# 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.”*

# 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*

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| **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 [CC BY-SA 4.0 licence](https://creativecommons.org/licenses/by-sa/4.0/deed.en).

# 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.

1. Describe a personal problem you now face.
2. 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?
3. Decide on the best course of action for YOU. Why is this the best course of action?
4. Carry out your decision. What steps would you need to follow in order to carry out the plan?
5. Evaluate: How did it turn out? What criteria would you use to evaluate your plan?
6. 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:

# 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?

# 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?

# 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.
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*](https://www.youtube.com/watch?v=Q5-7t_qBw14). [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*](https://www.youtube.com/watch?v=fsso3hR_PKo)*.* [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*](https://www.youtube.com/watch?v=KKyzZVpWezw). [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)*.* 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.

# 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?

# 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?
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?