



Care Companion Curriculum

Care Companion Curriculum

**Course Three:
Aging & Chronic
Illness**

Learner Guide



Introduction

Course Three: Aging and Chronic Illness

As care companions, you may be assigned to work with clients of every age. In this course, you will be studying the 12 systems of the human body and the milestones of growth and development across a lifetime.

Many of the clients with whom you will work will have a diagnosis of one or more chronic illnesses. During this course, you will read about and discuss the most common of the chronic illnesses you may encounter, including how to provide safe care based on best practices according to the clients' diagnoses, needs, and care plans.

You will be given the opportunity to practise the common words and phrases used when discussing the structures and functions of the human body- both in health and with chronic illness. In addition, there will be opportunities to read from the textbook, Mosby's Canadian Textbook for the Support Worker (3rd ed.), complete learning activities, and participate in practice exams.

Information taught in Module 1 of this course (Body Systems and Functions) will be reviewed throughout the other courses. By applying the information you learn in this course, you will be one step closer to the goal of being a knowledgeable, confident, and competent member of the health-care team.

Read, study, and enjoy.

Care Companion Curriculum

Course Three - Module 1:

**Body Systems
and Function**

Learner Guide



Module 1: Body Systems and Function

Introduction

The human body has several different systems that work together to accomplish the goal of health. This module introduces the basic structure, function, and location of the different body systems. Terminology related to the body systems is also introduced.

General Learning Outcomes

1. Examine the twelve body systems.

Specific Learning Outcomes

- 1.1 Describe the basic structure, function, and location of organs of the integumentary system.
- 1.2 Describe the basic structure, function, and location of organs of the musculoskeletal system.
- 1.3 Describe the basic structure, function, and location of organs of the nervous system.
- 1.4 Describe the basic structure, function, and location of organs of the sensory system.
- 1.5 Describe the basic structure, function, and location of organs of the circulatory system.
- 1.6 Describe the basic structure, function, and location of organs of the lymphatic system.
- 1.7 Describe the basic structure, function, and location of organs of the respiratory system.
- 1.8 Describe the basic structure, function, and location of organs of the digestive system.
- 1.9 Describe the basic structure, function, and location of organs of the urinary system.
- 1.10 Describe the basic structure, function, and location of organs of the reproductive system.
- 1.11 Describe the basic structure, function, and location of organs of the endocrine system.
- 1.12 Describe the basic structure, function, and location of organs of the immune system.
- 1.13 Use appropriate medical terminology related to the twelve body systems.

Glossary

Central nervous system (CNS)	Part of the nervous system that functions to coordinate the activity of all parts of the body.
Chromosomes	Contain the information that determines hereditary traits; e.g., whether we have blue or brown eyes.
Inflammation	Swelling of a part of the body that is also red and warm to the touch.
Iris	The coloured part of the eye: blue, brown, green or hazel.
Mitosis	Cell division process needed to help cells grow and repair if damaged.
Peripheral nervous system (PNS)	The main function of the PNS is to connect the CNS to the limbs and organs in the body.
Sclera	The white part of the eye.

Learning Activities

- Read “Anatomical Terms” in Chapter 14 in the textbook.
- Read “Cells, Tissues, Organs, and Organ Systems” in Chapter 14 in the textbook.
- Read “The Integumentary System” in Chapter 14 in the textbook.
- Read “The Musculo-Skeletal System” in Chapter 14 in the textbook.
- Read “The Nervous System” in Chapter 14 in the textbook.
- Read “The Sensory System” in Chapter 14 in the textbook.
- Read “The Circulatory System” in Chapter 14 in the textbook.
- Read “The Lymphatic System” in Chapter 14 in the textbook.
- Read “The Respiratory System” in Chapter 14 in the textbook.
- Read “The Digestive System” in Chapter 14 in the textbook.
- Read “The Urinary System” in Chapter 14 in the textbook.
- Read “The Reproductive System” in Chapter 14 in the textbook.
- Read “The Endocrine System” in Chapter 14 in the textbook.
- Read “The Immune System” in Chapter 14 in the textbook.
- Review the “Key Terms” in Chapter 14 in the textbook.
- Review “Box 14-1: Anatomical Terms” in Chapter 14 in the textbook.
- Review the Glossary at the beginning of this module.
- Complete “A: Matching: Terminology” in the Learner Guide.
- Complete “B: Fill in the Blanks: Glossary Terms” in the Learner Guide.
- Complete the exercises for Chapter 14, “Body Structure and Function,” in the workbook. 0 Complete the multiple-choice questions at the end of this module.



Exercises

A. Matching: Terminology

Match the term on the left to the system on the right with which it is associated.

- | | |
|---------------------------|---------------------------|
| 1. _____ Skin | a. Musculoskeletal system |
| 2. _____ Joints | b. Endocrine system |
| 3. _____ Neurons | c. Respiratory system |
| 4. _____ Sclera | d. Immune system |
| 5. _____ Arteries | e. Digestive system |
| 6. _____ Lymph Nodes | f. Reproductive system |
| 7. _____ Stomach | g. Nervous system |
| 8. _____ Lungs | h. Urinary system |
| 9. _____ Kidneys | i. Circulatory system |
| 10. _____ Fallopian tubes | j. Integumentary system |
| 11. _____ Hormones | k. Sensory system |
| 12. _____ Antibodies | l. Lymphatic system |

B. Fill in the Blanks: Glossary Terms

Using the terms from the glossary, fill in the blank in each statement.

1. The white part of the eye is called the _____.
2. The coloured part of the eye (blue, brown, green or hazel) is called the _____.
3. Part of the nervous system that functions to coordinate the activity of all parts of the body is called the _____.
4. The main function of the _____ is to connect the CNS to the limbs and organs in the body.
5. _____ is the cell division process needed to help cells grow and repair if damaged.
6. _____ contain the information that determines hereditary traits; e.g., if we have blue or brown eyes.
7. Swelling of a part of the body that is also red and warm to the touch is called _____.

Module Review

Multiple-Choice Practice Questions

1. Which of the following terms refers to the basic unit of body structure?
 - a. Cell
 - b. Tissue
 - c. Organ
 - d. System
2. Which of the following types of bones is located in the spinal column?
 - a. Long
 - b. Short
 - c. Flat
 - d. Irregular
3. The peripheral nervous system has how many pairs of cranial nerves?
 - a. 6
 - b. 8
 - c. 10
 - d. 12
4. Which of the following characteristics is not a basic taste sensation?
 - a. Sweet
 - b. Salty
 - c. Spicy
 - d. Sour
5. Which of the following terms is another name for leukocytes?
 - a. White blood cells
 - b. Red blood cells
 - c. Hemoglobin
 - d. Plasma
6. Digestion begins in which body structure?
 - a. The mouth
 - b. The esophagus
 - c. The stomach
 - d. The intestine

7. How many kidneys does the average human have?
 - a. One
 - b. Two
 - c. Three
 - d. Four

8. Which of the following structures is included in the upper respiratory system?
 - a. The nose
 - b. The lungs
 - c. The alveoli
 - d. The bronchi

9. Which of the following organs is part of the lymphatic system?
 - a. The heart
 - b. The lungs
 - c. The spleen
 - d. The stomach

10. Where are the mammary glands located?
 - a. The stomach
 - b. The uterus
 - c. The throat
 - d. The breasts

Care Companion Curriculum

**Course Three - Module 2:
Human Growth and
Development**

Learner Guide



Module 1: Human Growth and Development

Introduction

This module covers the various stages and tasks of human growth and development. To achieve healthy growth and development, the client must be able to perform tasks accordingly. Strategies to support clients in their growth and development are provided in this module.

General Learning Outcomes

1. Describe common stages of human growth and development across the lifespan.
2. Examine the CC role and responsibility in applying the “ICARE” model to human growth and development.

Glossary

Autonomy	A sense of being able to handle problems independently.
Despair	Loss of hope.
Generativity	The act of doing something that is productive.
Gerotranscendence	A peaceful readiness for death.
Inferiority	A feeling of being less adequate than somebody else.
Isolation	To be alone with no interaction from others.
Mentor	One who advises or guides others.
Neonatal period	The first 28 days of a newborn's life.
Personality	The combination of qualities that makes a person different from others.
Preadolescence	The growth and development stage before adolescence.
Psychosocial health	Positive health in the social, emotional, intellectual, and spiritual areas of one's life.

Learning Activities

- Read “Principles” in Chapter 18 in the textbook. Page 305
- Read “Middle Adulthood (40 to 65 Years)” in Chapter 18 in the text book. Page 315
- Read “Late Adulthood (65 Years and Older)” in Chapter 18 in the textbook. Page 316
- Read “Psychosocial Health” in Chapter 12 in the textbook. Page 173
- Complete “A: Matching: Erikson’s Psychosocial Task” in the Learner Guide.
- Read “Application of Erikson’s Development Theory to Client Care” in the Learner Guide.
- Review the glossary at the beginning of this module.



Articles

Erikson’s Ninth Stage

When Erik Erikson entered into his 80s and 90s, he and his wife became aware of a ninth stage of psychosocial development: mistrust versus trust. As people enter the later years of life, difficult situations are faced, and mistrust with themselves and the environment occurs. With mistrust, despair occurs. In order to achieve gerotranscendence - a peaceful readiness for death - despair must be conquered by trust.



Exercises

Matching: Erikson’s Psychosocial Task

Match the terms from the right-hand column with the phrase on the left that describes them.

- | | |
|------------------------------|-------------------|
| 1. _____ Trust versus | a. Trust |
| 2. _____ Autonomy versus | b. Guilt |
| 3. _____ Initiative versus | c. Role confusion |
| 4. _____ Competence versus | d. Stagnation |
| 5. _____ Identity versus | e. Mistrust |
| 6. _____ Intimacy versus | f. Doubt |
| 7. _____ Generativity versus | d. Despair |
| 8. _____ Integrity versus | e. Inferiority |
| 9. _____ Mistrust versus | f. Isolation |



Articles

Application of Erikson's Development Theory to Client Care

Erikson's psychosocial development stages build on the successful completion of earlier stages. If challenges within each development stage are not successfully resolved, then problems are expected to happen in the future stages and healthy human development does not occur. Here are some suggestions of what a care companion can do to assist a client to successfully complete challenges in a particular development stage.

In stage one, trust versus mistrust, for healthy human development to occur, the client must develop a sense of trust in others. To assist the client with this stage, the CC should:

- Provide consistent sources of food
- Provide consistent sources of comfort
- Provide consistent sources of affection

In stage two, autonomy versus doubt, for healthy human development to occur, the client must develop a sense of autonomy. To assist the client with this stage, the CC should:

- Encourage the client to eat independently
- Encourage the client to dress himself independently
- Encourage the client to use the toilet independently

In stage three, initiative versus guilt, for healthy human development to occur, the client must develop a sense of initiative. To assist the client with this stage, the CC should:

- Encourage the client's efforts in performing a task
- Support the client's efforts in performing a task
- Assist the client in making realistic and appropriate choices

In stage four, competence versus inferiority, for healthy human development to occur, the client must develop a sense of competence. To assist the client with this stage, the CC should:

- Allow the client to demonstrate hard work during a task
- Allow the client to work on a task from beginning to end
- Praise the client for completion of a task

In stage five, identity versus role confusion, for healthy human development to occur, the client must develop a sense of identity. To assist the client with this stage, the CC should:

- Encourage the client to discuss her thoughts about her future
- Support the client's interests
- Encourage the client to try different tasks

In stage six, intimacy versus isolation, for healthy human development to occur, the client must develop a sense of intimacy. To assist the client with this stage, the CC should:

- Encourage the client to meet people
- Be respectful of the client's relationships
- Encourage the client to discuss fear of rejection

In stage seven, generativity versus stagnation, for healthy human development to occur, the client must develop a sense of generativity. To assist the client with this stage, the CC should:

- Encourage the client to volunteer with a charity organization
- Encourage the client to be a mentor to others
- Encourage the client to start or continue with a hobby

In stage eight, integrity versus despair, for healthy human development to occur, the client must develop a sense of integrity. To assist the client with this stage, the CC should:

- Listen to the client's stories
- Encourage the client to maintain her independence
- Demonstrate being respectful of client choices

In stage nine, for healthy human development to occur, the client must conquer despair. To assist the client with this stage, the CC should

- Encourage the client to discuss death
- Encourage the client to express his regrets
- Encourage the client to have visits from family and friends

Learning Activities

- Read the article "Applying the 'ICARE' Model to Human Growth and Development" in the Learner Guide.
- Complete "A: Case Study: Ms. March" in the Learner Guide.
- Complete the multiple-choice questions that follow this section.



Articles

Applying the “ICARE” Model to Human Growth and Development

Remember the “ICARE” model?

“ICARE”

C - Compassionate caring

A - Accurate observation

R - Report and record

E - Ensure client comfort, support, and safety

By applying the “ICARE” model to human growth and development, the CC roles and responsibilities are described.

C - Compassionate caring related to the client’s healthy growth and development is a role that the CC performs. Through compassionate caring, the CC attempts to ensure that the client is achieving healthy growth and development. The CC:

- Identifies psychosocial and developmental tasks associated with human growth and development
- Encourages the client to be independent during psychosocial and developmental tasks
- Respects client privacy during psychosocial and developmental tasks
- Supports the client with encouragement during psychosocial and developmental tasks
- Praises the client appropriately after psychosocial and developmental tasks

A - Accurate observations are made by the CC to determine whether the client is achieving healthy human growth and development. The CC:

- Observes the client for performance of psychosocial and developmental tasks
- Identifies whether the client is not performing a particular psychosocial or developmental task

R - Report and record is the responsibility of the CC to ensure that the client is achieving healthy human growth and development. The CC:

- Notifies the regulated health-care professional in charge of all psychosocial and developmental tasks not performed by the client
- Accurately documents client difficulties or absent psychosocial or developmental tasks

E - Ensuring client comfort, support, and safety is achieved through different methods to promote a client’s healthy growth and development. The CC:

- Encourages family support
- Encourages family involvement with client care
- Respects client relationships
- Does not force the client into performing psychosocial and developmental tasks



Exercises

A. Case Study: Ms. March

Read the case study below and answer the following questions.

Ms. March is a single 35-year-old female who has just been admitted to your unit. She has no family living nearby and states she has “no friends.”

1. What is Ms. March’s psychosocial task?
2. What could the CC do to assist Ms. March with her psychosocial task?

B. Case Study: Mr. Yoddle

Read the case study below and answer the questions that follow.

Mr. Yoddle is a thin, 75-year-old man who lives by himself in a house. He states that he cannot taste or smell any food and as a result has lost weight in the last few weeks.

1. What is the concern regarding Mr. Yoddle?
2. How is the CC to handle this concern?

Care Companion Curriculum

**Course Three - Module 3:
Healthy Aging and
Independence**

Learner Guide



Module 3: Healthy Aging and Independence

Introduction

In this module, human growth and development are reviewed, and healthy aging and independence are introduced. The role and responsibilities of the CC in caring for the healthy, aging, independent client are also examined.

General Learning Outcomes

1. Integrate knowledge of growth and development tasks late adulthood with healthy aging and independence.
2. Examine healthy aging and independence in an adult.
3. Examine the CC role and responsibility in applying the “ICARE” model to healthy aging and
4. independence.

Specific Learning Outcomes

Review the growth and development tasks of late adulthood.

- a. Integumentary Musculoskeletal
- c. Nervous
- d. Circulatory
- e. Respiratory
- f. Digestive
- g. Urinary
- h. Reproductive

Identify pain reaction in late adulthood.

Describe the goal of independence in healthy aging.

Identify the social, spiritual, and recreation needs of late adulthood.

Use terminology related to healthy aging and independence.

Describe the concept of compassionate caring to support independence in healthy aging.

Describe observations that indicate a change in a client’s level of independence.

Describe the importance of recording and reporting changes in the client’s ability to meet his or her own physical, social, spiritual, and recreation needs.

Describe methods to ensure client safety and comfort as they age.

Glossary

Acuity	Keeness or sharpness of perception.
Incontinence	Unable to control the action of urinating or defecating.
Middle-old	A person between the ages of 75 and 85.
Old-old	A person age 85 or older.
Peripheral vision	The ability to see things from the side without turning the head.
Tinnitus	Persistent abnormal ear noise usually described as a "ringing" sound in one or both ears.
Visual field	Area in which objects can be seen.
Young-old	A person between the ages of 55 and 74.

Learning Activities

- Read the article "Characteristics of Late Adulthood" in the Learner Guide.
- Complete "A: Matching: Ages" in the Learner Guide.



Articles

Characteristics of Late Adulthood

According to Statistics Canada, seniors are one of the fastest-growing population groups in Canada. The term senior refers to a person in late adulthood, and late adulthood has three stages: young-old, middle-old, and old-old. Within each stage of late adulthood different characteristics are common. Below are general and typical characteristics of each stage of late adulthood. Of course, these characteristics differ as each person is unique.

“Young-old” describes people between the ages of 55 and 74.

- They may be retiring from their careers.
- They may be adjusting to retirement.
- They may be adjusting to a lower income.
- They may be adjusting to a new role as grandparent.
- They may be trying different hobbies to keep busy.
- They may enjoy travelling with a partner or in groups.
- They may volunteer to give back to the community.
- They may live on their own or with their partner.

Middle-old describes people between the ages of 75 and 85.

- They may be moving in with their children or into an assisted-living facility.
- They may be adjusting to having less energy and go to bed early.
- They may be adjusting to the loss of their spouse and friends.
- They may be dealing with at least one health problem.
- They may not be driving any more or may be driving only very short distances.

Old-old describes people 85 years of age or older.

- They may be dependent on others for their meals.
- They may be dependent on others for assistance with activities of daily living.
- They may require a cane or walker for assistance in walking.
- They may be adjusting to decreased memory.
- They may be adjusting to decreased attention span.

It is important to note that only a small percentage of seniors, particularly the old-old, end up depending on health-care services to assist them in their daily lives. In fact only 15-20 % of seniors are said to require ongoing health services to assist in their day-to-day living. The vast majority live independently with minimal support.



Exercises

A. Matching: Ages

Match the age on the left with the late adulthood stage. Answers may repeat.

- | | |
|-------------------|---------------|
| 1. _____ 62 years | a. Young-old |
| 2. _____ 78 years | b. Middle-old |
| 3. _____ 92 years | c. Old-old |
| 4. _____ 83 years | |
| 5. _____ 65 years | |

Learning Activities

- Study Box 21-2 11 Physical Changes That May Occur During the Aging Process” in the Learner Guide.
- Read 11Sensory Changes During the Aging Process” in the Learner Guide.
- Read 11 Focus on Older Adults - Pain Reactions” in Chapter 12 of the textbook. Page 182
- Read 11The Goal of Independence in Healthy Aging” in the Learner Guide.
- Read 11The Social, Spiritual, and Recreation Needs of Late Adulthood” in the Learner Guide.
- Review the glossary at the beginning of this module.
- Complete 11 A. Fill in the Blanks: Physical Changes” in the Learner Guide.



Articles

Sensory Changes During the Aging Process

Sensory changes related to hearing, vision, touch, taste, and smell may occur during the aging process. These decreased sensory changes can have a negative effect on a client’s lifestyle. Here are some examples of how the aging process may impact each of the senses.

With aging, the ear structures deteriorate and hearing is affected.

- Sharpness, or acuity, of hearing may deteriorate

- Decreased ability to understand communication from others
- Decreased ability to hear background noises
- Increased dryness of wax
- Difficulties with balance
- Tinnitus, or persistent abnormal ear noise, in one or both ears

With aging, vision may change.

- Sharpness, or acuity, of vision gradually declines.
- Decreased tear production will cause dryness of the eyes.
- Decreased ability to adapt to darkness or bright light
- Decreased ability to tell the difference between the colours blue and green
- Decreased visual field, or area in which objects can be seen
- Reduced peripheral vision- the ability to see things from the side without turning the head

With aging, there is decreased blood flow to the touch receptors in the hands and feet, and touch is affected.

- Reduced sensation of pain
- Decreased sensation to cold and hot temperatures
- Decreased awareness of vibration
- Decreased ability to perform fine motor tasks: sewing, writing, buttoning shirts, etc.

With aging, the number of taste buds and amount of saliva decrease and taste is affected.

- Decrease in number of taste buds causes an inability to taste salty, sweet, bitter, and sour foods.
- Decreased saliva causes a drier mouth, which causes problems with swallowing.
- With aging, there is decreased blood flow to the nerve receptors in the nose and smell is affected.
- Decreased ability to smell food can decrease interest in eating.
- Decreased ability to smell can make one unaware of personal hygiene.
- An increased risk for safety concerns occurs because gas leaks and rotten food cannot be recognized.

The Goal of Independence in Healthy Aging

Independence is highly valued and is to be maintained at all times. To achieve the goal of independence, the CC can assist healthy, aging clients to keep themselves healthy, strong, and flexible. By providing adequate nutrition, injury prevention strategies, and physical activities, the goal of independence in healthy aging can be achieved. It is a responsibility of the CC to encourage independence whenever possible.

The Social, Spiritual, and Recreation Needs of Late Adulthood

The third layer of Maslow's hierarchy of needs is love and belonging. This is also referred to as the social need. This hierarchy involves emotionally-based relationships in general, such as

- Friendship
- Intimacy
- Supportive family

Humans need to feel a sense of belonging and acceptance, whether it comes from clubs, religious groups, professional organizations or small social connections (family members, intimate partners, friends, confidants). They need to love and be loved (sexually and non-sexually) by others. In the absence of feeling acceptance and belonging, many people become susceptible to loneliness, social isolation, and clinical depression.

Social, spiritual, and recreation needs are connected to each other. If clients do not socialize, then a sense of spirituality is not reached because there is no self-comfort. Recreation provides ways by which social and spiritual needs can be met.

Module Review

Multiple-Choice Practice Questions

1. The young-old category is within which growth and development stage?
 - a. Adolescence
 - b. Young adulthood
 - c. Middle adulthood
 - d. Late adulthood
2. Young-old describes an adult in which of the following age ranges?
 - a. 40 to 55 years
 - b. 55 to 74 years
 - c. 75 to 85 years
 - d. 85 to 100 years
3. Retiring from his career is characteristic of a person in which category?
 - a. Adolescence
 - b. Young-old
 - c. Middle-old
 - d. Old-old
4. People in the old-old category are the ones who travel most.
 - a. True
 - b. False

Care Companion Curriculum

**Course Three - Module 4:
Chronic Conditions**

Learner Guide



Module 3: Chronic Conditions

Introduction

In this module, the body systems are reviewed, as are chronic conditions and the pain associated with them. The role and responsibilities of the CC in caring for clients with chronic conditions and pain are also examined.

General Learning Outcomes

1. Integrate knowledge of the body systems with chronic conditions.
2. Examine common chronic conditions.
3. Examine chronic pain in relation to chronic conditions.
4. Examine the CC role and responsibility in applying the “ICARE” model to chronic conditions and pain.

Glossary

Activities of daily living	The normal activities we do every day: eating, bathing, dressing, using the toilet, etc.
Ambulation	Walking.
Communicable disease	A disease that may be transmitted from one person to another directly or indirectly.
Learned dependence	A situation in which a person thinks he or she has no control in performing an activity of daily living.
Perineum	The area of the body that contains the genitals and anus.
Physical impairment	Any disability that limits the physical function of the body.
Quality of life	The general well-being of an individual. Standard indicators of the quality of life include not only wealth and employment, but also physical and mental health, education, recreation and leisure time, and social belonging.
Urinary catheter	A silicone or rubber tubing inserted into a client’s bladder via the urethra.
Urinary incontinence	Inability to control the urge to urinate.
Vital signs	The most basic body functions: temperature, pulse (heart rate), respiratory rate, and blood pressure.

Learning Activities

- Read “Arthritis” in Chapter 37 in the textbook, page 855.
- Read “Stroke” in Chapter 37 in the textbook, page 858.
- Read “Parkinson’s Disease” in Chapter 37 in the textbook, page 860.
- Read “Multiple Sclerosis” in Chapter 37 in the textbook, page 861.
- Read “Coronary Artery Disease” in Chapter 37 in the textbook, page 863.
- Read “Congestive Heart Failure” in Chapter 37 in the textbook, page 866.
- Read “Chronic Obstructive Pulmonary Disease” in Chapter 37 in the textbook, page 868.
- Read “Diabetes” in Chapter 37 in the textbook, page 874.
- Complete “A. Matching: Chronic Disease” in the Learner Guide.



Articles

Chronic Urinary Tract Infections

Urinary tract infections are considered chronic when a single infection lasts longer than two weeks or when a urinary tract infection disappears, but returns more than twice in a six-month period. The cause for chronic urinary tract infections has been linked to poor hygiene, hormone changes, and/or a weakened immune system. In some cases, the cause for chronic urinary tract infections has not been explained.

Older adults are at greater risk for chronic urinary tract infections because of the following:

- They may have a urinary catheter in place.
- They may have urinary incontinence.
- Changes in female hormones cause a change in vaginal lining and decrease estrogen production.
- They may be resistant to prescribed medication.
- Preventative measures that an CC can do to decrease chronic urinary tract infections include:
 - Encourage the drinking of water.
 - Offer cranberry juice to drink.
 - Encourage or assist clients to urinate when they have the urge to do so.
 - Clean clients from front to back.
 - Avoid using deodorant sprays and douches on the perineum.



Exercises

A. Matching: Chronic Disease

Match the system from the right column to the chronic disease in the left column. Systems may be used more than once.

- | | |
|--|---------------------------|
| 1. _____ Osteoarthritis | a. Urinary system |
| 2. _____ Epilepsy | b. Nervous system |
| 3. _____ Parkinson's disease | c. Musculoskeletal system |
| 4. _____ Huntington's disease | d. Endocrine system |
| 5. _____ Multiple sclerosis | e. Respiratory system |
| 6. _____ Coronary artery disease | f. Circulatory system |
| 7. _____ Congestive heart failure | |
| 8. _____ Chronic obstructive pulmonary disease | |
| 9. _____ Urinary tract infections | |
| 10. _____ Diabetes | |

Learning Activities

- Read "Distinguishing Between Learned Dependence and Physical Impairment" in the Learner Guide.
- Read "Types of Pain" in Chapter 12 in the textbook, page 178.
- Read "The Effects of Chronic Pain on Quality of Life" in the Learner Guide.
- Review the glossary at the beginning of this module.
- Complete "A. Fill in the Blanks: Identify the Pain" in the Learner Guide.



Articles

Distinguishing Between Learned Dependence and Physical Impairment

A physical impairment is any disability that limits the physical function of the body. There is a relationship between physical impairment and the level of difficulty in performing activities of daily living; the more severe the physical impairment, the higher the level of difficulty in performing activities of daily living. The higher the level of difficulty a client has in performing an activity of daily living, the more the client requires assistance to perform that activity.

The amount of assistance a client requires in performing an activity of daily living varies depending on the physical impairment. If a person thinks he lacks control over performing an activity of daily living and requires assistance, then he learns to become dependent on someone else to perform it for him. Research has shown that the more a client has learned dependence, the worse the physical impairment becomes.

In some instances, a client may have a temporary impairment. It is important that once that impairment has been resolved, the client resumes his or her previous level of independence. For example, a client who is able to walk may strain his ankle and require increased assistance until the ankle has healed. After it has healed, it is important that the client be encouraged to regain his independent walking ability.

The following are some examples of what the CC can do to minimize learned dependence in a client:

- Follow the client's care plan for information regarding assistance level.
- Encourage the client to do what she can when performing activities of daily living.
- Allow the client time to participate in their activities of daily living.
- Give praise to the client when she has struggled through performing an activity of daily living.
- Offer choices to the client whenever possible.
- Notify the supervisor if you observe the client is able to assist or perform activities of daily living that they were not previously engaging in, so the care plan can be updated to reflect this.

The Effects of Chronic Pain on Quality of Life

People who suffer from chronic pain tend to report a lower quality of life because of the physical and emotional effects. These include an individual's inability to work and/or to enjoy leisure activities.

Physical effects of chronic pain:

- Tense muscles
- Decreased or limited mobility
- Lack of energy
- Decreased appetite
- Fatigue

Emotional effects of chronic pain:

- Depression
- Anger
- Anxiety
- Irritability
- Fear of reinjury



Exercises

A. Fill in the Blanks: Identify the Pain

Fill in the blanks by indicating whether the pain is **acute** or **chronic**.

1. _____ pain lasts longer than six months.
2. _____ pain lasts less than six months.
3. _____ pain occurs from a paper cut.
4. Cancer and arthritis are common causes of _____ pain.
4. People with _____ pain tend to have a lower quality of life.

Learning Activities

- Read "Applying the 'ICARE' Model to Chronic Conditions and Pain" in the Learner Guide.
- Complete "A. Case Study: Mrs. Adler" in the Learner Guide.
- Complete the multiple-choice practice questions at the end of this module.



Articles

Applying the “ICARE,, Model to Chronic Conditions and Pain

Remember the “ICARE” model?

C - Compassionate caring

A - Accurate observation

R - Report and record

E - Ensure client comfort, support, and safety

By applying the “ICARE” model to chronic conditions and pain, the CC meets the roles and responsibilities of his or her job.

C - Compassionate caring related to chronic conditions and pain is a role that the CC performs. The CC:

- Gives emotional support by active listening
- Provides non-judgmental care
- Respects the client’s faith and spirituality
- Encourages the client to be independent with his care
- Provides choices to the client whenever possible
- Respects the client’s choices
- Explains care to the client before giving that care
- Provides the client with privacy and confidentiality
- Identifies safety measures and promotes a safe environment
- Practises safety precautions when a client is confined to bed
- Provides blankets for warmth
- Provides extra support for painful areas during movement
- Uses distraction methods to get the client’s mind off her pain
- Avoids sudden movements when assisting with position changes or ambulation
- Handles the client gently

A - Accurate observations are made by the CC to determine whether the client is experiencing any changes in their chronic condition or pain. The CC:

- Observes the client for sudden changes in behaviour
- Observes the client for learned dependence
- Observes the client for decreasing ability to perform activities of daily living
- Observes the client for confusion
- Observes the client for pain by watching for facial grimacing when moving
- Observes the client for changes in vital signs: temperature, pulse, respiration rate, and blood pressure
- Observes the client’s ability to sleep

R - Report and record is the responsibility of the CC to determine whether the client is experiencing any changes in his or her chronic condition or pain.

The CC notifies the regulated health-care professional in charge:

- Of any behavioural changes in the client
- Of any changes in the client's level of independence
- Of any changes in the client's level of confusion
- Of the client's complaints of pain
- Of any changes in the client's vital signs
- Of any changes in the client's ability to sleep
- Of any changes in the client's appetite or fluid intake
- Of any changes in the client's mood

The CC also:

- Accurately documents changes noticed in the client that are related to chronic conditions and pain

E - Ensuring client comfort, support, and safety is accomplished by various methods to support and comfort clients with chronic conditions and pain. The CC:

- Encourages family and friends to visit
- Encourages the client to do things independently
- Encourages the client's family to allow client independence
- Promotes client safety by identifying potential safety risks
- Provides care for the client only when that care cannot be done independently by the client
- Praises the client appropriately when a difficult activity for daily living is done
- Provides a quiet environment
- Cleans the incontinent client immediately
- Keeps the room odour-free
- Ensures that the call bell is within reach of the client
- Provide warm blankets for warmth
- Provides soft music as a distraction method



Exercises

A. Case Study: Mrs. Adler

Read the case study below and answer the questions that follow.

Mrs. Adler is a 78-year-old woman who has rheumatoid arthritis and chronic pain. She complains of being tired all the time, and states she sleeps only four hours per night because the pain keeps her awake.

1. What are the concerns regarding this client?
2. What should the CC do to address these concerns?

Care Companion Curriculum

**Course Three - Module 5:
Assistive Devices**

Learner Guide





Articles

What Are Some Types Of Assistive Devices And How Are They Used?

Some examples of assistive technologies are:

- Mobility aids, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices.
- Hearing aids to help people hear more clearly.
- Cognitive aids, including computer or electrical assistive devices, to help people with memory, attention, or other challenges in their thinking skills.
- Computer software and hardware, such as voice recognition programs, screen readers, and screen enlargement applications, to help people with mobility and sensory impairments use computers and mobile devices.
- Tools such as automatic page turners, book holders, and adapted pencil grips to help learners with disabilities participate in educational activities.
- Closed captioning to allow people with hearing problems to watch movies, television programs, and other digital media.
- Physical modifications in the built environment, including ramps, grab bars, and wider doorways to enable access to buildings, businesses, and workplaces.
- Lightweight, high performance mobility devices that enable personas with disabilities to play sports and be physically active.
- Adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities.
- Devices and features of devices to help perform tasks such as cooking, dressing, and grooming; specialized handles and grips, devices that extend reach, and lights on telephones and doorbells are a few examples.

For more information about types of assistive devices, check out the following resource:

The National Institute of Deafness and Other Communication Disorders provides detailed information on Assistive Devices for People with Voice, Speech, or Language Disorders.

(<http://www.nidcd.nih.gov/health/hearing/Pages/Assistive-Devices.aspx>).