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

# 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?

# 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?*

# 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). https://www.worksafebc.com/en/resources/health-safety/information-sheets/student-worksafe-infosheet-workplace-rights-and-responsibilities?lang=en

# INSTRUCTOR DISCUSSION GUIDE 1 Rights and Responsibilities

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)

# 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 [About the Registry](https://www.cachwr.bc.ca/about-the-registry/).
   * How does it work? See [About the Registry](https://www.cachwr.bc.ca/about-the-registry/).
   * What is the role and mandate of the Registry: [Role and Mandate](https://www.cachwr.bc.ca/about-the-registry/role-mandate/).
2. HCA Registration
   * What is the purpose of Registration? Why apply? See [Applicants](https://www.cachwr.bc.ca/registrants/).
   * Who is required to be registered? See [About the Registry](https://www.cachwr.bc.ca/about-the-registry/).
   * Who can apply for registration: See [Applicants](https://www.cachwr.bc.ca/registrants/).
   * What are the application requirements for graduates of an HCA Program in B.C.? See [Graduate of an HCA Program in BC](https://www.cachwr.bc.ca/hca-graduate/).
   * What is the account verification process and why is it important? See [Frequently Asked Questions – Registrants](https://www.cachwr.bc.ca/about-the-registry/registrants-faq/).
3. HCA Education
   * What is the role of the Registry in HCA education? See [Educators](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/).