute to myths and stigma.

C. Scenarios and Small Group Discussion

- Using the STUDENT HANDOUT 6 below, have students read the scenarios and work in partners or small groups and consider the following questions for each scenario:

  1. How do the language and actions presented in the scenario contribute to myths and stigma associated with dementia or mental health challenges?

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?

D. Whole Class Discussion

- 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.

STUDENT HANDOUT 6

Scenarios on Addressing Myths and Stigmas and 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 do the language and actions presented in the scenario contribute to the myths and stigmas associated with dementia and/or mental health challenges?

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?

Scenario 1

You are an HCA working in an acute care setting. Mr. Namid, a 72-year-old man diagnosed with Alzheimer's 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 they tend to talk "over" Mr. Namid instead of including him in conversations. They also use terms such as "senile" and "demented" when referring to Mr. Namid.

Scenario 2

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

Scenario 3

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

Scenario 4

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

4. Discussion on Abuse: Scenarios

- As a homework assignment, ask students to review the following pages on the B.C. Care Aide & Community Health Worker Registry (Registry) website:
  - Role and Mandate of the Registry (https://www.cachwr.bc.ca/about-the-registry/role-mandate/)
  - Ensuring Public Safety (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/)
  - Reporting Alleged Abuse (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/)
  - Removal from the Registry (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/removal-from-the-registry/)
- In class, review the information students reviewed on the Registry website.
- Ask students to visit the Reporting Alleged Abuse (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/) webpage and review the "Reportable Incidents" section, which includes definitions of abuse and neglect from the *Community Care and Assisted Living Act.*
- Using the STUDENT HANDOUT 7 below, have students work in partners or small groups to consider the following question for each scenario and response:

  1. Could this response be considered a reportable incident? By which definition?

  2. How do you think you would respond in this situation?

  3. What is an alternate response in this scenario?

• After coming back together as a class, discuss the alternate responses brought forward.

STUDENT HANDOUT 7
Discussion on Abuse: Scenarios

DIRECTIONS: Visit the B.C. Care Aide & Community Health Worker Reporting Alleged Abuse (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/)webpage. Review the "Reportable Incidents" section, which includes definitions of emotional abuse, financial abuse, neglect, physical abuse, and sexual abuse from the *Community Care and Assisted Living Act* Residential Care Regulation.

Working in pairs or small groups, read the scenarios and responses below. For each response, consider the following questions:

1. Could this response be considered a reportable incident? By which definition?

2. What do you think you would do if you observed this response?

3. What is an alternate response to this scenario?

Be prepared to report back to the class.

Scenario 1

Mrs. Smith is a 92-year-old woman with dementia who is living in a complex care home. Today HCAs Jen and Mai are assigned to assist Mrs. Smith with morning care. When they enter her room, they observe that Mrs. Smith is still sleeping, and the room smells like she had a bowel movement. After greeting Mrs. Smith, Jen asks if she can turn on the light. Mrs. Smith declines, saying she wants to continue sleeping.

Responses:

A. Wanting to ensure that Mrs. Smith gets cleaned up, Jen turns on the light and sets up her supplies. When Jen tries to engage Ms. Smith for morning care, she resists. Jen asks Mai to hold Mrs. Smith down while she provides care.

B. Wanting to respect Mrs. Smith's request, Mai suggests they move on to their next client. They return to Mrs. Smith three hours later, after they have assisted their remaining clients.

C. Wanting to stay on track with client assignments, Jen sighs and responds, "Mrs.

Smith, why are being so difficult? We have many other clients to help this morning. If you continue to hold things up, everyone will be annoyed with you."

D. Alternate response:

Scenario 2

Mr. Wong is an 83-year-old man who mobilizes by using a wheelchair and receives home support services. Today, Tim is the HCA assigned to assist Mr. Wong with his shower and make him lunch. This is the first time Tim has met Mr. Wong. When Tim arrives, Mr. Wong refuses to enter the bathroom with Tim and tells him that he will wait for his regular HCA to help him with his shower next week.

Responses:

A. Wanting to put Mr. Wong at ease, Tim responds by saying that he is an experienced HCA, and everything will be fine. Tim wheels Mr. Wong to the bathroom and starts to unbutton his shirt. While Tim is doing so, Mr. Wong is crying and saying, "No, no, no!"

B. Tim has a busy day and a lengthy commute to his next client. He agrees to Mr. Wong's refusal, makes his lunch, and leaves for his next client.

C. Knowing Mr. Wong has not had a bath since last week, Tim tells him that he is being difficult and does not smell very good. Tim tells Mr. Wong that if he does not cooperate, his family will not want to visit him.

D. Alternate response:

Scenario 3

Mr. Singh is a home support client who has cognitive decline and requires support with his daily activities. Today, Carmen is the HCA assigned to help Mr. Singh with his bath. Today they finish ahead of schedule and Carmen has some extra time before her next client.

Responses:

A. Carmen and Mr. Singh sit down for a visit. Carmen tells Mr. Singh her car is in the shop, and she is having to rely on ride-sharing services, which she cannot afford. Mr. Singh offers to pay for a ride-share service to get to her next client. This works so

well that during the next visit, Mr. Singh signs Carmen up on his ride-share account.

B. After Carmen has finished assisting Mr. Singh with his bath, he asks if Carmen will go to a nearby bank machine to take out some cash using his bank card. Carmen is short on cash and decides to take an extra $25.00 for her time.

C. Mr. Singh asks if Carmen can go downstairs to find a photo album. While she is downstairs looking for the photo album, Carmen notices some earrings sitting on a dresser. She knows that Mr. Singh is rarely downstairs, and the family does not visit often. Mr. Singh has given her other gifts before. Carmen decides to take the earrings and does not tell Mr. Singh.

D. Alternate response:

Scenario 4

Rohan is an HCA working his third night shift in a row. The unit is short-staffed, and Rohan is working alone for most of the night. Rohan is assigned to complete unit safety checks at 0100 and 0300 hours and to change the incontinence pads of four clients at 0530. Mrs. Taylor is having difficulty sleeping and keeps calling out for help. Rohan has several call bells to answer and feels tired and overwhelmed.

Responses:

A. Rohan does not have time to keep responding to Mrs. Taylor. He tells her she is disturbing the other clients and closes her door.

B. Rohan falls asleep at the nursing station and does not complete his 0300 safety check. He wakes up at 0400 and records that it was completed.

C. Rohan only has time to change the pads for three of the four clients before the morning shift arrives. He was busy and it wasn't his fault that the unit was short-staffed. He does not tell the morning shift that he ran out of time and did not assist the fourth client.

D. Alternate response:

INSTRUCTOR DISCUSSION GUIDE 4
Discussions on Abuse: Scenarios

This learning activity is designed to help students critically evaluate HCA work scenarios, discuss whether the responses provided are reportable incidents related to abuse, and propose alternate strategies. It is an opportunity for students to review situations that HCAs may encounter in the workplace and emphasize the HCA's role and responsibility for ensuring client safety.

1. During this activity, students will discuss whether the responses provided for each scenario meet the following definitions of abuse as identified within the *Community Care and Assisted Living Act* Residential Care Regulation and posted to B.C. Care Aide & Community Health Worker Registry website (https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/).

   ◦ **Emotional abuse**: any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement

   ◦ **Financial abuse**: the misuse of the funds and assets of a person in care by a person not in care, or the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her parent or representative

   ◦ **Neglect**: the failure of a care provider to meet the needs of a person in care, including food, shelter, care, or supervision

   ◦ **Physical abuse**: any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person in care

   ◦ **Sexual abuse**: any sexual behaviour directed towards a person in care and includes any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and sexual activity between children or youths, but does not include consenting sexual behaviour between adult persons in care

2. Students may have conflicting opinions on whether the responses fit these definitions. During their discussions, they may raise additional course concepts related to professional approaches to practice, including:

   ◦ DIPPS: Dignity, Independence, Individualized Care, Preferences, Privacy, Safety

   ◦ Ethical and legal parameters of the HCA role

   ◦ Employer policy (To support this activity, instructors are encouraged to source employer policies from their practice education partners that address related

topics.)

3. Students are invited to discuss how they would approach the situation and develop an alternative response to those provided. They will then discuss with the whole class and the instructor, who will be able to provide further insight regarding professional approaches to practice.

An example is provided below.

Example Responses to Scenario 2

Mr. Wong is an 83-year-old man who mobilizes by using a wheelchair and receives home support services. Today, Tim is the HCA assigned to assist Mr. Wong with his shower and make him lunch. This is the first time Tim has met Mr. Wong. When Tim arrives, Mr. Wong refuses to enter the bathroom with Tim and tells him that he will wait for his regular HCA to help him with his shower next week.

Responses:

A. Wanting to put Mr. Wong at ease, Tim responds by saying that he is an experienced HCA, and everything will be fine. Tim wheels Mr. Wong to the bathroom and starts to unbutton his shirt. While Tim is doing so, Mr. Wong is crying and saying, "No, no, no!"

For this response, students might discuss the following:

- *Physical abuse, defined as "any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person in care"*
- *Sexual abuse, defined as "any sexual behaviour directed towards a person in care and includes any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and sexual activity between children or youths, but does not include consenting sexual behaviour between adult persons in care"*
- *Principles of DIPPS: Dignity, Independence, Privacy, and Preference*
- *Effective communication strategies*
- *Employer policies for reporting and recording*

B. Tim has a busy day and a lengthy commute to his next client. He agrees to Mr. Wong's refusal, makes his lunch, and leaves for his next client.

For this response, students might discuss neglect, defined as "the failure of a care provider to meet the needs of a person in care, including food, shelter, care, or supervision.

They may also discuss effective communication strategies, and employer policies for reporting and recording."

C. Knowing Mr. Wong has not had a bath since last week, Tim tells him that he is being difficult and does not smell very good. Tim tells Mr. Wong that if he does not cooperate, his family will not want to visit him.

For this response, students might discuss emotional abuse, defined as "any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement." Students may also discuss effective communication strategies, employer policies for bullying and harassment and employer policies for reporting and recording.

D. Alternate response:

Since this is the first time Mr. Wong and Tim have met, Mr. Wong might feel uncomfortable about having Tim assist him with his shower. Instead of starting with the bath, Tim could first make Mr. Wong some lunch and get to know him better. After lunch, Tim could ask Mr. Wong again if he could help him with his bath. Ultimately, if Mr. Wong refuses, Tim must respect Mr. Wong's wishes and follow his employer's policies on reporting and recording.

Suggested Course Assessments

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

1. One or more quizzes or exams that pertain to knowledge of common cognitive and/or mental health challenges, principles of crisis intervention, and elder abuse (Learning Outcomes 1, 2, 3, and 4).

2. A written assignment that students will complete individually, based on interactions with a client with cognitive challenges (Learning Outcome 1). Refer to <u>Responding to an Individual Experiencing Cognitive Challenged Assignment</u> in Section 5: Sample Course Assessment Tools.

3. Group presentation on supporting clients with dementia or a mental health disorder. Students can research and complete this project in small groups. They should put together a visual presentation (e.g., a poster, PowerPoint, or video) 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 and/or mental health disorders. The online resources provided for this course will be particularly useful in preparing for this assignment (Learning Outcomes 1 and 2). Refer to <u>Supporting Clients with Dementia or a Mental Health Disorder Group Presentation</u> in *Section 5: Sample Course Assessment Tools.*
   A variation of the assignment above could involve having the students focus on the physical,

psychological, cognitive, and social changes that a person dealing with dementia or a mental health disorder might face. Each group should also identify community resources and be prepared to discuss the HCA role in supporting individuals and families (Learning Outcomes 1 and 2).

Resources for Cognitive and/or Mental Health Challenges

Online Resources

Alzheimer's Association. (2021). _Aggression and anger_. https://www.alz.org/help-support/caregiving/stages-behaviors/agression-anger

Alzheimer's Association. (2021). _How the brain works: A tour of how the mind works_. https://www.alz.org/alzheimers-dementia/what-is-alzheimers/brain_tour

Alzheimer's Association. (2021). _Inside the brain: A tour of how the mind works: Part 2-Alzheimer's effect._ https://www.alz.org/alzheimers-dementia/what-is-alzheimers/brain_tour_part_2

Alzheimer Society. (2019). _Ambiguous loss and grief in dementia: A resource for individuals and families_. https://alzheimer.ca/sites/default/files/documents/ambiguous-loss-and-grief_for-individuals-and-families.pdf

Alzheimer Society. (n.d.). _Communicating with people living with dementia_. https://alzheimer.ca/en/help-support/i-have-friend-or-family-member-who-lives-dementia/communicating-people-living-dementia

Alzheimer Society. (n.d.) _Communication challenges and helpful strategies_. https://alzheimer.ca/en/help-support/im-living-dementia/managing-changes-your-abilities/communication-challenges-helpful

Alzheimer Society. (2024). _Dementia friendly communities Ontario._ https://alzheimer.ca/on/en/take-action/become-dementia-friendly/dementia-friendly-communities-ontario

Alzheimer Society. (2017). _Person-centred language guidelines_. https://alzheimer.ca/sites/default/files/documents/Person-centred-language-guidelines_Alzheimer-Society.pdf

Alzheimer Society. (2017). _Providing person-centred care_. https://alzheimer.ca/en/help-support/im-healthcare-provider/providing-person-centred-care

Alzheimer Society. (n.d.). _Restlessness or confusion, especially later in the day._ https://alzheimer.ca/en/help-support/im-caring-person-living-dementia/understanding-symptoms/restlessness-or-confusion

Alzheimer Society. (2019). *Supporting clients through ambiguous loss and grief. Strategies for healthcare providers.* https://alzheimer.ca/sites/default/files/documents/Ambiguous%20Loss%20Health%20Provider%20En-20-FINAL-MD_1.pdf

Alzheimer Society. (2018). *Understanding genetics and Alzheimer's disease.* https://alzheimer.ca/sites/default/files/documents/research_understanding-genetics-and-alzheimers-disease.pdf

Alzheimer Society British Columbia. https://alzheimer.ca/bc/en

Alzheimer Society British Columbia. (n.d.). *Building a strong foundation for dementia care: health care provider education.* https://alzheimer.ca/bc/sites/bc/files/documents/bsfdc-guidebook.pdf

Alzheimer Society Canada. https://alzheimer.ca/en

B.C. Mental Health and Substance Use Services. (2024). *Trauma-informed practice.* http://www.bcmhsus.ca/health-professionals/clinical-professional-resources/trauma-informed-practice

B.C. Ministry of Children and Family Development. (2017). *Healing families, helping systems: Trauma-Informed practice guidelines for working with children, youth, and families.* www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

B.C. Schizophrenia Society. https://www.bcss.org/

Blodget, T.J. (2023). Delirium prevention and management in hospitalized older adults. *The Nurse Practitioner* 48(5). 12–19. DOI:10.1097/01.NPR.0000000000000036

Canadian Alliance on Mental Illness and Mental Health. https://www.camimh.ca/

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

Canadian Coalition for Senior's Mental Health. https://ccsmh.ca/

Canadian Institute for Health Information. (n.d.). *Dementia in Canada: Summary.* https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary

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

Canadian Mental Health Association: Here to help. (2014). *Learn about Alzheimer's disease* [Information sheet]. https://www.heretohelp.bc.ca/sites/default/files/alzheimers-disease.pdf

Canadian Mental Health Association. (2016). _Myths about mental illness_. http://www.cmha.ca/
mental_health/myths-about-mental-illness/

Carreiro, D. (2013, October 15). _Suicide rates climb among elderly in Canada_. CBC News.
https://www.cbc.ca/news/canada/manitoba/suicide-rates-climb-among-elderly-in-
canada-1.2054402

Centre for Addiction and Mental Health. (2020). _Trauma_. https://www.camh.ca/en/health-info/
mental-illness-and-addiction-index/trauma

Government of British Columbia. (2023, January 10). _Protection from elder abuse and neglect_.
https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/
protection-from-elder-abuse-and-neglect

Government of British Columbia, Ministry of Health. (2012, October 25). _Best practice guideline for
accommodating and managing behavioural and psychological symptoms of dementia in
residential care. A person-centered interdisciplinary approach_. https://www.health.gov.bc.ca/
library/publications/year/2012/bpsd-guideline.pdf

HealthLinkBC. (2019). _Dementia, British Columbia specific information_.
https://www.healthlinkbc.ca/health-topics/uf4984

HealthLinkBC. (2019). _Dementia: Helping a person avoid confusion_. http://www.healthlinkbc.ca/
healthtopics/content.asp?hwid=hw135788

HealthLinkBC. (2018). _Preventing abuse and neglect of older adults_. https://www.healthlinkbc.ca/
healthlinkbc-files/prevent-abuse-older-adults

Here to Help. (2019). _Resource library_. http://www.heretohelp.bc.ca/self-help-resources

Island Health. (2021). _Mental health and substance use resources and education_.
https://www.islandhealth.ca/learn-about-health/mental-health/mental-health-substance-
use-resources-education

MedicineNet. (2016). _What are phobias? Agoraphobia, social anxiety disorder, other fears_.
https://www.medicinenet.com/phobias_picture_slideshow/article.htm

Mental Health Commission of Canada. (2020). _Language matters_.
https://mentalhealthcommission.ca/resource/language-matters/

Mental Health Commission of Canada. (2023). _Fact sheet: Common mental health myths and
misconceptions_. https://mentalhealthcommission.ca/resource/fact-sheet-common-mental-
health-myths-and-misconceptions/

National Institute on Aging (NIH). (2023). <u>Alzheimer's disease genetics fact sheet</u>. https://www.nia.nih.gov/health/genetics-and-family-history/alzheimers-disease-genetics-fact-sheet

Novilla-Surette, E.M.P., Shariff, S.Z., Le, B., Booth, R.G. (2022). <u>Trends and factors associated with suicide deaths in older adults in Ontario, Canada.</u> *Canadian Geriatrics Journal*, 25 (2). 134-161. doi: 10.5770/cgj.25.541 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9156420/

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

PIECES. (n.d.). PIECES. <u>*Learning and development model*</u>. https://piecescanada.com/pages/learning-and-development

Programs for Elderly. (n.d.). <u>*Documentary library*</u> [Documentary films available as videos]. http://www.programsforelderly.com/index-documentaries-subpage.php

<u>Schizophrenia Society of Canada</u>. http://www.schizophrenia.ca

Seetharaman, K. & Chaudhury, H. (2020). <u>Dementia-friendly care homes: Best practices in dementia care.</u> https://bccare.ca/wp-content/uploads/2020/03/DFCH-Report_03_02web.pdf

<u>Seniors First B.C.</u> http://seniorsfirstbc.ca/
(Formerly the B.C. Centre for Elder Advocacy & Support)

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

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

Validation Training Institute Inc. (n.d.). *Getting started: Validation to suit your needs*. https://vfvalidation.org/get-started/validation-to-suit-your-needs/#ui00c2e24|tab2

Wincer. P. (2020, November 26). *What caring for my mum taught me about caring for my son*. BBC News. https://www.bbc.com/news/stories-55057440

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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

Zhou, Z. (2023). *Canada's first publicly funded "dementia village" is set to open next year. So, what is it?"* https://healthydebate.ca/2023/06/topic/publicly-funded-dementia-village/

Online Videos

AJ+. (2015). *If you're not white it's harder to get mental health care* [Video]. YouTube. https://www.youtube.com/watch?v=FgNaqfGTysU

Alzheimer's Research Association. (2020, November 19). *Former ballerina with Alzheimer's performs 'Swan Lake' dance: super emotional* [Video]. YouTube. https://www.youtube.com/watch?v=IT_tW3EVDK8

Alzheimer's WA. (2019, August 15). *Person-centered care in dementia* [Video]. YouTube. https://youtu.be/o0jpWKjYwHg?si=Ycxilmbn1qxpcbzc

Alzheimer's Society. (2020, September 17). *Understanding dementia: progression and symptoms* [Video]. YouTube. https://youtu.be/cT-xTqE5ZFE?si=aFCV_xmIyCuWdkX

Alzheimer's Society of BC. (2020, Sept 2017). *Understanding dementia: The brain and dementia* [Video]. YouTube. https://youtu.be/XLBERzsWwGo?si=uzM_6KE9BvFCSmAo

Alzheimer's Society of Canada. (2022, March 21). *What is a dementia-friendly community*? [Video]. YouTube. https://www.youtube.com/watch?v=rTM4RCmUgK4

Alzheimer's Society. (2017, January 26). *What is Alzheimer's disease?* [Video]. YouTube. https://youtu.be/wfLP8fFrOp0?si=L5w2JqQ2rRB_7HSA

Animated Alzheimer's Patient. (2021, January 27). *Understanding Alzheimer's disease* [Video]. YouTube. https://www.youtube.com/watch?v=lFBTlHfV8Iw

Applewhite, A. (2017, April).<u>Let's end ageism</u> [Video]. TED2017. https://www.ted.com/talks/ ashton_applewhite_let_s_end_ageism

BC Schizophrenia Society. (2022, April 5). <u>Symptoms of schizophrenia (Overview)</u> [Video]. YouTube. https://youtu.be/9DHKoBUZtq0?si=cymZ0WjLrNz2bNZB

Being Patient Alzheimer's. (2019, April 19) <u>Robotic pets to the rescue? Dementia care gets innovative / being patient</u> [Video]. YouTube. https://youtu.be/F_WBTLWUIfM?si=1aDTEu2PZS7SBpNO

Big Think. (2022, July 8). <u>5 ways to build an Alzheimer's resistant brain. Lisa Genova</u> [Video]. YouTube. https://youtu.be/xBDGgovA1LI?si=AIXSxob9c-5GuTpp

Brenda Curtwright and Associates. (2022, May 14). <u>Reminiscence therapy. Engaging long-term memories for people with dementia</u> [Video]. YouTube. https://www.youtube.com/ watch?v=Wh5esQHFNAs

CBC News: The National. (2015, October 11). <u>Home recreates past for dementia patients</u> [Video]. YouTube. https://www.youtube.com/watch?v=9rOYmxIWzJI

CBC News: The National. (2015, August 4). <u>Seniors home brings young and old together</u> [Video]. YouTube. https://www.youtube.com/watch?v=3LGSfgOi9UU

CNN. (2014, June 9). <u>Anderson Cooper tries a schizophrenic simulator</u> [Video]. YouTube. https://www.youtube.com/watch?v=yL9UJVtgPZY

Covenant Health Canada. (2019, May 31). <u>Busy blankets calm residents with dementia</u> [Video]. YouTube. https://www.youtube.com/watch?v=gcWsTsYC5s0

Creative Connections. (2016, May 17). <u>Delirium awareness video</u> [Video]. YouTube. https://www.youtube.com/watch?v=BPfZgBmcQB8

Dementia Care Hub. (2023, January 26). <u>Sensory activities for dementia: Simple activities with big benefits</u> [Video]. YouTube. https://www.youtube.com/watch?v=lTGd0tenwzY

Dementia Spring. (2019, June 13). <u>Do people die of dementia? Dr.Marc</u> [Video]. YouTube. https://www.youtube.com/watch?v=gEF7TolL9IQ

Demystifying Medicine McMaster. (2018, November 11). <u>Art therapy. A potential treatment for dementia</u> [Video]. YouTube.https://www.youtube.com/watch?v=Ro_xTd-Ugzw

Durham University. (2021, October 18). <u>Infrared light therapy might aid people with dementia</u> [Video]. YouTube. https://www.youtube.com/watch?v=J6JsE-VabPA

Education for Rural and Underserved Communities. (2016, April 8). <u>Persons with dementia: Skills</u>

for addressing challenging behaviors [Video]. YouTube. https://www.youtube.com/
watch?v=hgVMKEnkvHo

French Connection Films. (2009, November 4). *I remember better when I paint* [Video]. YouTube.
https://www.youtube.com/watch?v=54AtoQVGfwU

Global News. (2023, May 6) *Inside Canada's first dementia village* [Video].
YouTube. https://youtu.be/7A39UmdGmLQ?si=-rXo_ZESViNPz7eM

Havethattalk. (2019, Mar 18). *Mental health = health (for diverse communities)* [Video]. YouTube.
https://www.youtube.com/watch?v=Izp4lZcJoSQ

Havethattalk. (2017, May 3). *Reducing stigma* [Video]. YouTube. https://www.youtube.com/
watch?v=eio-I8PbdDk

Healthy Canadians. (2023, Feb 23). *Dementia risk reduction − Physical inactivity* [Video].
https://www.canada.ca/en/public-health/services/video/dementia-risk-reduction-physical-
inactivity.html

Healthy Canadians. (2023, Feb 23). *Dementia risk reduction − High blood pressure.* [Video].
YouTube. https://youtu.be/KvrMWqFICoE?si=iSGZGtTAOqkE8ZMY

Healthy Canadians. (2024, January 29). *Supports for dealing with mental health challenges* [Video].
YouTube. https://youtu.be/IR1nISWZ7o8?si=xIoS-HObZ2BMOWWA

Island Health. (Jan 8, 2019). *Dementia caregiving environmental adaptations.* [Video].
https://www.youtube.com/watch?v=6Xb-Nlou_Co

Kujath, J. (2017, November 16). *Understanding cycles of abuse* [Video]. YouTube. https://youtu.be/
0Q0-Eps1ThE

Martin, G. (2015, June 22). *How to approach residents with behaviors* [Video]. YouTube.
https://www.youtube.com/watch?v=xylQt7TxDwo

Memorybridge. (2009, May 26). *Gladys Wilson and Naomi Feil* [Video]. YouTube.
https://www.youtube.com/watch?v=CrZXz10FcVM

Mental Health at Work. (2016, July 1). *What is mental health?* [Video]. YouTube.
https://www.youtube.com/watch?v=G0zJGDokyWQ4

Miller, B. (2015, March). *What really matters at the end of life* [Video]. TED2015.
https://www.ted.com/talks/bj_miller_what_really_matters_at_the_end_of_life

Mmlearn. (2018, September 28). _How to talk to someone with dementia: Diane Waugh_ [Video]. YouTube. https://www.youtube.com/watch?v=ilickabmjww

Music and Memory. (2011, November 18). _Man in nursing home reacts to music from his era_ [Video]. YouTube. https://youtu.be/fyZQf0p73QM

SafeCare B.C. (2019, February 5). _Dementia care teams: Families and continuing care providers working together_ [Video]. YouTube. https://www.youtube.com/watch?app=desktop&v=VxDopCVswmg

Saks, E. (2012, June). _A tale of mental illness from the inside_ [Video]. TEDGlobal2012. https://www.ted.com/talks/elyn_saks_seeing_mental_illness

StoryHive. (2015, April 17). _Journey through Alzheimer's: Late stages._ [Video]. YouTube. https://www.youtube.com/watch?v=lBNRhHDSUXY0

TED. (2017, May 19). _What can you do to prevent Alzheimer's disease: Lisa Genova_ [Video]. YouTube. https://www.youtube.com/watch?v=twG4mr6Jov0

TEDx Talks. (2012, October 9). _The power of addiction and the addiction of power: Gabor Maté at TED_ [Video]. YouTube. https://www.youtube.com/watch?v=66cYcSak6nE

TEDx Talks. (2017, March 27). _I am not a monster: Schizophrenia – Cecilia McGough. TEDxPSU_ [Video]. YouTube. https://www.youtube.com/watch?v=xbagFzcyNiM

Validation Theory Institute. (2017, March 13). _What is validation – Interview by Naomi Feil_ [Video]. YouTube. https://www.youtube.com/watch?v=ejVqVKWnDOE

Online Learning Tools

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

Island Health. (n.d.). _Dementia video series: Practical advice from caregivers, for caregivers_ (https://www.islandhealth.ca/learn-about-health/seniors/dementia-video-series).

- A variety of videos and resources about dementia and caregiving (approximately 10 minutes per video).

LearningHub, Provincial Health Services Authority

LearningHub is a secure, province-wide course registry and learning management system hosted by the Provincial Health Services Authority. LearningHub provides a wide range of online and in-

class courses on various topics. These e-learning courses can be used as activities or assessments for the HCA program courses. Students can access the LearningHub using their post-secondary email account. After completing all mandatory learning activities for a course, students can obtain a course completion certificate to show that they fulfilled all the course requirements. Instructions for registering and completing courses are available on the LearningHub site (https://learninghubhelp.phsa.ca/take-a-course).

The following courses are examples of courses related to dementia, mental health, and person-centred care. All courses are accessible to HCA students.

- Dementia Care: Fundamental Knowledge, Skills and Competencies for Providing Person-Centered Care (https://learninghub.phsa.ca/Courses/13062/dementia-care-fundamental-knowledge-skills-and-competencies-for-providing-person-centred-care). (3 hours)
- Mental Health Act – Island Health (https://learninghub.phsa.ca/Courses/11716/mental-health-act-island-health-online) (1 hour)
- Patient-Centred Approach to Dementia Care: Dementia Care Gamification eLearning (https://learninghub.phsa.ca/Courses/16013/patient-centred-approach-to-dementia-care-dementia-care-gamification-elearning)
- Resisting Stigma on Substance Use (https://learninghub.phsa.ca/Courses/25853/resisting-stigma-on-substance-use) (40 minutes)
- Supporting Sexual Health & Intimacy in LTC, Assisted Living, Group Homes and Supported Housing (https://learninghub.phsa.ca/Courses/25808/supporting-sexual-health-intimacy-in-ltc-assisted-living-group-homes-and-supported-housing) (45 minutes)
  Note: The above module is recommended in conjunction with the debate question on supporting clients with dementia in romantic or sexual relationships. Students could be asked to participate in a debate or research to support their assigned perspectives. After the debate, all students could be assigned to complete this module.

Maté, Gabor. (2024). *Trauma.* (https://drgabormate.com/trauma/)

- This website offers several sections on mental health including trauma, addiction, and the mind/body connection. The site includes many articles, interviews, audio recordings and videos on trauma. Most of the content is available for free, although some require subscriptions. Students could be asked to review one of the resources and then provide a summary of it during a small group discussion.

Province of British Columbia. (2015). *Elder abuse reduction curricular resource* (http://solr.bccampus.ca:8001/bcc/items/8d5b3363-396e-4749-bf18-0590a75c9e6b/1). BCcampus.

- An instructor's guide and a presentation for teaching core competencies in elder abuse prevention, detection, and response in B.C. Within the guide, there are activities, assignments, online video links, readings and evaluation questions, as well as references to additional resources for some topic areas.

Provincial Health Services Authority. (2023). _Anti-stigma (https://www.youtube.com/playlist?list=PLcE0nANeV5MrhI0CvgEQgWWmYE9F972GP)_ [Video series].

- This animated video series includes two three-part video series: Stories of Experience and Stories of Family Experience. The videos include personal stories of individuals' experiences with mental health and how stigma within the health care system has influenced their lives. The series was a partnership between BC Mental Health and Substance Use Services and Emily Carr University to give individuals the opportunity to share their experiences through storytelling.
- There are six videos, and each video is around 5–6 minutes in length with a total length of around 35 minutes.
- This video series is recommended for the activity Addressing Myths and Stigmas.

OC87 Recovery Diaries. (2020). _Writers talk mental health (https://www.youtube.com/playlist?list=PLm4CMoNTIH6mJRNR23RR5iRSghDqhvBFu)_ [Videos].

- This video series includes personal stories of struggles with mental health challenges, empowerment, and change. The videos present a range of experiences, including the connection between writing and mental health recovery, trauma and stigma. Each story is told by an individual from a different country, thus also bringing into consideration the presence of mental health challenges across diverse groups. The mental health challenges included in the series are anxiety, depression, bipolar disorder and obsessive-compulsive disorder.
- Each video is around 3 to4 minutes in length with a total length of around 15–20 minutes.
- This video series could be embedded into the lecture content when presenting on the curriculum topic of "common mental health disorders" and/or paired with discussion questions or a self-reflection journal question.

Ontario CLRI. (2018). _Dementia simulation toolkit (https://clri-ltc.ca/resource/toolkit-dementia-simulation-baycrest-clri/)_.

- The Ontario Centres for Learning, Research and Innovation in Long-Term Care website provides a simulation toolkit designed to enhance knowledge, value and attitudes regarding dementia in students. The scripts and resources provided are designed to build student awareness and insight into the lives of persons living with dementia and frailty.

Registered Nurses 'Association of Ontario. (2017). _RNAO Nurse Educator: Mental Health and Additional Resource (https://mharesource.rnao.ca/)._

- This website includes nine sections providing information, resources, case studies, journaling topics and discussion questions to help support the teaching of mental health, mental health care in nursing, and trauma-informed care. Three subsections are highlighted below.

  ◦ 5.3 Trauma-Informed Care Teaching Activities and Resources. (https://mharesource.rnao.ca/section-five/trauma-informed-care-teaching-activities-and-resources)
  ◦ 9.3 Case Studies (https://mharesource.rnao.ca/section-nine/case-studies) (includes questions for discussion or written reflection)
  ◦ 2.3 Tool #2: Educator Self-Assessment (https://mharesource.rnao.ca/section-two/tool-2-educator-self-assessment)

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 (https://www.youtube.com/watch?v=x9IHUPamCB4)._ MVD Visual (Film).

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

TEDEd. (2017). _TED-Ed Lessons about mental health (https://ed.ted.com/blog/2017/05/17/ted-ed-lessons-about-mental-health)._

- A series of eight videos about symptoms and treatments for eight mental health challenges, including depression, bipolar disorder, and schizophrenia. The series also includes a video on stress and mental health and a video on the use of electroconvulsive therapy in mental health.

Teepa Snow's Positive Approach to Care (https://www.youtube.com/@teepasnowvideos/playlists). [YouTube Channel]

- This YouTube site provides over 900 videos regarding dementia and care strategies for persons with dementia. Six videos from this channel have been highlighted below.

  ◦ Teepa Snow. (2023, May 18). _Dementia care tips for hygiene, bathing support, and validation_ (https://www.youtube.com/watch?v=mIqmdXgVGOw).
  ◦ Teepa Snow. (2017, April 29). _Challenging behaviors and dementia_ (https://www.youtube.com/watch?v=ZpXeefZ2jAM).
  ◦ Teepa Snow. (2017, De 21). _Dementia 101 (https://www.youtube.com/_

watch?v=EpV83BVhXr4).

- ○ Teepa Snow. (2017, Dec 21). *Connecting through music in dementia care* (https://www.youtube.com/watch?v=m-lckAgnVQw).
- ○ Teepa Snow. (2023, July 27). *How can we de-escalate someone that is agitated?* (https://www.youtube.com/watch?v=2kMjA5z8XAg).
- ○ Teepa Snow. (2017, Dec 21). *Meaningful activities and dementia* (https://www.youtube.com/watch?v=7Ek04qjT-xQ).

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)* [Video].

- 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)* [Videos].

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

Personal Care and Assistance

Download student handouts: <u>Personal Care and Assistance [Word doc]</u>.

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.

Suggested Learning Strategies

Strategies that Focus on Caring

1. Personal Care Discussion

Use the following questions and statements to elicit discussion about caring:

- Discuss this statement: *Careful and consistent handwashing 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 an HCA can show caring while assisting a client with hygiene and grooming? With moving and ambulation?
- In what ways can an 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 restricted activity, related to caring?

2. Scenarios from Clinical Situations

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 STUDENT HANDOUT 1 below 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 1
Unfolding Case Study: Caring for Peter Schultz
Changing Client Health Status and Response to Care

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 an HCA who has been working at the same complex 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's 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 bear weight. 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 offered him the face cloth, he did not reach out his hand to take it.

Since losing his ability to walk, Peter has used a wheelchair 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 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	HCA Response
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.*

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 <u>CC BY–SA 4.0 licence</u>.

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 three to five students and assign two groups to each of the topics outlined; one group will take a pros position towards the topic and the other group will take a cons 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 Personal Care and Assistance.

1. Past experiences with a client should always influence future care provided to that client.

2. Restraints should not be used in complex care settings.

3. It is acceptable for an HCA to defer care activities to the next shift if they are unable to complete all their assigned care activities.

4. HCAs have an obligation to ensure that clients are adequately nourished. (Instructor note: encourage students to explore elements such as forced feeding, pushing fluids, client's refusal to eat, and food variety and preference. For example; a dementia client who only wants to eat dessert).

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 (homelike) settings and acute care. Working in small groups of two or three, invite students to use critical thinking, problem-solving, and decision-making skills to consider how they will apply the skills in settings that are different from the standard lab setting or in changing situations.

Situations may include:

- Home settings, such as one that would be found in an apartment: very small bathrooms, 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., a client who 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 (e.g., reporting immediately, recording).
- A witnessed cardiac arrest while providing care. Ask students what actions they will take (e.g., summoning help, commencing CPR if trained and per employer policies, being available to assist the team as directed).

3. Critical Thinking and Best Practice: Small Group Discussion

This activity is designed to help students understand the importance of using best practices when performing care activities and how to find reliable sources of guidance regarding best practices.

- Introduce students to the concepts of "best practice," "non-standard practice," and "non-compliance" using the summary below.
  - "Best practices" refer to standards, policies, and techniques that represent the highest

standard of care and are deemed optimal for achieving the best possible patient outcomes. These practices are evidence based and consistently demonstrate better results compared to other commonly used methods. Once a best practice has been established and proven effective over time, it becomes a benchmark for future practice. Best practices in health care are informed by a variety of sources including legislation, regulatory requirements, practice standards and guidelines, and clinical policies and protocols.

- ◦ "Non-standard practices" refer to techniques, procedures, or actions that deviate from established standards, guidelines, policies, and protocols. Non-standard practices may arise due to lack of knowledge, resources, or time constraints, and they may pose risks to the quality and safety of care provided.
- ◦ "Non-compliance" refers to the failure to adhere to laws or regulations that govern a particular activity or profession. In health care, non-compliance can occur when HCAs do not follow regulations, such as those related to patient safety, privacy, or professional conduct. In addition to negative client outcomes, non-compliance can result in legal consequences.

- Divide the class into small groups of three or four students and assign each group to one of the websites below. Ask students to navigate the website and answer the website review questions in the <u>STUDENT HANDOUT 2</u>.
- Have the groups present their findings from the website research to the whole class.
- Divide the class back into their small groups to complete the small group discussion questions on the student handout.

Websites to review:

- <u>B.C. Health Care Assistants Core Competency Profile 2023 (https://www.cachwr.bc.ca/ storage/2023/10/hca-core-competency-profile-april-2023.pdf)</u>
- <u>B.C. Centre of Disease Prevention and Control (http://www.bccdc.ca/)</u>
- <u>WorkSafeBC (https://www.worksafebc.com/en/law-policy)</u>
- <u>Shared Health Organization Portal for Policies and Decision Support Tools (PHSA, VCH, PHC) (http://shop.healthcarebc.ca/)</u>
- <u>B.C. Centre for Palliative Care (https://www.bc-cpc.ca/symptom-management-guide-for-health-care-assistants/)</u>
- <u>B.C. Residential Care Regulation (https://www.bclaws.gov.bc.ca/civix/document/id/ complete/statreg/96_2009)</u>
- <u>B.C. Community Care and Assisted Living Act (https://www.bclaws.gov.bc.ca/civix/ document/id/complete/statreg/00_02075_01)</u>
- <u>National Occupational Standards for Personal Care Providers (HCAs, PSWs, CCAs) (https://nos-nnp.ca/)</u>

Note: Students may need assistance identifying examples of non-standard practice if they have not yet been in clinical and observed practices such as double gloving, double briefing, double suppositories, and wearing one set of gloves for the entirety of morning care. Also note that resources like HCA textbooks and the manufacturer's equipment manuals also provide guidelines on caregiving procedures and the safe use of equipment.

References

The following references were used to the support the creation of this activity:

- Ham-Bayoli, W., Minnie, K., & van der Walt, C. (2020). <u>Improving healthcare: a guide to roll-out best practices</u>. *African Health Sciences*, 20(3), 1487–1495. Retrieved from the National Library of Medicine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7751558/
- RNAO. (2024). <u>Best Practice Guideline Program</u>. Registered Nurses' Association of Ontario. https://rnao.ca/bpg
- Wallen, G. & Fisher, C. (2018). <u>*Clinical research in nursing: Principles and practice of clinical research*</u> (4th ed.). Retrieved from Science Direct. https://www.sciencedirect.com/topics/nursing-and-health-professions/standard-of-practice
- OpenAI. ChatGPT. (2024, April 4). [Large language model]. https://chat.openai.com/

STUDENT HANDOUT 2

DIRECTIONS: Visit the website that you have been assigned by your instructor and discuss the website review questions below with your small group. Write your group's answers on flip chart paper or a whiteboard so that your group can present a summary of your findings to the class. After presenting to the class, return to your small group to discuss the small group discussion questions below.

Website Review Questions

1. What is the mission or purpose of this website?

2. What kind of resources are provided by the website? (E.g., legislation, standards, guidelines, policies, or education tools.)

3. Are there any regulations, standards, or guidelines specifically regarding HCA practice? If yes, choose one example to explain to the class.

4. How might HCAs use this website to obtain guidance on best practices?

Small Group Discussion Questions

1. What role does critical thinking play in deciding whether to follow best practices or take shortcuts when providing care to clients?

2. How do personal values and ethical considerations influence our decision making when it comes to following best practices?

3. What are some examples of personal care and assistance that do not follow best practice?

4. What are the potential consequences of not following best practices when providing care to clients? Consider how the consequences may differ if the care followed a non-standard practice or was an act of non-compliance.

5. How can we effectively communicate with colleagues about the importance of following best practices and avoiding shortcuts?

6. How can we create a culture within our health care teams that prioritizes following best practice?

Strategies that Focus on Professional Approaches to Practice

1. Tasks vs. Restricted Activities and Legal and Regulatory Restrictions: Small Group Discussion

Background Information

The role of Health Care Assistants in British Columbia is determined by the B.C. Ministry of Health and set out in the <u>B.C. HCA Core Competency Profile (2023). (https://www.cachwr.bc.ca/storage/2023/10/hca-core-competency-profile-april-2023.pdf)</u> While the responsibilities of HCAs may differ between workplace settings (such as acute care, complex care, home care, group homes), the legal limitations and obligations of HCAs are determined by legislation, the Ministry of Health, and the HCA Program Provincial Curriculum 2023. You can find more information in the <u>Interpretive Bulletin (https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/interpretive_bulletin.pdf)</u>.

Within the HCA role, there are two types of care activities: tasks and restricted activities

1. Tasks are care activities that HCAs are educated and trained to perform as part of their assigned HCA role. For example:

   ◦ Oral care

   ◦ Dressing and grooming

- Ceiling and mechanical lifts
- Compression stockings
- Hand and foot care including clipping healthy nails

2. Restricted activities are higher-risk care activities outlined in health professional regulations that an HCA cannot perform without authorization (delegation) by a regulated health professional, such as a registered nurse. Restricted activities are not considered tasks. For example:

- Administering enemas and suppositories
- Adjusting the flow of oxygen
- Administering medication, including pain medication
- Blood pressure medication
- Narcotics
- Injectable medication (such as insulin)
- Applying a medication transdermal patch

In *some* circumstances, a regulated health professional (a Registered Nurse) who has already performed an assessment on the client may authorize an HCA (through client-specific delegation) to perform a restricted activity, provided that the following criteria are met:

- The restricted activity the regulated health professional wishes to delegate to an HCA is listed within the regulated health professional's profession-specific regulation.
- The health professional's regulatory college permits the regulated health professional to delegate that restricted activity.
- The regulated health professional delegating the restricted activity is sure that the individual HCA has the education, training, and competency to perform the restricted activity with that client.
- The HCA is willing to accept the delegation.

The following restricted activities regarding medication administration are taught in the HCA curriculum. HOWEVER, an HCA could *only* perform these restricted activities if delegated by a regulated health professional to perform it for a specific client, AND as indicated in the client's care plan:

- Applying a transdermal patch
- Administering prescription ear or eye drops

- Inserting a rectal suppository or enema
- Applying a prescription cream or ointment

It is important for HCAs to understand how to respond when a situation exceeds the legal parameters of their role. It is also important for HCAs to understand that although some care activities are tasks, assessment by a regulated health professional is required before the HCA can perform the task (e.g., nail clipping and compression stockings). Additionally, some care activities may be complex and have components that are tasks while others are restricted activities (e.g., catheter and ostomy care). Lastly, some tasks may require collaboration with a regulated health professional during the activity so that the regulated health professional can perform a restricted activity (wound care by the RN after the HCA bathes the client and prior to the HCA dressing the client).

The BC Health Care Assistant (HCA) Care Activities Chart (https://www.cachwr.bc.ca/resources/pdf/BC-HCA-Care-Activities-Chart.pdf) has been developed as a resource for HCAs, and others who want to understand more about HCA education and training in BC. It lists care activities that BC Health Care Assistants (HCAs) may be expected to perform as part of their duties. It also specifies care activities taught within in the Health Care Assistant Program Provincial Curriculum and categorizes care activities as tasks or restricted activities.

HCAs can use the BC HCA Decision-Making Tool (https://www.cachwr.bc.ca/resources/pdf/BC-HCA-Decision-Making-Tool.pdf) on the Registry website to help them determine whether they should carry out a task that is assigned to them. The decision-making tool only pertains to tasks, not restricted activities.

Small Group Activity

To help students learn to navigate these legal and regulatory restrictions, divide the class into small groups and ask students to read the six scenarios provided in STUDENT HANDOUT 3 below and use the guiding questions to provide an appropriate response. Tell them to be prepared to explain and support their responses using theory from this course and the Introduction to Practice course.

STUDENT HANDOUT 3
Scenarios: Legal and Regulatory Restrictions

DIRECTIONS: In small groups, discuss the following six scenarios with your small group. For each scenario, use the guiding questions to provide an appropriate response. Be prepared to explain and support your responses using theory from the Personal Care and

Assistance and Introduction to Practice courses. If the scenario requires a restricted activity, also discuss the last two questions.

Guiding Questions

1. Is this care activity in the client's care plan?

2. Have I observed anything in the environment or with the client's health status that could negatively impact my ability to safely complete the care activity?

3. Am I prepared? (Do I have equipment, supplies, and support available if a team approach is required?)

4. Do I need to collaborate with the nurse prior to, during, or after the care activity?

5. Has the client consented?

6. Is this care activity a task or a restricted activity?

7. If it is a task, do I have the education and training to competently perform this task?

8. If it is a restricted activity, complete the additional questions below.

Additional Questions for Restricted Activities

9. Have I been delegated by a regulated health professional to perform this activity for a specific client?

10. Have I received the additional education and training required to competently perform the restricted activity?

Scenario 1

As an HCA, you are providing care and service for an elderly gentleman, Mr. Ivanov, who requires help with his meals and his bath. One day, when you arrive at Mr. Ivanov' house, you find that a doctor is visiting him. Apparently, Mr. Ivanov' 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. Ivanov 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."

Scenario 2

As an experienced HCA, you have been visiting Mr. Sanchez for several months and are familiar with his care plan and routines. The care plan requires you to clip Mr. Sanchez's

fingernails every two weeks. You have been doing this as per the care plan, your training, and the care standards for hand and foot care. Today, as you prepare to perform the routine nail clipping, you notice a concerning change. The skin around his fingernails appears red and swollen, unlike previous visits. You attempt to call your RN supervisor, but they are not available. Mr. Sanchez is getting impatient and wants you to "hurry up" and clip the nails. He says that his fingers are always a little red and swollen.

Scenario 3

You are an HCA working in a complex care facility. Your client Mr. Al-Katib has a wound on his upper left buttock. The wound was covered by a gauze dressing applied by the nurse. Today is Mr. Al-Katib's day for taking a bath.

Scenario 4

As an HCA, you have been visiting Mr. and Mrs. Sihota for several months. Mrs. Sihota is a woman of 78 years who is physically frail and experiencing some cognitive decline. Two days ago, she had day surgery to correct a cataract in her left eye. Mr. Sihota is almost 10 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 prescription eye drops. I'm no good at that sort of thing and she'll be happier to have you do it."

Scenario 5

You are a new HCA graduate working in a complex care facility. Mrs. Shirazi is a new client who was admitted yesterday. You notice that her toenails are very long and need to be clipped. You are not familiar with her medical history and are unsure if the nurse has assessed Mrs. Shirazi toenails. However, Mrs. Shirazi's toes and nails appear healthy and you recently practised the skill during your clinical rotation so feel confident performing the task.

Scenario 6

You are working as an HCA and recently were hired into a group home setting. The employer informs you that you are responsible for basic wound care as there is no nurse on site. Although you did not learn this skill in your HCA program, the employer assures you that it is a part of your job description and that they will provide you with on-the-job training.

Student Self-Assessment Video Scenarios

The following video scenarios were developed for students to self-assess their learning before their practice experience. Instructors should provide the links for these videos to their students near the end of the Personal Care and Assistance course so students can complete each video scenario and be better prepared for their practice experiences. Instructors should review these videos before assigning them to students.

Video Scenarios

- Roles and Responsibilities of the HCA (https://opentextbc.ca/hcascenarios/chapter/about-roles-and-responsibilities-of-the-hca/)
- Communicating with the Health Care Team (https://opentextbc.ca/hcascenarios/chapter/about-communicating-with-the-health-care-team/)
- Isolation Precautions (https://opentextbc.ca/hcascenarios/chapter/about-isolation-precautions/)
- Lifts and Transfers (https://opentextbc.ca/hcascenarios/chapter/about-lifts-and-transfers/)
- Morning Care (https://opentextbc.ca/hcascenarios/chapter/about-morning-care/)

Instructors can request or require that students submit a self-reflection journal for each video scenario. Another option is to have a class or small group discussion after all students have completed the video(s). See the STUDENT HANDOUT 4: Self-Assessment Video Reflective Journal Sheet for discussion or self-reflection.

STUDENT HANDOUT 4
Self-Assessment Video Reflection Sheet

Student Name: _____

Title of Self-Assessment Video: _____

Date of review: _____

1. How well did you do on this video? Did you get any of the questions wrong on the first attempt? If yes, which one?

2. What new learning did you gain as you watched this video?

3. What would you do differently now that you have watched this video?

4. Was there anything in this video that surprised you or that you feel confused about?

5. How will this video better prepare you for your practice experience?

6. How can you maintain professionalism when caring for similar clients to those you observed in the video?

Suggestions for Follow-Up Discussion

There are also some practices and procedures that are worthy of follow-up discussion. Examples of discussion points are provided below for each video.

Roles and Responsibilities of the HCA Video

In this video, the nurse is wearing a bracelet and an activity tracker on her wrist while administering cream on the client's back. Wearing a bracelet would normally not be acceptable; however, it is a medical alert bracelet, and she wears the activity tracker to monitor her heart rate. Students could be asked to consider this situation and comment on alternative practices

that could be used, such as wearing the bracelet and activity tracker on the non-dominant arm or covering them with a glove.

Communicating with the Health Care Team Video

In this video, Mrs. Simon jumps from the past to the present tense when she talks about her wife. Trevor does not correct Mrs. Simon on these details, but instead redirects and engages her in a meaningful activity by asking her about the pictures, etc. Students could be asked to reflect on Mrs. Simon's actions and words and determine if they truly reflect those of a client with Alzheimer's disease. This video also asks students to correctly identify the limitations of their role regarding medication assistance.

Isolation Precautions Video

Institutions may use isolation signs that differ from the ones used in this video. Students could be directed to comment on the use of various isolation signs and discuss what is acceptable and not acceptable.

Lifts and Transfers Video

Practices for lifts and transfers may vary from facility to facility. The students could be asked to comment on the practices outlined in this video. For example, students can discuss whether a gait belt should be used for Mrs. Barclay, and if so, how they would go about getting this added to the client's care plan.

Morning Care Video

Bathing a client can be done in a variety of ways as long as principles are maintained. Students could comment on whether Edgar proceeded in a manner that followed principles of hygiene. They could discuss what could have been done differently.

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. Demonstrating ability in performing personal care and assistance skills that maintain the client's comfort and safety as well as 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 and using skills checklists may also be useful for formative assessment as students seek to develop their proficiency (Learning Outcomes 1, 2, 3, and 4). Refer to the Professional Behaviour Development Rubric in *Section 5: Sample Course Assessment Tools.*

3. Before the first clinical experience, demonstration of skills performance through an integrated skills practice examination. 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 assessed using clear and consistent criteria; an assessment rubric may be used (Learning Outcomes 1, 2, 3, and 4). Refer to the Scenario-Based Lab Skills Assessment in *Section 5: Sample Course Assessment Tools.*

4. Completion of a safety evaluation in a home environment. Preferably, students would conduct this evaluation as part of their community care (home support) practice experience (See STUDENT HANDOUT 5 below.) The questions included in this evaluation are not definitive; the program may adapt this tool as necessary. Based on the evaluation, 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).

5. Completion of a self-reflection journal assignment to confirm students have viewed the self-assessment videos in preparation for clinical (Learning Outcomes 1, 2, 3, and 4).

STUDENT HANDOUT 5
Home Safety Evaluation Guide

DIRECTIONS: In addition to conducting the evaluation (indicating with a checkmark 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 Evaluation
  ◦ 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 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 inside the cupboards, drawers, oven, microwave, and 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:

Personal Care and Assistance Resources

Textbooks specifically related to personal care and assistance skills are listed in the Recommended HCA Program Textbooks section under Full Curriculum Textbooks.

The following sources can be found online and include resources, videos, and online learning tools.

Online Resources

BC Care Aide & Community Health Worker Registry. (2024). *Health care assistant care activities chart.* https://www.cachwr.bc.ca/resources/pdf/BC-HCA-Care-Activities-Chart.pdf

BC Care Aide & Community Health Worker Registry. (2024). *Health care assistant decision-making tool.* https://www.cachwr.bc.ca/resources/pdf/BC-HCA-Decision-Making-Tool.pdf

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

B.C. Centre for Disease Control. (2023). Long-term care facilities & assisted living. (COVID 19 care). http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living

Doyle, G. R. & McCutCheon, J. A. (2015.). _Clinical procedures for safer clinical care_. BCcampus. https://opentextbc.ca/clinicalskills/

Fortis B.C. (2017). _Gas leaks and odours_. https://www.fortisbc.com/safety-outages/natural-gas-safety/gas-leaks-and-odour

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

PICNet. (2016). _Reprocessing of equipment and instruments used in the provision of foot care_ https://picnet.ca/wp-content/uploads/PICNET-Discussion-Paper-Foot-Care-Equipment-Reprocessing-2016.pdf

Provincial Health Services Authority. (2024). _Infection prevention & control_ http://www.phsa.ca/about/patient-experience-quality-of-care/infection-prevention-control

SafeCareBC. (2011). _Report: Provincial safe resident handling standard for musculoskeletal injury prevention in BC._ https://safecarebc.ca/resources/assorted/provincial-safe-resident-handling-standards-for-musculoskeletal-injury-prevention-in-bc/

Vancouver Coastal Health Authority. (2024). _Infection prevention & control_. http://ipac.vch.ca/

Vancouver Coastal Health Authority (n.d.) _Point-of-care risk assessment (for infectious agents)._ http://ipac.vch.ca/Documents/Routine%20Practices/PCRA%20Algorithm.pdf

Online Videos

American College of Surgeons. (2015, September 8). _Feeding tube skills: What is an enteral feeding tube?_ [Video]. YouTube. https://www.youtube.com/watch?v=1Gd_LSR9VIA

Dynamis. (n.d.). _Bathing without a battle_ [Video]. Vimeo. https://vimeo.com/121147508

ECDC. (2021). _The invisible challenge: In healthcare settings_ [Video]. YouTube. https://www.youtube.com/watch?v=2TRAVbNqE4E

Globalhygienecouncil. (2012, September 20). _Bacteria on your hands_ [Video]. YouTube. https://www.youtube.com/watch?v=YfzgWpG4H5c

Handicare. _(n.d.)._ _Handicare band sling_ [Video]. Vimeo. https://vimeo.com/269759430

Handicare. (n.d.). _Handicare positioning sling_ [Video]. Vimeo. https://vimeo.com/274733472

Handicare. (n.d.). _Handicare TriTurner sling_ [Video]. Vimeo. https://vimeo.com/269767001

Handicare. (n.d.). *Handicare universal sling* [Video]. Vimeo. https://vimeo.com/274735676

Handicare North America. (2018, June 29). *Handicare slings: ComfortCare* [Video]. YouTube. https://youtu.be/NxpHCFBGNuE

Handicare North America. (2018, June 29). *Handicare slings: Deluxe hammock* [Video]. YouTube. https://www.youtube.com/watch?v=qrcl6TzSM4o

Health Link BC. (2023). *Caregiving: Overview of personal care.* https://www.healthlinkbc.ca/health-topics/caregiving-overview-personal-care

Kozak, J. (2012, May 20). *How may I help you? – A guide to assisting the visually impaired* [Video]. YouTube. https://youtu.be/YS8aaPmZeUI

Lortie, C. & Fontaine, N. (2022). *AM Skills Care*. [Video]. Selkirk College and College of the Rockies. https://media.bccampus.ca/media/0_m3jtuj4o

World Health Organization. (2014, July 2). *WHO: SAVE LIVES – Clean your hands – No action today; no cure tomorrow* [Video]. YouTube. https://youtu.be/kOKeFv5VvY4

Online Learning Tools

The following materials are ready for use in the classroom or represent a website providing a variety of resources, videos and/or activities. A brief description is included for each.

Christianson, T. & Morris, K. (2023). *Personal care skills for health care assistants* (https://opentextbc.ca/hcalabtheoryandpractice/).

- This open education resource was created by Thompson Rivers University and is aligned with the B.C. HCA curriculum. It includes theory content, steps for performing skills, rationale for the steps required, as well as pictures and videos of the skills.

Function Focused Care (https://www.youtube.com/@FunctionFocusedCare)

- This YouTube channel offers 14 videos on skills and strategies for providing care. Skills such as shaving, oral care, dressing, toileting, bathing and assisting with dietary intake are included. *This resource does not reflect a B.C. context, so educators should use caution when reviewing the videos as they may not fully align with B.C. legislation or regulation limitations regarding the HCA role.*

Open RN Project. Nursing assistant skills demonstration videos (https://www.youtube.com/watch?v=jtj95sPrc_k&list=PLyzTdm5SU2ATfeeZtqAHSTTnsudFtZmTK)

- This open education resource provides videos on a variety of nursing skills, with a playlist specifically for nursing assistants. *This resource does not reflect a B.C. context, so educators should use caution when reviewing the videos as they may not fully align with B.C. legislation or regulation limitations regarding the HCA role.*

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

- This PHSA webpage provides a series of instructional video e-learning courses that focus on patient handling. Videos on ceiling lifts, floor lifts, sit/stands, slider sheets, sliding boards, standing transfers and lowering a patient to the floor are provided. PHSA uses LearningHub to host the videos, but the list can be viewed as a full series on this webpage. Each course is 10 minutes.

Teepa Snow: Positive Approach to Care

- In addition to videos about dementia, this YouTube channel provides videos on personal care and assistance skills.

  - *Using hand-under-hand to assist with getting dressed.* (https://www.youtube.com/watch?v=Wn1OEfQt0ow) (2017).
  - *How to help a person living with dementia brush their teeth* (https://www.youtube.com/watch?v=6gLrH8mioCw). (2019).
  - *How to help someone have a better bathing experience* (https://www.youtube.com/watch?v=ffCd7cxFAPk). (2021).
  - *Care partner support tips: Getting in and out of the car* (https://www.youtube.com/watch?v=te4SW_0Af8k&list=PLVl8vTLjje8GRGlzWShKoSWiwcpGb5dqf&index=4). (2017).
  - *The mechanics of standing: What does it take* (https://www.youtube.com/watch?v=EBtzKito4RU&list=PLVl8vTLjje8GRGlzWShKoSWiwcpGb5dqf&index=13)? (2019).

WorkSafeBC

- The web pages below provide a variety of videos, discussion guides, instructional manuals and activities for HCA practice in complex and community care settings.

  - *Assess every time* (https://www.worksafebc.com/en/resources/health-safety/videos/assess-every-time?lang=en). (2008).
  - *Back talk: An owner's manual for back* (https://www.worksafebc.com/en/resources/health-safety/books-guides/back-talk-an-owners-manual-for-backs?lang=en)s. (2014).
  - *Ceiling lifts: Why aren't they being used?* (https://www.worksafebc.com/en/resources/health-safety/videos/ceiling-lifts) (2013).

- *Don't take your work home with you.* (https://www.worksafebc.com/en/resources/health-safety/videos/dont-take-your-work-home-with-you?lang=en) (2013).
- *Home care visits (outside the home): Closest to the home* (https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/closest-to-home). (2015).
- *Home care visits (outside the home): In the car* (https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/in-the-car?lang=en). (2015).
- *Home care visits (outside the home): Near the home* (https://www.worksafebc.com/en/resources/health-safety/posters/wwwtp-home-care-visits-outside-the-home/near-the-home?lang=en). (2015).
- *Point-of-care risk assessment in long-term care* (https://www.worksafebc.com/en/resources/health-safety/videos/point-of-care-risk-assessments-in-long-term-care/full-video). (2018).
- *Patient handling* (https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/patient-handling). (n.d.).
- *Home and community health worker handbook.* (https://www.worksafebc.com/en/resources/health-safety/books-guides/home-and-community-health-worker-handbook) (2006).
- *Infectious diseases* (https://www.worksafebc.com/en/health-safety/injuries-diseases/infectious-diseases). (n.d.)
- *WHMIS (Workplace Hazardous Materials Information System* (https://www.worksafebc.com/en/health-safety/hazards-exposures/whmis)). (2015).

Practice Experience in Multi-Level and/or Complex Care

Suggested Learning Strategies

The following learning strategies can be applied in various contexts, depending on the clinical placement parameters and the instructor's preferences.

Strategies that Focus on Caring

1. Gathering Information About a Client

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, the 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 them (Learning Outcomes 1, 2, 3, 4, 6, and 7).

2. Person-Centred Goals

Have the students write person-centred goals for the care of their client(s). This will help them become more focused on the client(s), ensuring their best care rather than placing their 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

Have students gather with the clinical instructor topics and issues to discuss related to their clinical placement.

Topics to support pre- or post-conference discussions or self-reflection journal writing are outlined below.

- Describe a situation when you provided person-centred 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 <u>Gibbs' Reflective Cycle</u> 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?

Note: This activity refers to Gibbs, G. (1988). _Learning by doing: A guide to teaching and learning methods_. Oxford Centre for Staff Development. Retrieved from https://stephenp.net/wp-content/uploads/2015/12/learning-by-doing-graham-gibbs.pdf

2. Communication Challenges

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 refer to the <u>Problem-Solving and Decision-Making in a Clinical Situation</u> process (in <u>Concepts for Practice</u> course) 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. Observation in Person-Centred Care

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. Encourage students to talk with other members of the health care team who know this client and, if possible, research the client's background.

Ask students to 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 (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 the 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

Provide orientation activities so students become familiar with the clinical setting and routines, staff, and 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. Learning from Other Professionals

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 members 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. Synthesizing Learning

Provide reflective learning activities where students record observations, challenges, and other information. This will help students to synthesize their learning.

4. Additional Skills Assessment

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 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 the <u>HCA Care Activities Summary Checklist</u> in *Section 5: Sample Course Assessment Tools*.

2. A mid-term assessment that is completed by the instructor and the student will be helpful to assess a student's progress towards meeting the program learning outcomes. It will also identify areas for improvement prior to the final assessment (Learning Outcomes 1 to 9).

3. A final assessment to determine whether students have 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 to 9). Refer to the <u>Health Care Assistant Program Learning Outcomes Verification</u> in *Section 5: Sample Course Assessment Tools*.

4. A self-reflection 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, both their own and what they have observed in others – their "aha" moments).

5. For a self-assessment tool, ask students to consider the learning outcomes for the practice education placement and whether they have met them or are still progressing to meet them. Have them record situations to illustrate how they met each outcome and put forward ideas on how they could meet any that have not yet been met. The self-assessment tool can be reviewed and discussed with students at the mid-term and final assessment as a method of ensuring all learning outcomes have been or will be demonstrated by the end of the practice education placement period (Learning Outcomes 1 to 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 their success in the workplace (Learning Outcomes 1, 2, 5, 6, 8, and 9). Refer to the <u>Professional Behaviour Development Rubric</u> in *Section 5: Sample Course Assessment Tools*.

Resources for Practice Experience

Online Resources

B.C. Academic Health Council. (n.d.). _B.C. preceptor development initiative: Supporting health preceptors in practice, modules 1–8_. http://www.practiceeducation.ca/modules.html

B.C. Care Aide and Community Health Worker Registry. (2023). _B.C. health care assistants core competency profile_. https://www.health.gov.bc.ca/library/publications/year/2023/hca-core-competency-profile-april-2023.pdf

Christianson, T. & Morris, K. (2023). _Personal care skills for health care assistants_. https://opentextbc.ca/hcalabtheoryandpractice/

Doyle, R. G., & McCutcheon, J. A. (2015). _Clinical procedures for safer patient care_. BCcampus. https://opentextbc.ca/clinicalskills/

Gibbs, G. (2013). _Learning by doing: A guide to teaching and learning methods_. Oxford Brooks University. https://thoughtsmostlyaboutlearning.files.wordpress.com/2015/12/learning-by-doing-graham-gibbs.pdf

Hampe, Narelle. (2013). _Reflective practice and writing: A guide to getting started_. Australian Library and Information Association. https://www.betterevaluation.org/en/resources/guide/reflective_practice_and_writing

Melrose, S. Park, C. & Perry, B. (2015). _Creative clinical teaching in the health professions_. Athabasca University. http://solr.bccampus.ca:8001/bcc/file/c6d0e9bd-ba6b-4548-82d6-afbd0f166b65/1/CREATIVE-CLINICAL-TEACHING-IN-THE-HEALTH-PROFESSIONS.pdf

Practice Education Guidelines for B.C. (n.d.). https://hspcanada.net/pegs/

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

Suggested Learning Strategies

Strategies that Focus on Caring

1. Overcoming a Challenge

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. Person-Centred Goals

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 about Community Placement

Set up meetings with the site supervisor/mentor and/or course instructor to give students the opportunity to discuss topics and issues related to their community placement.

2. Home Safety Assessment

Ask students to complete a home safety evaluation of the residence for one of the clients they are working with in their community placement (see instructions in the <u>STUDENT HANDOUT 4: Home Safety Assessment Guide</u>). 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. Debrief

If this is the final placement, bring students back together for a final debrief. This could provide rich learning opportunities for students to share what they have learned, gain insight from other students' learning, and consider further areas for their continued professional growth and development.

Strategies that Focus on Professional Approaches to Practice

1. Synthesizing Learning

Reflective learning activities where students record observations, challenges, and other information can be used to synthesize their learning.

2. Identifying Opportunities for Learning

In the community setting, students will likely practice as part of the team under the supervision of site staff. During the first week of placement, ask students to identify at least 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. A self-reflection 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. The instructor could review the journal at the mid-term to ensure students are progressing satisfactorily and to review and discuss as part of the student's overall final assessment (Learning Outcomes 1 to 9).

2. A final assessment completed by the site supervisor and/or course instructor will assess whether students have met (or not met) the required skills outlined in the program learning outcomes (Learning Outcomes 1 to 9). Refer to the <u>Health Care Assistant Program Learning Outcomes Verification</u> in *Section 5: Sample Course Assessment Tools*.

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 their success in the workplace (Learning Outcomes 1, 2, 5, 6, 8, and 9). Refer to the <u>Professional</u>

<u>Behaviour Development Rubric</u> in *Section 5*: *Sample Course Assessment Tools.*

Resources for Practice Experience

Refer to Online Resources in <u>Practice Experience in Multi-Level and/or Complex Care</u>.

The Unfolding Case Study: Caring for Peter Schultz

Download all the Peter Schultz case studies here: <u>Peter Schultz case studies [Word doc]</u>.

Section 2: Supporting HCA Students' Fundamental Digital Literacy Skills

Digital Literacy Skills

This section provides a digital literacy self-assessment for students, suggested learning activities, and resources. Digital literacy is broken down into four categories: digital technologies, word processing, electronic communication, and information and cyber literacy.

Digital literacy skills are one of the key essential skills for success in the workplace. According to Employment and Social Development Canada (2023), digital literacy skills are part of nine skills for success that are needed to create a foundation for more complex skills.[1] Digital literacy skills include an understanding of how to use common digital technologies and digital communication software. Additionally, digital literacy skills incorporate information literacy, broadly defined as the ability to effectively locate, evaluate, use, and communicate information.[2] Given the increasing use of electronic health records and digital forms of communication in the workplace, HCA graduates should be prepared to use current digital communication and technologies in accordance with workplace standards.

Although the specific technology used by HCAs will depend on the HCA's place of employment, baseline knowledge of digital technologies, expectations regarding informational literacy, and guidelines around digital communication will help prepare them to assume their workplace role. This section includes the following:

- A digital literacy skills self-assessment for students
- Suggested learning activities on incorporating digital literacy skills into the HCA curriculum
- Suggested resources for students' skill development

Recommended resources for introducing students to electronic health records are also included in the Concepts for Practice course.

1. Government of Canada. Employment and Social Development Canada. (2023). *Skills for Success.* https://www.canada.ca/en/services/jobs/training/initiatives/skills-success/understanding-individuals.html

2. Dalhousie University. Libraries. *What is Information Literacy?* https://libraries.dal.ca/services/faculty-services/infolit.html

Digital Literacy Self-Assessment

Digital Technologies

I can identify the basic parts of digital devices such as desktop computers, laptops, and tablets (e.g., the charging port, USB port, the hard drive, the monitor/screen).	Yes ☐	No/Not Sure ☐
I can properly start and shut down a desktop computer, laptop, and tablet, including logging off a public computer.	Yes ☐	No/Not Sure ☐
I can open and close software programs (e.g., MS Word, Google, File Manager, iTunes).	Yes ☐	No/Not Sure ☐
I can describe common uses of digital technologies in society.	Yes ☐	No/Not Sure ☐
I can use a mouse or pointing device.	Yes ☐	No/Not Sure ☐
I can type on a keyboard using all 10 fingers.	Yes ☐	No/Not Sure ☐
I can create folders to manage files and information.	Yes ☐	No/Not Sure ☐
I can operate a printer (turn power on, load paper, print a document).	Yes ☐	No/Not Sure ☐

Word Processing

I can create a new word processing document.	Yes ☐	No/Not Sure ☐
I can edit a document using the spell checker and thesaurus features.	Yes ☐	No/Not Sure ☐
I can format a document to change the font, font size, margins, add page numbers, and add bullet points.	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 complete and digitally sign an online or electronic form.	Yes ☐	No/Not Sure ☐
I can upload a document to a cloud-based server, such as a learning management system or website.	Yes ☐	No/Not Sure ☐

Electronic Communication

I can send and receive email.	Yes ☐	No/Not Sure ☐
I can upload an attachment to an email and download an attachment from an email.	Yes ☐	No/Not Sure ☐
I am familiar with the basic rules of etiquette for electronic communication.	Yes ☐	No/Not Sure ☐
I can create an online schedule.	Yes ☐	No/Not Sure ☐
I am familiar with team-based communication apps (e.g., MS Teams, WhatsApp, Google Docs).	Yes ☐	No/Not Sure ☐
I have used a learning management system during my former education to communicate with instructors and retrieve course information.	Yes ☐	No/Not Sure ☐
I can use video conferencing software like Zoom, FaceTime, Skype or MS Teams. I can turn on video/audio components so that I can • be seen and heard • see and hear others	Yes ☐	No/Not Sure ☐

Information and Cyber Literacy

I can identify basic internet safety practices and security risks (viruses, firewalls, antivirus software, spyware, phishing).	Yes ☐	No/Not Sure ☐
I am familiar with multi-factor authentication.	Yes ☐	No/Not Sure ☐
I can use internet browsers to search for information.	Yes ☐	No/Not Sure ☐
I can add a website to the bookmark bar.	Yes ☐	No/Not Sure ☐
I can list common social media applications and identify the uses and associated risks.	Yes ☐	No/Not Sure ☐
I can evaluate the accuracy and bias of electronic sources.	Yes ☐	No/Not Sure ☐
I can describe the benefits and risks of using artificial intelligence software in my academic learning.	Yes ☐	No/Not Sure ☐

Suggested Learning Activities

Digital Technologies

- The Suggested Resource section below includes training opportunities for students to further develop their skills.
- It is not within the scope of the HCA program to include training on digital technologies and devices such as desktop computers, laptops, tablets, printers, smart phones.

Word Processing

- Ask students to submit written assignments prepared using a word processing program.
- To connect with general digital technology skills, ask students to print one of their assignments and submit a paper copy.
- Ask students to complete and sign an online form.
- Have students upload an assignment to a learning management system. Ask them to rename the file to include their own name and the name of the assignment.
- Ask students to visit the careers page for their local health authority and set up an online profile.
- Have students complete a group assignment and use presentation software like PowerPoint, Prezi, and Keynote.

Electronic Communication

- Have students review the guidelines on electronic communication in the Interpersonal Communication course.
- Have students identify different forms of electronic communication (emails, texting, group chat software) and consider how expectations and engagement with each form may differ in various settings.
- Ask students to send an email with an attachment to their instructor following the guidelines for netiquette.
- Have students attend a class or group meeting using video conferencing software. Require students to have their cameras turned on and verbally participate to ensure that they are able to use their microphone.

Information and Cyber Literacy

- Provide guidelines on properly selecting and citing resources. Then ask students to research a topic and provide a reference list.

- Have students review the <u>Social media guidelines</u> for B.C. Public Service employees and discuss how it applies to health care employment settings.
- Review your post-secondary institution's educational policies regarding academic integrity and engage students in a discussion about AI.
- Have students complete the <u>Cyber security checklist</u> provided by the Canadian Centre for Cyber Security.

Suggested Resources

Digital Technologies

- Some public libraries in B.C. provide in-person introductory computer skills training courses. For example, see courses offered through the Vancouver Public Library system at <u>Computer Essentials | Vancouver Public Library (https://www.vpl.ca/guide/computer-essentials)</u>. Online computer courses are also available through LinkedIn Learning and are free to anyone with a B.C. library card.
- Some post-secondary institutions and school districts provide formal computer training courses through adult basic education programs. If notable deficits are identified in the student's competencies regarding digital technologies, the student may benefit from a formal (credited) computer training course.
- Organizations such as the <u>Khan Academy (https://www.khanacademy.org/computing/computers-and-internet)</u> offer free online courses.
- Resources to support the development of students' keyboarding skills are widely available. Online resources range from free online game-based applications, such as <u>TypingClub (https://www.typingclub.com/sportal/program-3.game)</u>, to formal courses at post-secondary institutions, such as those at <u>Vancouver Community College, Continuing Studies (https://continuingstudies.vcc.ca/public/category/programStream.do?method=load&selectedProgramAreaId=1020359&selectedProgramStreamId=1027756)</u> and websites recommended on websites. Encourage students to explore the available options and choose the option that works best for them.
- Students could ask a friend or family member to demonstrate the basic skills of using a desktop computer, laptop, tablet, or printer. This should include identifying its main parts, turning it on/off, starting and shutting down a software program, and using a printer.

Word Processing

- Microsoft offers training, such as:
  - *Word for Windows training* (https://support.microsoft.com/en-au/office/word-for-

windows-training-7bcd85e6-2c3d-4c3c-a2a5-5ed8847eae73)

- ◦ Microsoft 365 (https://support.microsoft.com/en-us/training) training
- Public libraries, post-secondary institutions, and school district continuing education departments offer word processing courses. See suggestions under Digital Technologies above.

Electronic Communication

- Suggest students visit their institution's library or learning centre to explore available supports regarding digital literacy skills. Some libraries and learning centres provide videos and information sessions about their learning management system and video conferencing software.
- If provided by the post-secondary institution, students will have access to email through their learning management system. The institution's library, learning centre, or learning management system may provide additional resources on learning to access that email. Students who do not have a personal email can set up an email address through an email server such as Google, Microsoft, or Yahoo.

Information Literacy

The following resources will help instructors better understand the complex and developing area of information literacy skills. While some are direct links to documents or learning modules that can support students, most resources are intended for instructors.

Some institutions' libraries and learning centres may provide workshops for students on plagiarism and the proper selection and citations of sources. These workshops could be scheduled during program orientation or recommended to students prior to the start of the program.

Note: While valid at the time of publication, the online links and resources below are subject to change.

Cybersecurity

- BCcampus. Tech-safety resources (https://bccampus.ca/wp-content/uploads/2021/12/Technology-Facilitated-Sexual-Violence-Resources.pdf)
- Canadian Centre for Cyber Security (https://www.cyber.gc.ca/en)
- Government of B.C. Cybersecurity courses (https://www2.gov.bc.ca/gov/content/governments/services-for-government/information-management-technology/information-security/professional-development/cybersecurity-courses)

- IBM. <u>What is cybersecurity? (https://www.ibm.com/topics/cybersecurity?mhsrc=ibmsearch_a&mhq=what%20is%20cybersecurity)</u>

Internet Searches

- Google Search Help. <u>How to search on Google (https://support.google.com/websearch/answer/134479?hl=en)</u>.
- MacDonald, W. B. & Seel, J. <u>Research using the internet (https://advice.writing.utoronto.ca/researching/research-using-internet/)</u>. University of Toronto.

Selecting and Citing Sources

- Last, S. <u>Finding and evaluating research sources</u>. In *Technical writing essentials: Introduction to professional communications in the technical fields*. BCcampus. https://pressbooks.bccampus.ca/technicalwriting/
- ProQuest. <u>ProQuest research companion getting started. (https://proquest.libguides.com/pqrc/)</u>This tool includes e-learning modules and is included in some institutions' library subscriptions.
- University of British Columbia Library. <u>Evaluating information sources (https://guides.library.ubc.ca/EvaluatingSources/Guidelines)</u>.
- Vancouver Community College Library. <u>ChatGPT and AI technology: Citation and copyright (https://libguides.vcc.ca/Ai/citation)</u>.

Social Media

- Bates, A. W. (2022). <u>*Teaching in a digital age: Guidelines for designing teaching and learning*</u>, (3rd edition). https://pressbooks.bccampus.ca/teachinginadigitalagev3m/
- Government of B.C. (n.d.) <u>Social media guidelines for B.C. public service employees (https://socialmediatoolkit.gov.bc.ca/)</u>.
- Schechter, S. (2023) <u>Foundations of social media communication</u>. In *Social media & reputation management*. https://pressbooks.bccampus.ca/socialmedia/chapter/2-foundations-social-media/

Artificial Intelligence and Post-Secondary Education

- Coolidge, A. (2023, October 18). <u>Developing policies for generative AI at post-secondary institutions: What we need to consider (https://bccampus.ca/2023/10/18/developing-policies-for-generative-artificial-intelligence-at-post-secondary-institutions-what-we-need-to-consider/)</u>. BCcampus.
- Kwantlen Polytechnic University. <u>Artificial intelligence (https://libguides.kpu.ca/</u>

c.php?g=734446&p=5283968).
- Dalhousie University, Centre for Learning and Teaching. AI and academic integrity (https://www.dal.ca/dept/clt/e-learning/AI_Resource/a-i--and-academic-integrity.html).
- University of Alberta, Centre for Teaching and Learning. AI-squared: Artificial intelligence and academic integrity (https://www.ualberta.ca/centre-for-teaching-and-learning/teaching-toolkit/teaching-in-the-context-of-ai/artificial-intelligence-academic-integrity.html).
- University of British Columbia, Academic Integrity. ChatGPT and other generative AI tools (https://academicintegrity.ubc.ca/chatgpt-faq/).

Multi-Factor Authentication

- Government of B.C. An introduction to multi-factor authentication (https://www2.gov.bc.ca/gov/content/governments/services-for-government/information-management-technology/information-security-mfa).
- Microsoft, Account Security Tools. What is: Multifactor authentication (https://support.microsoft.com/en-us/topic/what-is-multifactor-authentication-e5e39437-121c-be60-d123-eda06bddf661).

References

The following resources were consulted to develop the digital literacy section.

Association of College and Research Libraries. (2016).*Framework for information literacy for higher education*. https://www.ala.org/acrl/standards/ilframework

Dalhousie University. Libraries. *What is information literacy and how can I incorporate it into my classroom?* https://libraries.dal.ca/services/faculty-services/infolit.html

Government of Canada. Employment and Social Development Canada. (2023). *Skills for success.* https://www.canada.ca/en/services/jobs/training/initiatives/skills-success.html

Government of British Columbia. (2023, April 18). *Digital Learning Strategy: Appendix 2 The B.C. Post-Secondary Digital Literacy Framework*. https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/institution-resources-administration/digital-learning-strategy

Government of British Columbia, Ministry of Advanced Education and Skills Training. (2022). *Adult basic education. A guide to upgrading in British Columbia's public post-secondary institutions: An articulation handbook. 2021/22 Edition*. https://www2.gov.bc.ca/assets/gov/

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abe_articulation_handbook_2021-2022.pdf

Government of British Columbia, Ministry of Health. (2023). _B.C. Health Care Assistants Core_
Competency Profile. https://www.health.gov.bc.ca/library/publications/year/2023/hca-core-
competency-profile-april-2023.pdf

Nguyen, G.. (2023). _Digital pedagogy toolbox: Generative AI in teaching and learning – The least you_
need to know. BCcampus. https://bccampus.ca/2023/09/18/generative-ai-in-teaching-and-
learning-the-least-you-need-to-know/

Section 3: Instructor Guide for Teaching Acute Care Content

Acute Care and the HCA Program

This section outlines key information on acute care for instructors to share with students. It has been updated to align with the language changes reflected in the 2023 HCA Program Provincial Curriculum.

The acute care content was originally added to the Health Care Assistant Provincial Curriculum Guide in 2015. The accompanying HCA Supplement provided an instructor guide to support faculty in incorporating the acute care content into the HCA program courses. This guide was based on materials developed by Island Health. Instructors were encouraged to adapt and integrate the content into their instructional activities, such as PowerPoint slides, student handouts, course manuals, and lab practice scenarios.

In 2023, the HCA Provincial Program Provincial Curriculum was updated to include the option of sending students to units such as acute care, transitional care, discharge planning, rehabilitation, and alternate levels of care. These clinical experiences are acceptable, provided the program learning outcomes can be met in these settings, and the placements do not replace the minimum 150 hours of instructor-led clinical required in complex care.

Note: This section is adapted from Island Health. (2012). *Transitional Learning Continuum, Health Care Assistant in Acute Care Curriculum* with permission from the Island Health Authority, B.C. Health Education Foundation, and the Ministry of Health Services.

1. Supervision Structures in Acute Care

Course: Introduction to Practice

Estimated time: 30 minutes

- Every health authority and unit has an organizational structure that outlines the supervision and reporting structure.
- 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 the HCA will report to when supporting client care and 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 tasks or delegates restricted activities, different team members

need to establish supervision plans for the care activities that HCAs will support.

- Communication is essential when reporting to and collaborating with other health care team members.
- As an HCA, there will be times when 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. Characteristics of Clients in Acute Care

Course: Common Health Challenges

Estimated time: 1 hour 30 minutes

- In most instances, acute care settings will be very different from complex and home or community care settings. The pace of activities and the variety of sights, sounds, and smells can be overwhelming for a new HCA. However, similar to a beehive, the activity is purposeful and coordinated. All interprofessional team members work collaboratively in a variety of different ways to meet 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 complex 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 clients who have 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. In these instances, HCAs can offer significant support to these clients, families, and other members of the health care team.
- There are some important considerations for HCAs to keep in mind when working in an acute care setting.
  - HCAs will never be working independently. Instead, HCAs will draw upon the knowledge, skills, and resources of a variety of interprofessional care team members who will work collaboratively with them in caring for each client.
  - 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 elderly clients add strength to the interprofessional team and can contribute to the care planning process.
- Acute care is an intricate and diverse 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.
- Clients may be admitted to acute care in the following circumstances. If the client:

- ◦ Has had a stroke or a heart attack
  - ◦ Has acute congestive heart failure
  - ◦ Has uncontrolled pain
  - ◦ Requires surgical intervention
  - ◦ Is frail, elderly, and has a fractured hip
  - ◦ Has a crisis in their caregiving supports
- Most clients in acute care will have different medical needs than those in complex 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

3. Elements of the Acute Care Environment

Courses: Common Health Challenges and Personal Care and Assistance

Estimated time: covered in 2 and 5

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

- Additional forms of documentation, or documentation that 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. HCA Role in Acute Care Settings

Courses: Common Health Challenges, Introduction to Practice, and Concepts for Practice

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

The HCA roles in acute care settings depend on client acuity, intensity, and complexity. When

assigning care activities, the health care professional considers such factors as client stability and the probability of an adverse event. HCAs are generally assigned care activities where the impact and probability of an adverse event are lower.

- "Acuity" refers to the level of care a client requires based on the severity of their condition or symptoms. High acuity clients are those who experience an event that is characterized by having a sudden onset, a sharp rise, having severe symptoms, 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

- 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 IV antibiotics
  - With influenza (the flu)
  - With C. difficile

- "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 and complicated 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)
  - Complex wound management (e.g., Vacuum-Assisted Closure (VAC) dressings, ulcers, infected surgical wounds)
  - Support to manage complex family dynamics

- Examples of clients with low-intensity/complex care needs are those who require:
  - Minimal ADL support 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.

- HCAs 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

5. IV Lines, Tubes, Wounds, and Surgical Incisions

Course: Personal Care and Assistance

Estimated time: 2 hours theory/lab

- Most clients in acute care will have medical needs that require interventions through the use of IV lines or tubes. These interventions are crucial for delivering medications, nutrients and fluids, maintaining bodily functions, and promoting healing after surgeries or injuries. To provide care to clients, HCAs must be able to safely work around and with these interventions.
- Examples of lines and tubes in acute care are:

  - Intravenous (IV) lines
  - Oxygen tubing
  - Surgical drains
  - Chest tubes
  - Catheters
- Prior to interacting with the client, HCAs must:

  - Observe the client carefully, looking for surgical or medical lines.
  - Ask the RN/LPN if there is anything special that they need to know or do related to this client's tubing and receive instructions about any specific approaches or care plan interventions.
  - Make considerations for giving daily care, such as changing a gown.
  - 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 IV or 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. IV catheters are used to supply a client with additional fluids or medications.

Ask: What does an 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 accidentally 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 or instructions before mobilizing a client. Clients who are allowed to be up and walking and have an IV can generally be mobilized, but there are a few exceptions.

Oxygen Tubing

Ask: What does an 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 the different methods of delivering oxygen, such as nasal prongs or facial masks.

Ask: What does an 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 they 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, but 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 clients with surgical drains.
- They are often pinned to gowns to prevent them from accidentally becoming dislodged.
- They are often covered by dressings.

Ask: What does an 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 them 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 must 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 and/or talk to their RN or 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 an 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 buildup in the lung that has caused it to collapse.
- Chest tubes are secured with a lot of tape.

Ask: What does an 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. Accidentally dislodging or withdrawing the chest tube may cause the client to go into respiratory distress and requires immediate medical intervention.

Catheters

Ask: What does an 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 an 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.
- Observe the site of insertion for discharge, swelling and/or redness.

- Observe the catheter and tubing to ensure that the catheter is properly secured to the patient and that the tubing is not obstructed.
- Avoid lifting the catheter above the client's waist level.
- Ensure that the bag and tubing are not touching the floor.
- Report any pain or discomfort a client may experience during care or care-related activities.

Surgical Incisions

In addition to lines and tubes, clients in acute care may have incisions from treatment procedures or wounds. Prior to interacting with the client, HCAs must ask the RN/LPN if there is anything special they need to know or do related to the client's surgical incisions or wounds.

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

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

- Abdominal incisions
- Hip or knee incisions

Ask: What does an 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 must 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. Time Management, Problem-Solving, and Decision-Making in Acute Care

Courses: Concepts for Practice, Common Health Challenges, and Personal Care and Assistance

Estimated time: 1 hour for theory/lab

Although HCAs may not be assigned to specific client assignments or 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 from the HCA to meet client care needs in the rapidly changing environment of acute care. 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.

Ask: What does an HCA need to know to prioritize care activities 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 from one room to another
- Transferring clients from one unit to another
- Changing acuity of clients
- Clients developing infections that require special precautions

Ask: What does an HCA need to do to prioritize care activities 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 related to their responsibilities.
- Communicate clearly with the health care team to identify what care activities 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.

7. Interprofessional Collaborative Practice in Acute Care Settings

Course: Introduction to Practice

Estimated time: Not applicable, as already covered in program

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
- Team communication is efficient, open, respectful, and client-centred, in which the client and family are integrated into the care process

Highlight the outcomes of interprofessional collaboration. Clients and families have:

- 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
- Experience improved communication between providers
- Can offer a broader range of services and more efficient use of resources
- Provides improved access to services and shorter wait times

Reference

Barrett, J., Curran, V., Glynn, L., & Godwin, M. (2007). *CHSRF synthesis: interprofessional collaboration and quality primary healthcare.* Canadian Health Services Research Foundation.

8. Communication in Acute Care Settings

Courses: Interpersonal Communications and Introduction to Practice

Estimated time: 30 minutes

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

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

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 health care 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).
- Report any observations or concerns with client care, such as changes in client condition or bleeding, to the health care team leader immediately.
- Record any client care information they perform, such as bowel record or recording food or fluids, immediately after completing the care activity.

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).

9. Role of the HCA in Responding to Emergency Codes in Acute Care

Courses: Concepts for Practice and Personal Care and Assistance

Estimated time: 30 minutes

Content related to codes is covered in the online orientation for students doing placements at health region sites. However, the following codes could be discussed regarding the differences in policy and protocols between acute care and complex care/community settings.

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.

Discuss the site policy and protocol for both witnessed and unwitnessed cardiac arrests and the importance of being aware of the DNR/code status.

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 co-workers, the unit clerk, LPN, or RN nearest to the phone system or emergency call button). 911 may have to be called.
- Always maintain personal safety, 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.

Discuss the differences between a code white response in AM acute care, complex care facility, or community setting.

Colour Code Quick Reference Guide

> ## To activate a code dial 7111

Refer to the site Emergency Response and Code Manual for site specific procedures

Code		Who can activate	Who responds	What to do
Red	**Fire**	Anyone discovering smoke or fire	• All staff • Code Red Response Team • Fire Department	**R**emove people **A**ctivate alarm **C**ontain smoke/fire **E**xtinguish/Evacuate
Blue*	**Cardiac Arrest Medical Emergency** *Adult/Pediatric where applicable*	Anyone who finds a person in an immediate medical emergency	• Code Blue Team	Make way for Code Blue Team, give assistance as directed
White	**Violence/Aggressive Behaviour**	Anyone who witnesses violent/aggressive behaviour	• Code White Team • Security	Assist as trained to do so or as directed
Yellow	**Missing Patient/ Resident**	Charge Nurse/ Designate	• All staff	Refer to missing patient/resident description, search area
Green	**Evacuation**	Administrator In-Charge/Designate	• All staff	Prepare to assist with evacuation and/or receive patients in your work area
Orange	**Mass Casualty/ Disaster**	Administrator In-Charge/Designate	• All staff	Activate functional area or departmental plan as directed
Black	**Bomb Threat**	Administrator In-Charge/Designate	• All staff • Security • Police	Give assistance as directed, conduct a visual search of your area for unusual objects
Brown	**Hazardous Spill**	Supervisor/Designate when spill/leak meets workplace health guidelines	• Contracted Chemical Response Team	Keep yourself and others away from spill
Grey	**System Failure**	Administrator In-Charge/Designate	• System specialists	Give assistance as directed, refer to downtime and code procedures
Pink	**Obstetric/Neonatal Emergency**	Clinical staff in designated units	• Code Pink Team	Make way for Code Pink Team
Amber	**Missing or Abducted Infant/Child**	Manager/Designate	• All staff	Refer to missing or abducted infant/child description, search area
Silver	**Active Attacker**	Anyone who discovers/ witnesses/encounters an active attacker	• All staff • Police	• RUN if there is a safe escape route • HIDE if you cannot evacuate • FIGHT if your life is in IMMINENT danger

Consider your safety first in any emergency

Providence HEALTH CARE — How you want to be treated.

Vancouver CoastalHealth

Provincial Health Services Authority

fraserhealth — Better health. Best in health care.

HEMBC — Health Emergency Management

Click to view the image full size. [Image description]

Image Description

Colour Codes Quick Reference Guide

A table explaining the emergency colour codes with logos of Providence Health Care, Vancouver Coastal Health, Provincial Health Services Authority, Fraser Health, HEMBC.

To activate a code, dial 7111. Refer to the site Emergency Response and Code Manual for site specific procedures.

Code	Who can activate	Who responds	What to do
Red: Fire	Anyone discovering smoke or fire	• All staff • Code Red Response Team • Fire Department	• Remove people • Activate alarm • Contain smoke/fire • Extinguish/ Evacuate
Blue: Cardiac Arrest Medical Emergency (Adult/Pediatric when applicable)	Anyone who finds a person in an immediate medical emergency	• Code Blue Team	Make way for the Code Blue Team, give assistance as directed.
White: Violence/ Aggressive Behaviour	Anyone who witnesses violent/aggressive behaviour	• Code White Team • Security	Assist as trained to do so or as directed
Yellow: Missing Patient/ Resident	Charge Nurse/ Designate	• All staff	Refer to missing patient/resident description, search area
Green: Evacuation	Administrator In-Charge/Designate	• All staff	Prepare to assist with evacuation and/or receive patients in your work area
Orange: Mass Casualty/ Disaster	Administrator In-Charge/Designate	• All staff	Activate functional area or departmental plan as directed
Black: Bomb Threat	Administrator In-Charge/Designate	• All staff • Security • Police	Give assistance as directed, conduct a visual search of your area for unusual objects

Brown: Hazardous Spill	Supervisor/Designate when spill/leak meets workplace health guidelines	• Contracted Chemical Response Team	Keep yourself and others away from spill
Grey: System Failure	Administrator In-Charge/Designate	• System specialists	Give assistance as directed, refer to downtime and code procedures
Pink: Obstetric/ Neonatal Emergency	Clinical staff in designated units	• Code Pink Team	Make way for Code Pink Team
Amber: Missing or Abducted Infant/Child	Manager/Designate	• All staff	Refer to missing or abducted infant/child description. search area
Silver: Active Attacker	Anyone who discovers/ witnesses/ encounters an active attacker	• All staff • Police	• Run if there is a safe escape route • Hide if you cannot evacuate • Fight if your life is in imminent danger

Consider your safety first in any emergency.

[Return to image]

Section 4: Education and Practice Experience Tools

BC HCA Care Activities Chart

The BC Health Care Assistant (HCA) Care Activities Chart (https://www.cachwr.bc.ca/resources/pdf/BC-HCA-Care-Activities-Chart.pdf) has been developed as a resource for HCAs, and others who want to understand more about HCA education and training in BC. It lists care activities that BC Health Care Assistants (HCAs) may be expected to perform as part of their duties. It also specifies care activities taught within in the Health Care Assistant Program Provincial Curriculum and categorizes care activities as tasks or restricted activities.

BC HCA Decision-Making Tool

HCAs can use the BC HCA Decision-Making Tool (https://www.cachwr.bc.ca/resources/pdf/ BC-HCA-Decision-Making-Tool.pdf) on the Registry website to help them determine whether they should carry out a task that is assigned to them. The decision-making tool only pertains to tasks, not restricted activities.

Clinical Instructor Orientation

The *Clinical Instructor Orientation* supports clinical instructors in Health Care Assistant programs. It includes information on the role and expectations for both instructors and students; suggestions for instruction, reflection, and assessment; information on how to set students up for success; tips on giving and receiving feedback; and resources for more information. It also includes several sample evaluation tools.

The *Clinical Instructor Orientation* is available as a downloadable word or PDF file for instructors. You can modify the file to reflect the specific background and requirements of the Health Care Assistant program at your institution.

> Download: Clinical Instructor Orientation Guide [Word doc] (https://opentextbc.ca/hcasupplement/wp-content/uploads/sites/389/2024/06/Clinical-Instructor-Orientation.docx)
>
> Download: Clinical Instructor Orientation Guide [PDF] (https://opentextbc.ca/hcasupplement/wp-content/uploads/sites/389/2024/06/Clinical-Instructor-Orientation.pdf)

Preceptor Orientation

The *Preceptor Orientation* provides information to support Health Care Assistant preceptors who are working with students completing the course Practice Experience in Multi-Level and/or Complex Care. The orientation guide includes information on the role and expectations for both preceptors and students, tips on giving and receiving feedback, and resources for more information. It also includes a preceptor checklist, a student information form, and a practice education evaluation.

The *Preceptor Orientation* is available as a downloadable Word or PDF file. You can modify the file to reflect the specific background and requirements of the Health Care Assistant program at your institution.

Download: Preceptor Orientation Guide [Word doc] (https://opentextbc.ca/hcasupplement/wp-content/uploads/sites/389/2024/06/Preceptor-Orientation.docx)

Download: Preceptor Orientation Guide [PDF] (https://opentextbc.ca/hcasupplement/wp-content/uploads/sites/389/2024/06/Preceptor-Orientation.pdf)

Section 5: Sample Course Assessment Tools

About This Section

The following section contains sample assessment tools that could be applied to theory, lab, and practice education courses. The course (or courses) that each assessment tool aligns with is also listed.

1. Diversity Factors in Health and Healing Assignment

Concepts for Practice Course

This assessment assignment aligns with Suggested Course Assessment 3 for the <u>Concepts for Practice</u> course.

Assignment Outline

The purpose of this assignment is for students to explore how factors such as culture, ethnicity generation, socio-economic status, religious or spiritual beliefs, gender identity, gender expression, and sexual orientation intersect within families to shape health outcomes. By examining these intersections, students can deepen their understanding of how diverse family contexts impact health and healing journeys. Through exploration and personal reflection, students will develop insights that can inform culturally sensitive and inclusive health care practices.

Students will prepare a written reflection of 500 to 750 words that addresses the following components:

1. List and describe two of your family traditions related to aging, health, or healing. (2 marks)

2. Give an example of culture as it relates to your family for each of the following factors: socio-cultural, religious, economic, and environmental. (4 marks)

3. Describe how diversity can influence an individual's or family's experience of aging. Include four diversity factors (e.g., ethnicity, culture, generation, socio-economic status, religious or spiritual beliefs, gender identity, gender expression, and sexual orientation) in your answer. (4 marks)

4. Describe how diversity can influence an individual or family's experience of illness and disability. Include family dynamics in relation to accessing health care and making decisions about treatment plans and procedures. Include at least four of the diversity factors in your answer. (4 marks)

5. Describe how diversity can influence an individual's and/or family's experience of health and healing. Include all five dimensions of health in your answer (physical, psychological, cognitive, social, and spiritual). (4 marks)

6. Describe four ways that you could provide culturally sensitive care to your clients. Be clear, detailed, and specific in your examples. (4 marks)

Note: The assignment is designed for students to answer all six questions (rather than choosing one question). This approach allows students to build on their reflections from each answer and build toward the final reflection on methods for providing culturally sensitive care.

Citation and Reference Style

For assignments requiring citation of resources, it is expected that the program would indicate the referencing style (e.g., APA) to be used and provide the necessary instruction and supporting materials for students to be successful in this criterion of the assignment. It would also be expected that citation and referencing resources would be included as a criterion in the marking rubric, with placement depending on the parameters of the assignment. Some resources for using APA citation and reference style are listed below.

- Purdue University. (2019). _APA citation basics_. Purdue Online Writing Lab. https://owl.purdue.edu/owl/research_and_citation/apa_style/ apa_formatting_and_style_guide/in_text_citations_the_basics.html
- Simon Fraser University & Dymarz, A. (2021, September 10). _General notes: APA (7th ed., 2020) citation guide_. http://www.lib.sfu.ca/help/cite-write/citation-style-guides/apa

Sample Marking Rubric

Criteria	Exceeds expectations	Meets expectations	Partially meets expectations	Does not meet expectations
1. List and describe two of your family traditions related to aging, health, or healing. (2 marks)	Thoroughly lists and describes two traditions with clear and detailed examples	Lists and describes two traditions with some detail in the examples	Lists and describes two traditions but lacks some detail	Does not list or describe family traditions or provides minimal information
	2	1–1.5	0.5–1	0–0.5

2. Give an example of culture as it relates to your family for each of the following factors: socio-cultural, religious, economic and environmental. (4 marks)	Provides clear and detailed examples of how culture relates to family for each of the four factors Shows a deep understanding of the relationship between culture and these factors	Provides good examples of how culture relates to family for each of the four factors Shows a good understanding of the relationship between culture and these factors	Provides satisfactory examples for each of the four factors but lacks detail Shows a basic understanding of the relationship between culture and these factors	Provides vague or no examples for the factors Shows minimal understanding of the relationship
	4	3	2	0–1
3. Describe how diversity can influence an individual's or family's experience of aging. Include four diversity factors. (4 marks)	Thoroughly describes the influence of four diversity factors on the experience of aging	Describes the influence of four diversity factors on the experience of aging	Somewhat describes the influence of some diversity factors on the experience of aging	Provides vague descriptions or does not describe the influence of the diversity factors
	4	3	2	0–1
4. Describe how diversity can influence an individual or family's experience of illness and disability. Include family dynamics and four diversity factors. (4 marks)	Thoroughly describes how diversity can impact illness and disability, including consideration for family dynamics and four diversity factors	Describes how diversity can impact illness and disability, including consideration for family dynamics	Describes the influence with some examples but lacks detail on family dynamics or diversity factors	Provides a limited description with minimal examples or does not include any factors
	4	3	2	0–1
5. Describe how diversity can influence an individual's and/or family's experience of health and healing. Include the five dimensions of health. (4 marks)	Thoroughly describes the influence including all five dimensions of health with detailed examples	Describes the influence including most dimensions of health with some examples	Describes the influence including some dimensions of health with few examples	Provides a limited description or does not include any dimensions of health
	4	3	2	0–1

6. Describe four ways that you could provide culturally sensitive care to your clients. (4 marks)	Provides four clear, detailed, and specific examples of culturally sensitive care	Provides three to four less thorough examples of culturally sensitive care	Provides two to three examples but lacks detail	Provides one to two examples that lack detail or does not provide examples
	4	3	2	0–1
Format and presentation (2 marks)	Content is presented in an organized and logical manner with appropriate headings and formatting	Content is presented in a logical and organized manner	Content is partially expressed in a logical manner	Content is minimally or not presented in a clear and logical manner
	2	1–1.5	0.5–1	0–0.5
Spelling and grammar (1 mark)	There are no more than three errors in spelling or grammar	There are no more than five errors in spelling or grammar	There are more than five errors in spelling or grammar	
	1	0.5	0	
Total possible marks: 25/25				

2. HCA Workplace Settings Assignment

Introduction to Practice Course

This assessment assignment aligns with suggested course assessment 4 for the <u>Introduction to Practice</u> course.

Assignment Outline

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

Students will do online research on potential employers and settings of employment in their communities and then prepare a written report of 500 to 750 words that addresses the following components:

- Identify and describe a workplace setting (e.g., complex, 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 and value statement of the prospective employer. Discuss how it aligns or does not align with your personal beliefs and values. 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 an HCA.

Students will be marked using the following criteria:

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

Citation and Reference Style

This assignment requires citation of resources, and it is expected that the program would

indicate the referencing style (e.g., APA) to be used and provide the necessary instruction and supporting materials for students to be successful in this criterion of the assignment. It would also be expected that citation and referencing resources would be included as a criterion in the marking rubric, with placement depending on the parameters of the assignment. Some resources for using APA citation and reference style are listed below.

- Purdue University. (2019). _APA citation basics_. Purdue Online Writing Lab. https://owl.purdue.edu/owl/research_and_citation/apa_style/ apa_formatting_and_style_guide/in_text_citations_the_basics.html
- Simon Fraser University & Dymarz, A. (2021, September 10). _General notes: APA (7th ed., 2020) citation guide_. 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, 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, with detailed examples of two rewards and two challenges of working in the chosen setting are provided	The work setting is described and examples of two rewards and two challenges of working in the chosen setting are provided	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	A description of the work setting and appropriate examples of rewards and challenges are minimally or not provided
	5	4	2–3	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	The mission/value statement of the employer has been submitted with the assignment and is appropriately referenced	The information submitted as the employer mission/value statement is not a mission/value statement and is appropriately referenced	An employer mission/value statement has not been submitted OR is not appropriately referenced
	1	1	0.5	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	The personal mission statement adequately addresses the beliefs, values, interests, and short- and long-term career goals of the student	The personal mission statement partially addresses the beliefs, values, interests, and short- and long-term career goals of the student	A personal mission statement minimally or does not address the beliefs, values, interests, and short- and long-term career goals of the student
	4	3	2	0-1
2. Reflection Reflect on how the mission/value statement of the employer aligns/does not align with student's personal 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	Response demonstrates an adequate reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals, and interests	Response demonstrates a partial reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals, and interests	Response demonstrates minimal or no reflection on how the mission/value statement of the employer aligns with the personal beliefs, values, goals, and interests
	5	4	2-3	0-1
3. Writing mechanics Possible marks: 5/5 Writing and sentence structure	Writing style is clear and concise, with excellent sentence and paragraph construction	Writing style is mostly clear and concise, with adequate sentence and paragraph construction	Writing style is partially clear, with a few errors in sentence and paragraph construction	Writing is unclear and disorganized with errors in sentence and paragraph construction
	2	1-1.5	0.5-1	0-0.5

Format and presentation	Content is presented in an organized and logical manner with appropriate headings and formatting	Content is presented in a logical and organized manner	Content is partially expressed in a logical manner	Content is minimally or not presented in a clear and logical manner
	2	1-1.5	0.5-1	0-0.5
Spelling and grammar	There are no more than three errors in spelling or grammar	There are no more than five errors in spelling or grammar	There are more than five errors in spelling or grammar	There are many more than five errors in spelling or grammar
	1	0.5	0-0.5	0
Total possible marks: **20/20**				

3. Responding to an Individual Experiencing Cognitive Challenges Assignment

Cognitive and/or Mental Health Challenges Course

This written assignment aligns with suggested course assessment 2 for the Cognitive and/or Mental Health Challenges.

Assignment Outline

The purpose of this written assignment is for students to reflect on ways of interacting with clients experiencing cognitive challenges. Students will choose two interactions they've had with clients experiencing cognitive challenges, describe the interaction, what happened, and how they responded. Two examples are provided in the student handout below.

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 in identifying 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 table like the one below to document your two interactions.

For each interaction that you document, write your reflections on the incident using a

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format that's similar to the outline below and identify what you have learned. This 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 care 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.

4. Supporting Clients with Dementia or a Mental Health Disorder Group Presentation

Common and/or Mental Health Challenges Course

This group presentation aligns with suggested course assessment 3 for the <u>Cognitive and/or Mental Health Challenges</u>.

Assignment Outline

The purpose of this assignment is to explore best practices for communicating with clients with cognitive and/or mental health challenges.

Working in small groups, students will research a type of dementia 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 PowerPoint presentation, video, or poster) and a short written handout to give to the class, addressing the following components:

- Describe the type of dementia or mental health disorder (causes, signs, and symptoms)
- Describe how communication between a client with this diagnosis and an HCA may be impacted. Consider the elements of interpersonal communication (sender, receiver, message, feedback)
- Describe AND demonstrate 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

Students will be marked using the following criteria:

- The ability of the group to thoroughly address the required components of the assignment (Total possible marks: 15/15)
- The ability of the group 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 group to develop visual and written materials to support the presentation (Total possible marks: 5/5)

Some suggested online resources

- Alzheimer Society of B.C.
- Canadian Mental Health Association, B.C. Division
- HealthLinkBC
- Heretohelp

Also see the Online Resources in Cognitive and/or Mental Health Challenges.

Citation and Reference Style

This assignment requires citation of resources, and it is expected that the program would indicate the referencing style (e.g., APA) to be used and provide the necessary instruction and supporting materials for students to be successful in this criterion of the assignment. It would also be expected that citation and referencing resources would be included as a criterion in the marking rubric, with placement depending on the parameters of the assignment. Some resources for using APA citation and reference style are listed below.

- Purdue University. (2019). *APA citation basics*. Purdue Online Writing Lab. https://owl.purdue.edu/owl/research_and_citation/apa_style/ apa_formatting_and_style_guide/in_text_citations_the_basics.html
- Simon Fraser University & Dymarz, A. (2021, September 10). *General notes: APA (7th ed., 2020) citation guide*. http://www.lib.sfu.ca/help/cite-write/citation-style-guides/apa

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, 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.	The type of dementia or mental health disorder is described, with some consideration of the causes, signs, and symptoms.	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.	The type of dementia or mental health disorder is minimally or not described and/or Information is not accurate.
	5	4	2–3	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.	How the diagnosis or symptoms may impact the ability to is described, with some consideration for the basic elements of interpersonal communication.	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.	How the diagnosis or symptoms may impact communication and the basic elements of communication are minimally or not addressed.
	5	4	2–3	0–1
Describe and/or demonstrate a minimum of three communication techniques (verbal and non-verbal) that could be used by an 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.	Two to three communication techniques are described and/or demonstrated. Verbal and non-verbal techniques are considered.	There is a partial description of one to three communication techniques that may or may not be appropriate for the context.	There is minimal coverage of communication techniques and/or suggestions are not appropriate.
	5	4	2–3	0–1

2. Presentation	The presentation is delivered in an engaging manner. The speaker uses appropriate eye contact, appears relaxed and confident and speaks with appropriate volume and tone. There is a clear understanding of the subject matter, as evidenced by responses to questions from the audience.	The presentation is presented in a somewhat engaging manner. Eye contact, body language, tone and volume is satisfactory. Some reference may be made to notes. There is a good understanding of the subject matter.	The speaker sometimes demonstrates eye contact with the audience, speaks in an uneven or low tone and mostly reads from their notes. Audience engagement is minimal.	The presentation is delivered in a manner that does not interest or engage the audience or is inappropriate.
Possible marks: 15/ 15 Delivery *Individual mark				
	5	4	2-3	0-1
3. 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.	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 within the time frame allotted.	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 not delivered within the time frame allotted.	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.
	5	4	2-3	0-1

4. 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.	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.	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.	Visual materials are minimally or not adequate or resources are not appropriately referenced.
	5	4	2-3	0-1
Total possible marks: **30/30**				

5. Scenario-Based Lab Skills Assessment

Personal Care and Assistance Course

This scenario-based lab skills assessment aligns with the suggested course assessment 3 in the <u>Personal Care and Assistance</u> course.

To support program consistency, recognized B.C. 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 <u>Personal Care and Assistance</u> course, skills testing could be accomplished through the 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 assessment, it is typical to have at least four client scenarios for skills testing that students could receive in advance so they can prepare.

On testing day, a scenario will be randomly chosen for each student to perform. The student will have a set amount of time to work in pairs, with one student acting as the client and the other as the HCA. The program may choose to have an instructor or a standardized patient (actor) in the role of the client, but if a student is acting as the client, it is important that the student plays 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., torso with a penis or torso with a vulva).

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

Assessment Criteria

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
- Use 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

Assessment 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 that 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 or leaves client unattended with side rails down
- Student rolls client onto the edge of the bed without raising side rails
- Student performs a lift transfer incorrectly or 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 wheelchair, bed, or equipment in an appropriate manner
- Student repeatedly (more than once and/or after prompt or 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 or moving of the client in bed
  - Does not collect all supplies pre-scenario
  - Provides care in a way that does not flow smoothly or 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 below.

Rubric 1: Scenario-Based Lab Skills

You are an HCA working in a complex 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 and cut her fingernails. 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 outlined in the rubric below.

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

Hand care including nail clipping	☐ Inadequate communication with nurse supervisor/did not request that the client's nail be assessed first and the activity assigned, before proceeding with the task	☐ Adequately communicated with nurse supervisor and requested that the client's nail be assessed first, and the activity assigned, before proceeding with the task	
	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly)	☐ Effective organization and prioritization (gathered required supplies and managed time properly)	
	☐ Did not perform skill following correct lab procedures	☐ Performed skill following correct lab procedures	
	☐ Performance of skill was unsafe	☐ Safe performance of skill	
	☐ Improper medical asepsis	☐ Proper medical asepsis	
	☐ Incorrect body mechanics	☐ Correct body mechanics	
	☐ Inadequate communication with client	☐ Adequate communication with client	
	☐ Does not attend to client comfort and/or support dignity	☐ 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)	☐ Effective organization and prioritization (gathered required supplies and managed time properly)	
	☐ Did not perform skill following correct lab procedures	☐ Performed skill following correct lab procedures	
	☐ Performance of skill was unsafe.	☐ Safe performance of skill	
	☐ Improper medical asepsis	☐ Proper medical asepsis	

	☐ Incorrect body mechanics	☐ Correct body mechanics	
	☐ Inadequate communication with client	☐ Adequate communication with client	
	☐ Does not attend to client comfort and/or support dignity	☐ 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)	☐ Effective organization and prioritization (gathered required supplies and managed time properly)	
	☐ Did not perform skill following correct lab procedures	☐ Performed skill following correct lab procedures	
	☐ Performance of skill was unsafe	☐ Safe performance of skill	
	☐ Improper medical asepsis	☐ Proper medical asepsis	
	☐ Incorrect body mechanics	☐ Correct body mechanics	
	☐ Inadequate communication with client	☐ Adequate communication with client	
	☐ Does not attend to client comfort and/or support dignity	☐ Attends to client comfort and supports dignity	

Instructor Comments

Transfer from bed to wheelchair	☐ Ineffective organization and prioritization (did not gather required supplies and managed time improperly)	☐ Effective organization and prioritization (gathered required supplies and managed time properly)	

	□ Did not perform skill following correct lab procedures	□ Performed skill following correct lab procedures	
	□ Performance of skill was unsafe	□ Safe performance of skill	
	□ Improper medical asepsis	□ Proper medical asepsis	
	□ Incorrect body mechanics	□ Correct body mechanics	
	□ Inadequate communication with client	□ Adequate communication with client	
	□ Does not attend to client comfort and/or support dignity	□ Attends to client comfort and supports dignity	
Instructor Comments			

Rubric 2: Scenario-Based Lab Skills

You are an HCA working in a complex 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 and cut her fingernails. 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 outlined below.

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 the scenario	NI	NS	S
Examples and comments			
6. Uses proper body mechanics throughout the 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 bedpan (performed according to correct lab procedures)	NI	NS	S
Examples and comments			
ii. Hand care including nail clipping (performed according to correct lab procedures)	NI	NS	S
Examples and comments			

	NI	NS	S
iii. Partial bed bath (performed according to correct lab procedures)	NI	NS	S
Examples and comments			
iv. 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 _____

6. HCA Care Activities Summary Checklist

Practice Experience in Multi-Level and/or Complex Care

This checklist aligns with the suggested course assessment 1 included in the <u>Practice Experience in Multi-Level and/or Complex Care</u> course.

The following summary checklist could be used as an organizational tool to identify learning needs and record the 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. Additional procedure criteria for each care activity will be provided by the program in a lab manual. The program may wish to indicate care activities with additional safety-related considerations (e.g., instructor is present for the first-time demonstration of the care activity in the clinical setting, two-person mechanical lift policy, etc.).

Completion Criteria and HCA Care Activity Summary Checklist

Student Name: _____ *has demonstrated completion of the following personal care and assistance skills.*

- A check indicates that the skill was completed safely and efficiently in accordance with established procedures and criteria.
- Reviewed by identifier – Full name to be provided for first instances along with initials may be used thereafter for repeat reviewer.

HCA Care Activity Summary List	Peer Review (in Lab)	Instructor Review (in Lab)	Instructor Review (in Clinical)
Problem solving while carrying out care activities			
Plan and implement care based on the client's needs, the established care plan, and agency policies	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

View and access the care plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Observe the client and the situation prior to commencing care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Identify unsafe environments or situations	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Establish priorities for care with consideration to client acuity	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Seek assistance, if necessary, to maintain the safety of the client and care provider	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Maintain client privacy and dignity	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Tidy the client's environment	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Evaluate the effectiveness of the procedure and care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Report and record actions, results, and observations	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Complete appropriate flow sheets	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Contribute observations and information to care planning	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Respond appropriately to emergency situations	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Asepsis and prevention of infection			
Maintain medical asepsis	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Hand sanitizer	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Hand washing	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Glove application and removal	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Following isolation precautions	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Donning and doffing PPE	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Double bagging	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promoting comfort and rest			
Helping admit a client to a care facility	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using aids to promote comfort, sleep, and rest	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promoting 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:
Tub baths and showers	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Perineal care	☐ Perineal care of the penis Reviewed by: Date: ☐ Perineal care of the vulva Reviewed by: Date:	☐ Perineal care of the penis Reviewed by: Date: ☐ Perineal care of the vulva Reviewed by: Date:	☐ Perineal care of the penis Reviewed by: Date: ☐ Perineal care of the vulva Reviewed by: Date:
Assisting with dressing (changing clothing)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Morning care and evening care	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Back massage	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Assist client to maintain intact skin by washing, drying, and applying non-prescription creams	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Observe for and report changes in skin integrity	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Moving, positioning, and transferring a client			
Using body mechanics when assisting clients	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Turning and moving a client in a hospital or regular bed	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using positioning devices	☐ 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 – Fowlers	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Assisting a client to sit on the side of the bed	☐ 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 transfer device	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Use of a mechanical lift	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Use of a ceiling lift	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Moving and positioning a client in a wheelchair	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Bedmaking			
Making unoccupied (closed and open) beds	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Making occupied beds	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Promoting exercise and activity			
Assisting with ambulation	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting with walking devices, including safe use of walkers with resting seats	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting with wheelchairs	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Preventing and 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:
Assisting with dietary intake			
Serving meals in ways that encourage normalizing interactions	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Assisting clients with eating and drinking as per their care plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Position client for safe eating and drinking	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting clients with modified diets of pre-made thickened fluids using straws, covered drinking cups, and nosey cups	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using techniques and strategies to safely assist clients experiencing biting, chewing, or swallowing difficulties	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting clients with safe eating and drinking using adaptive utensils and aids	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Observing and recording intake and output	☐ 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 and urinals	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting with toilets and commodes	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Apply and remove condom catheter	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Provide perineal care to someone with an established catheter	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Apply, empty, clean/ change urinary drainage bag	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Make reportable observations such as colour, clarity, strong odour, and amount	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Ostomy care: Observe and report skin integrity and stoma condition	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Clean established ostomy site (change bag, dispose of bag)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Empty ostomy bag	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assist with bath for client with established ostomy (shower, clean skin)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Collecting urine specimens	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Collecting stool specimens	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Hand and foot care			
Observing for any changes and reporting to the supervisor	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Nail clipping for clients without chronic diseases like diabetes, swollen feet, or compromised skin or skin integrity	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Soaking, massaging, and applying lotion to hands and feet as per the care plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Compression stocking			
Apply and remove compression stockings (>20 mmHg of pressure)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Wash and dry stockings as per care plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Clients measurements and vital signs			
Height and weight	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Measure body temperature (excluding rectal temperature)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Pulse and respirations	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Reporting and recording client measurements and vital signs	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Heat and cold applications			
Safety consideration and checks regarding heat and cold applications	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Medication assistance • **Students may have limited opportunities to practice assisting with medications in practice education settings due to legislative and regulatory limitations on student practice.**			
Medication reminders	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Reading medication label to the client	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Providing medication container to the client	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Opening blister packs or dosettes	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Loosening or removing container lids	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Recapping the device or closing the medication container or bottle	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Placing the medication in the client's hand	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Steadying the client's hand while the client places medication in their mouth or administers own eye drops, nasal sprays, or other medication	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using an enabler (such as a medicine cup, spoon, or oral syringe) to assist the client in getting the medication to their mouth	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Supervising the client during self-administration	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Providing the client with water or other fluids for rinsing their mouth or to help them swallow medication	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Observing the client for unexpected effects (recognizing what is not normal for the client and reporting it)	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Documentation as required by the care plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Medication administration

- **Students may have limited opportunities to practice medication administration in practice education settings due to legislative and regulatory limitations on student practice.**

Applying a transdermal patch	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Administering prescription ear drops	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Administering prescription eye drops	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Inserting a rectal suppository	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Inserting an enema	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Applying a prescription cream or ointment	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Assisting with oxygen needs			
General precautions for safe use of oxygen	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Assisting with setting up oxygen therapy machine	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Application and removal of nasal prongs	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Dealing with oxygen tubing	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Turning on and off the nebulizer	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using supplies and equipment			
Organizing equipment and supplies to efficiently complete care activities	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Checking equipment for safety and functionality	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Cleaning equipment after use and returning to appropriate place	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Restocking supplies	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Reporting equipment malfunction	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Home management			
Applying agency policies and procedures	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Observing the home for safety risks	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Fire hazards and safety precautions	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Maintaining safety and medical asepsis in the home setting	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using common cleaning agents, following Workplace Hazardous Materials Information Systems (WHMIS) plan	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Using body mechanics in a home environment	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:
Dealing with emergencies in the home	☐ Reviewed by: Date:	☐ Reviewed by: Date:	☐ Reviewed by: Date:

Instructor Name _____ Instructor Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

7. Health Care Assistant Program Learning Outcomes Verification

Practice Experience in Multi-Level and/or Complex Care and Practice Experience in Home Support, Assisted Living and/or Group Home Courses

This learning outcomes verification aligns with Suggested Course Assessments 3 and 5 in the <u>Practice Experience in Multi-Level and/or Complex Care</u> and Suggested Course Assessment 2 in the <u>Practice Experience in Home Support, Assisted Living, and/ or Group Home</u>. It could be further adapted for use as a self-assessment by the student.

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 their instructor as having met the required program learning outcomes outlined in the <u>HCA Program Provincial Curriculum 2023</u>.

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 health and well-being of clients and families.	Met	Not Met
Examples and comments:		
3. Provide person-centred care and assistance for clients experiencing complex health challenges.	Met	Not Met
Examples and comments:		
4. Provide person-centred 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 sensitively with clients and families within a variety of contexts.	Met	Not Met
Examples and comments:		
7. Provides personal care and assistance in a safe, competent, and organized 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 manner.	Met	Not Met
Examples and comments:		

Instructor Name _____ Instructor Signature _____ Date _____

-

Instructor Name _____ Instructor Signature _____ Date _____

-

Student Name _____ Student Signature _____ Date _____

8. Professional Behaviour Development Rubric

Introduction to Practice, Personal Care and Assistance, and Practice Experiences

The Professional Behaviour Development Rubric sets out expectations for student conduct within the Health Care Assistant 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 and 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 Introduction to Practice course. It could be used as a formative assessment tool (either graded or non-graded) during both the Introduction to Practice course and the Personal Care and Assistance (#chapter-personal-care-and-assistance) course.

Constructive feedback gained throughout the program could then guide further development and application when used as a final assessment 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 course. Competent performance (in all areas) could be required for successful completion of practice education coursework.

Note: This rubric is based on the Professional Behaviour Development Rubric, Nova Scotia Continuing Care Assistant Program. It has been adapted for the B.C. Health Care Assistant Program with permission from the Nova Scotia Continuing Care Assistant Program.

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), non-judgmental, caring, and team player
- Section 3: **Commitment** includes time Management, adaptability, and stress management
- Section 4: **Competence** includes accountability, continuous learning, and problem solving

Integration and Assessment

Various approaches are encouraged to address 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.

Measurement	Definition
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

Student Name _____ Date _____

1. Appropriate behaviour	Developing	Competent	Exemplary
Attitude: The attitude of the student is positive, friendly, helpful, courteous, person-centred, optimistic, and team oriented.			
Appearance: The appearance of the student is appropriate: hair and body are clean; no noticeable body odour and scent free; clothes are clean, wrinkle free, and appropriate; wears name tag; appropriate footwear and minimal jewellery and nails are clean, short, and polish-free.			
Integrity: The student interacts with people in a respectful manner: their manner is honest, ethical, sincere, reliable, empathic, and committed.			

	Developing	Competent	Exemplary
Technology: The student uses technology (e.g., mobile phone, including photo and video recording features, computer, and social media) in alignment with established policies and procedures. Does not use personal communication or 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 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 (e.g., informal language, such as texting abbreviations are avoided when communicating with the instructor or practice education site personnel).			
Non-judgemental: The student demonstrates a non-judgmental 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 and is kind, respectful, gentle, thoughtful, considerate, compassionate, sincere, person-centred, concerned, and team oriented.			
Team player: The student demonstrates they are a positive team player. Contributes to the group, committed to team goals, shares the workload, participates in tasks, accountable for actions, takes 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 and 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 practising in diverse settings.			
Stress management: The student manages their stress appropriately by demonstrating: awareness of and management of triggers (precipitating factors). Student is able to accept when situations cannot be changed, uses and continues to develop individual coping skills, maintains professional boundaries effectively (leaves personal life at home), and 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):

Previous HCA Provincial Curriculum Guides and Supplements

Here you can find old versions of the Health Care Assistant Program Provincial Curriculum Guides and Supplements:

- 2008 HCA Program Provincial Curriculum [PDF] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/2008-HCA-Program-Provincial-Curriculum.pdf)
- 2015 HCA Program Provincial Curriculum [PDF] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/2015-HCA-Program-Provincial-Curriculum.pdf)
- 2015 HCA Program Supplement to the 2015 HCA Program Provincial Curriculum [PDF] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/HCA-Curriculum-Supplement-2015.pdf)
- 2017 HCA Program Supplement to the 2015 HCA Program Provincial Curriculum [PDF] (https://opentextbc.ca/hcacurriculum/wp-content/uploads/sites/433/2023/06/HCA-Curriculum-Supplement-2015_2nd-Edition-2017.pdf)
- 2021 Health Care Assistant Program Supplement to the Provincial Curriculum Guide (2015) – Third Edition (https://opentextbc.ca/hcasupplement/wp-content/uploads/sites/389/2024/06/Health-Care-Assistant-Program-Supplement-to-the-Provincial-Curriculum-Guide-2015-Third-Edition.pdf)

Versioning History

This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.01. If the edits involve substantial updates, the version number increases to the next full number.

The files posted by this book always reflect the most recent version. If you find an error in this book, please fill out the Report an Error form.

Version	Date	Change	Details
1.00	February 1, 2022	Book published.	
1.01	April 29, 2022	Add link to resource.	Add link to "AM Skills Care" videos in Healing 3: Personal Care and Assistance.
1.02	November 7, 2023	Link updated.	Changed the link to B.C. health care assistants core competency profile from 2014 to 2023 version.
2.00	June 24, 2024	New edition published.	New edition "Health Care Assistant Program Supplement to the Provincial Curriculum 2023" published to align with Health Care Assistant Program Provincial Curriculum 2023 (https://opentextbc.ca/hcacurriculum/).
2.01	June 5, 2025	Add link to information.	Added Interpretive Bulletin to Personal Care and Assistance.