Care Companion Curriculum

Curriculum

Goshenite
SENIORS SERVICES INC.

CARE COMPANION CURRICULUM

The Care Companion Curriculum is composed of 22 modules. The total theory hours, including lab hours, for module completion are 120 hours. A clinical practicum must also be completed, at a minimum of 70 hours. The practicum must prepare learners for employment as a Care Companion in continuing care, including home care, designated assisted living and long-term care facilities. For learners to receive a certificate, they must have completed the theory, practicum and other courses taught by our partner at Spark Employment Services.

The following additional resources are required to complete the curriculum program but are not included with the Materials.

- Instructor Guide
- Student Workbook
- Educational You Tube Video links

CARE COMPANION CURRICULUM

Course 1 (45 hours)

Working as a Care Companion

Course 2 (21 hours)

Communication in the Health Care Environment

Course 3 (19 hours)

Aging & Chronic Illness

Spark Employment theory and labs for a total of 18 hours including:

- **WHIMIS**
- **AODA**
- **First Aid/CPR**
- **Power Skills**
- **Leadership+**

Course 4 (3 hours)

Providing Client Care and Comfort

Course 5 (3 hours)

Special Activities for the Diverse Clients

Theory and Lab 102 hours

Spark - 18 hours

Clinical Practicum 70 hours (2 weeks)

Updated May 2022

Goshenite
SENIORS SERVICES INC.

Job Description:

Companions

Companion Caregivers is a form of home care offering non-medical services to older adults or people with disabilities. Companion Caregivers differs from PSW support. The goal of Companion Caregiver is primarily emotional support and socialization, although companions may help older adults with a variety of tasks listed in the job description below.

Companion Caregivers must be responsible, caring, and flexible individuals with experience in household management for non-medical, in-home support services, including home management (light housekeeping, laundry, bed making, trash removal), meal planning and preparation, grocery shopping, and client transportation (errands, appointments, shopping trips).

You should have strong communication and planning skills and be willing to meet the physical demands of the position and comply with all GSS INC. safety policies. The Companion Caregiver will also maintain client confidentiality, a safe environment, and a strict adherence to client's rights. Companion Caregivers must be sympathetic, responsible, attentive, and detailed orientated.

Companion Responsibilities:

- Engaging clients by conversing with them and planning and attending them as they participate in appropriate social activities and hobbies.
- Handling basic housekeeping, such as dusting, sweeping, mopping, organizing, and laundry.
- Planning and preparing meals for clients, taking dietary restrictions, and preferences into consideration.
- Taking a genuine interest in clients by listening to their needs, ensuring that their environment is clean and safe.
- Driving clients to planned outings or events. (When approved by Supervisor)
- Handling errands for or with clients, such as grocery shopping and writing letters, etc.
- Providing emotional support for clients as they heal or cope with their conditions.
- Provide assistant with social media if required.
- Responsible for providing emotional support and non-medical services that improve
- the lives of the seniors
- Supporting seniors with meal prep, laundry, changing sheets, vacuuming, dusting, sweeping, mopping, etc.
- Participating with seniors in customized activities
- Escorting seniors to appointments or to the grocery store (transportation would be coordinated)
- Planning and scheduling appointments and social activities
- Transportation to appointments and other activities. (Must be approved by Supervisor.)
- Socialization and entertainment
- Communicating with care team professionals. Provide reports to your Supervisor.

Goshenite
SENIORS SERVICES INC.

Job Requirements:

Companions

What do you need to qualify?

- Excellent relationship building skills and the ability to engage and support the seniors you care for – experience caregiving / fostering relationships with seniors is an asset
- Excellent communicator, responsive & flexible to meet the changing priorities
- Ability to resolve contentious or sensitive issues or situations independently
- Ability to maintain confidentiality of client information
- Demonstrated knowledge of occupational health & safety practices, principles & legislation
- Compliance with infectious disease screening as per provincial legislation & required immunizations up to date
- Valid Class G drivers' license, valid automobile insurance and willing to travel throughout the Greater Sudbury Area
- Knowledge of the retirement industry resources is an asset
- Must be able to lift up to 30 lbs.
- Must be able to walk, sit and stand for an extended period of time
- Must be able to bend, reach and lift
- Must be able to carry and transport objects of various sizes up to 25 lbs.
- Must be available for a minimum of 6 hours a week
- Bilingualism (English and French) is an asset

Care Companion Curriculum

Course 1:

Working Safely
and Effectively as a
Care Companion

Learner Guide

Goshenite
SENIORS SERVICES INC.

Course 1 - Module 1:

Working Safely and Effectively as a Care Companion

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

Course 1: Working Safely and Effectively as a Care Companion

During this course, you will focus on the role and responsibilities of a care companion working in a variety of employment settings. The focus of this course is to share information that will result in safe, ethical, and respectful care based on the needs of the client. Care that meets these standards is known as client-centred care.

To meet the goal of client-centred care, the care companion must be familiar with the role that guides safe, ethical, and personalized care. In addition, knowledge of how to work as part of the health-care team is essential, as is the ability to follow your employer's policy and procedures and your job description.

Strong communications skills are an important part of being a successful care companion. The health care environment requires competent verbal, written, and electronic communication skills. This course will focus on professional communication with other team members, clients, and clients' families; written communication, including documentation in client records and report completion; problem solving strategies; and handling conflict successfully.

Disease and aging often cause sensory loss, which, in turn, presents challenges and barriers to communication between the client and the caregiver. Strategies for overcoming these barriers will be discussed during this course.

Module 1: Role of the Care Companion

Introduction

This module introduces you to the exciting and challenging role of being a care companion (CC) in the province of Ontario.

You will learn many things about your chosen field of work including how we define and determine individual health, the importance of family and the role it plays in the client's life; the importance of promoting client wellness and independence; and the recognition of culture, religion, health beliefs, and personality on an individual's response to changes and challenges.

Most exciting of all, you will be introduced to the "ICARE" model which has been developed specifically for training care companions in Ontario.

General Learning Outcomes

1. Examine concepts of health and wellness and of illness and disability.
2. Examine health within the context of the Canadian health-care system and the Canada Health Act.
3. Describe the role, responsibilities, and unique contributions of the CC to the health of clients across a variety of workplace settings.
4. Explain the importance of the helping relationship within the role of the CC.
5. Describe the importance of respect for culture and diversity.
6. Examine health-care ethics within the role of the CC.
7. Develop skill in self-awareness.
8. Examine lifelong learning and continuing education within the role of the CC.
9. Use terminology related to the CC role and responsibilities.
10. Examine the CC roles and responsibilities when applying the "ICARE" model.

Glossary

Alternative healing	Non-traditional medical treatments such as acupuncture.
Balanced lifestyle	Lifestyle addresses physical, emotional, spiritual, social, and learning needs. An individual experiences a balanced lifestyle when these needs are being addressed in such a way that these areas are in balance with each other.
Blood kin	People you are related to by birth rather than by marriage.
Continuity	A predictable pattern of events.
Denial	Refusal to acknowledge or believe facts and experiences.
Frame of reference	The way an individual looks at the world based on past history, family traditions, education, culture, and religion.
Gender	Male or female.
Interdisciplinary team	All members of the health-care team including the client and the client's family.
Medical model of care	Traditional care based on client diagnosis and treatments.
Mental hardiness	The ability to cope with all of life's changes and challenges.
Personal history	The events of an individual's life.
Resilience	The ability to positively recover from loss, change, and disease.
Scope of practice	The regulated roles and responsibilities for each member of the health-care team.
Social model of care	Providing for all the needs of a client and providing a home-like environment.
Supervisor	The individual whom the CC reports to. The supervisor generally is a professional health-care provider, such as a registered nurse or licensed practical nurse.
Trauma	Injury caused by an accident.
Traits	Personal characteristics.

Learning Activities

- ☐ Read “Health and Wellness” in Chapter 4 in the textbook. Page 49
- ☐ Study Figure 4-1 in Chapter 4 in the textbook. Page 49
- ☐ Complete “A. Reflective Exercise: How Balanced Is My Health?” in the Learner Guide. Page 53
- ☐ Study Figure 4-5, The continuum of health in Chapter 4 in the textbook.

Exercises

A. Reflective Exercise: How Balanced Is My Health?

To help determine how balanced your personal health is, give yourself a health mark in each of the five domains: physical, emotional, social, intellectual, and spiritual. A mark of 1 indicates the lowest possible score in a health dimension and a mark of 10 means you are as healthy as possible in this dimension.

1. **PHYSICAL HEALTH** - You keep your body strong, fit, and disease-free oy living a healthy lifestyle including a good diet, regular physical exercise, and sufficient rest.
   1_____2_____3_____4_____5_____6_____7_____8_____9_____10

2. **EMOTIONAL HEALTH** - You are able to adjust to the constantly changing demands of life. You feel confident in most situations and believe in your own skills and abilities.
   1_____2_____3_____4_____5_____6_____7_____8_____9_____10

3. **SOCIAL HEALTH** - You are able to make and maintain healthy relationships. You are able to help friends and family members as well as ask for help in return when you require support. You are respectful to others, and they respect you in return.
   1_____2_____3_____4_____5_____6_____7_____8_____9_____10

4. **INTELLECTUAL HEALTH** - You take an active interest in your surroundings and the people and activities in your environment. You show an interest in learning new skills and maintaining old ones. You remain curious about local and world news and events.
   1_____2_____3_____4_____5_____6_____7_____8_____9_____10

5. **SPIRITUAL HEALTH** - You may or may not have a formal religion that is part of your spiritual life, but if you do have a religious affiliation then you try to maintain participation in it. Spirituality indicates that you have an awareness of your personal belief system that might include honesty, trustworthiness, forgiveness, serenity, meditation, generosity, and caring for others.
   1_____2_____3_____4_____5_____6_____7_____8_____9_____10

- Which dimensions of health did you score well in?
- Which dimensions did you score lower in? Outline some actions you can take so you can become healthier in these areas of your life.

Now that you have scored your own health in these five dimensions, you will be able to understand your clients’ health in these areas.

B. Case Studies: Understanding the Continuum of Health

Read each case study below and then choose the correct multiple-choice answer.

1. Martha, 29 years old, is very overweight, eats a lot of take-out food, and rarely exercises. She works nights at a convenience store so that she does not have to meet as many customers as she would if she worked during the day and evening. She has two close friends whom she has known since Grade 7, and maintains close relationships with her family, although she lives independently. She listens to relaxation tapes and reads inspirational books. Martha's health on the continuum is

    a. complete health
    b. good health
    c. average health
    d. extreme ill health

2. Joe is 66 years old and has been married for 42 years. He has four children and five grandchildren whom he and his wife visit several times a year. Joe and his wife play cards and bowl weekly with other couples. Joe also has personal friends whom he meets for golf and walks. Joe volunteers for several community events every year and participates in a weekly bible study. He describes himself as content and says that if he were to die today, he would die a happy man. Joe's health on the continuum is

    a. good health
    b. average health
    c. poor health
    d. complete health

3. Mary is 88 years old and lives in a continuing-care facility. She becomes upset when there is any environmental noise, including laughter and music. She no longer recognizes her family and often cries, stating she wants to go home. The staff have difficulty getting her to eat and drink enough. Mary is only strong enough to be up in her wheelchair one or two hours per day. She has oxygen on at all times. Mary's health on the continuum is

    a. average health
    b. poor health
    c. extreme poor health
    d. good health

Physical Environment		Social Environment	The Individual
Built Environment	**Natural Environment**	• Family, friends, and communities	• Spiritual well-being
• Safe, clean housing	• Green space	• Health care	• Values
• Pleasant surroundings	• Lack of pollution	• Leisure	• Mental hardiness
• Clean air	• Birds and animals	• Work	• Individual behaviours
• Adequate space	• Clean air	• Childhood experiences	• Genetic and biological characteristics
• Good lighting	• No environmental hazards		

In the space beside each circle, write the phrase that belongs to this aspect of health. For example, "Clean air" would go beside "Physical Environment Built."

1. Respects other people's property
2. Talks on phone with sister every week
3. No mice in house
4. Able to cope with changes to routine and responsibilities
5. Good lighting in house
6. Snow shovelled off walk
7. Attends cooking classes with a friend
8. Walks for half an hour three times a week
9. Good sewage drainage
10. Park and walking paths nearby
11. Clean pond or stream
12. No smoke from factories
13. Works part-time
14. Attends bible study
15. Meditates
16. Participates in yoga class
17. Believes in being honest

Learning Activities

- ☐ Read “Our Beliefs and Experiences Directly Affect Our Health” in the Learner Guide.
- ☐ Complete “A. True and False: Health Beliefs” in the Learner Guide.
- ☐ Read “Respect - The Key to Honouring Health Beliefs and Individual Choices” in the Learner Guide.
- ☐ Complete “B. Case Study: Honouring the Client’s Health Beliefs” in the Learner Guide.

 Articles

Our Beliefs and Experiences Directly Affect Our Health

It is human nature to try to make sense of what is happening to our health physically, socially, emotionally, and spiritually. Each individual has what is known as a set of “health beliefs.” When we become ill, or when someone we are in close contact with becomes ill, we apply our health beliefs to the situation to help make sense of what is happening. Not all health beliefs are based on scientific evidence, but they are an important part of who you are as a caregiver, and how your clients and their families will interpret what is happening.

Learned Beliefs

Like our religious, ethical, and social beliefs, our health beliefs are learned. The teaching we receive about health comes from a variety of sources. Some of these sources are listed below.

Family Influences

Did your mother or grandmother have a saying such as “feed a cold and starve a fever?” When we are raised with these kinds of sayings, they become part of our health-belief system. Even though as adults we may know there is no scientific proof that we should feed a cold and starve a fever, it has become part of our frame of reference about common illnesses and our behaviours may automatically follow that belief.

Social Networks

Friends, families, classmates, work colleagues, and people we share hobbies and activities with become our social networks. Health beliefs are often formed within social networks. For example, let’s say that most of your friends have become vegetarians because they believe eating meat is unhealthy. If you remain in this social group, there is a high likelihood that you will also become a vegetarian and follow your friends’ health beliefs about eating meat.

If your friends and family believe in the benefits of physical fitness and exercise, chances are that you will also adopt this healthy lifestyle; however, if your friends are all smokers who eat a lot of “fast food” you are at risk of following the pattern of your role models.

Community

Communities may be large or small. If we look at Canada as one large community, we can see some of the direct influence on health this community has had in the shaping of individual health beliefs. In the 1970s, Canada began a program called "ParticipACTION." This health initiative was designed to encourage people to get up off the couch, turn off the television, and do anything active to improve their fitness levels. Many individuals and families embraced this message and made changes to their exercise patterns. Another "Canada as a Community" health guideline came in the form of "Canada's Food Guide." Schools, doctors, health centres, and individuals have adopted this as the standard for healthy eating in Canada. "Canada's Food Guide" has been revised over the years, is still used today, and has become a part of many health beliefs as a result.

Religion

Religious beliefs often influence health. Individuals of certain religions do not believe in receiving blood transfusions; other religions do not allow the consumption of alcohol or carbonated beverages. These beliefs may prove either helpful or harmful at various times in an individual's life. Each client or client guardian has the right to make decisions based on the person's individual religious practices.

Government

Many people believe in being immunized and take advantage of these free clinics. Others, however, believe immunization is harmful and refuse to have their children immunized. Individuals make choices about this, and other health-care initiatives based on health beliefs. Sometimes the education the government provides is very convincing and individuals incorporate this information into their health-care beliefs. An example of this would be the smoking reduction education, which has resulted in many people quitting smoking, and employers providing smoke-free environments so that individuals are not subjected to second-hand smoke.

Exercises

A. True and False: Health Beliefs

Read the statements then circle T for true and F for false.

1. Health beliefs are always learned in school.	T	F
2. Health beliefs may come from following your friends' beliefs.	T	F
3. All health beliefs are based on healthy choices.	T	F
4. If the government has a health initiative, all people must participate.	T	F
5. An individual's religious beliefs influence health decisions.	T	F
6. Health beliefs help us make sense of illness.	T	F

Articles

Respect - The Key to Honouring Health Beliefs and Individual Choices

A client's beliefs about health provide meaning for his or her experience of illness. Personal health beliefs are very strong and even when health-care professionals have given a scientific explanation for an illness, the origin, and the treatment options, clients may cling to their own health beliefs to make sense of the frightening changes to their health.

Health Beliefs May Be Helpful or Harmful

Some health beliefs may be helpful, such as the belief in regular exercise, the belief that whole foods are better than processed foods, and the belief in a balanced lifestyle. Other health beliefs may be harmful. For example, if my grandfather smoked every day of his life from age 12 and lived to be 92 years old, I may not believe smoking is harmful. Or, if my grandma always said to put butter on a burn, this is what I always do.

In the case of harmful beliefs, it may be very tempting to jump in and tell the client he or she is wrong, or to try to prove you know better. Do not do this. Instead, let a health-care professional know the beliefs the client has shared with you and any behaviours related to the belief.

Listening With an Open Mind

Clients' health beliefs will have a history attached to them. If you listen respectfully and with an open mind, you may be privileged to hear the personal history that has become a client's health belief. Even if this seems like a very strange practice to you, you now know that this is a family health belief and it is your job to be respectful. If you believe that a client's health belief is harmful, report your concerns to your supervisor, but never try to convince the client and/or the client's family that they are wrong. Instead, try to find out what experiences resulted in this health belief and bring this information forward to assist with care planning with the client, the client's family, and other interdisciplinary team members. When providing care, follow the client's care plan and respectfully tell the client you will bring forward his or her request for alternative treatments.

Learning Activities

- ☐ Read "Illness and Disability Are Personal" in the Learner Guide.
- ☐ Complete "A. Case Study: Toby Never Saw It Coming" in the Learner Guide.
- ☐ Read "Health Decisions Are Related to Experiences and Beliefs" in the Learner Guide.
- ☐ Read "Illness and Disability Are Not Always Accepted by Others" in the Learner Guide

Articles

Illness and Disability Are Personal

Factors Influencing a Response to Illness or Disability

There are many different elements to take into account when examining how individuals respond to illness and disability. In this article, we will take a close look at some of these factors.

What are the elements that disrupt health?

- Physical disease
- Injury
- Mental illness
- Terminal disease
- Loss

Who Is the Person Experiencing the Illness or Disability?

Many individual traits need to be taken into consideration here.

Gender: Is this individual male or female, and does the illness or disability affect how the person views herself or himself in feminine or masculine roles or how the person views herself or himself sexually?

Responsibilities: Is this individual a single parent or the parent who stays home to care for the children? Perhaps she owns her own business and does not have anyone trained to carry out the leadership role. This person may be the caregiver for a parent or older relative.

Finances: This individual may be single and dependent on his ability to earn money and support himself, or he may be a single parent with other people who are dependent on him financially.

Diagnosis: An illness or a disability with a slow gradual onset and development will have an impact on an individual very different from that of a disability caused by an accident or sudden trauma. When an individual is diagnosed with high blood pressure, he or she has an opportunity to adjust to the diagnosis and take some positive steps to prevent a heart attack; however, when a person has a spinal cord injury as the result of a car accident, there is no chance of preventing the diagnosis and the impact that it will have on this person's life.

Mental and physical hardiness: Responses to a sudden change in physical ability or to a diagnosis of a chronic illness can depend on how physically fit the individual was before and how mentally resilient he or she is. Someone who already has difficulty walking because of arthritis in his knees will not recover from a broken ankle as well as someone who has no prior injuries or conditions that will affect his walking ability.

Exercises

A. Case Study: Toby Never Saw It Coming

Toby grew up in Kelowna, British Columbia, and attended university in Vancouver. Every summer he would ride his 10-speed bike back to his parents' home and every fall he would ride back to university. This was a distance of 600 kilometres through the mountains in each direction. After his graduation from university, Toby moved home and started work in Kelowna. One day he was riding down a steep hill on his way to work and a car turned in front of him without warning. Toby and his bike hit the car and he flew off, hitting his head on the pavement. Toby was in a coma for three weeks. The doctor stated that if Toby had not been so physically fit, he would not have survived the accident. After his recovery, Toby had short-term memory problems, seizures, and difficulty being patient with other people. He has continued to work and support himself for 30 years, but he worries about growing older and frailer. His parents are dependent on him for financial and social support. He has two long-time friends who both live a long distance away, and one has chronic health problems of his own.

Use the example of Toby's experience to complete the matching questions below.

1. _____ Financial responsibility
2. _____ Personal responsibility
3. _____ Diagnosis
4. _____ Physical hardiness
5. _____ An element that disrupts health

a. The ability to recover physically from a serious accident
b. Seizure disorder
c. Need to support himself
d. Dependent parents
e. Sudden life-changing accident

Articles

Health Decisions Are Related to Experiences and Beliefs

Individuals make health decisions based on a number of different experiences. A person who is injured or not feeling well might decide to:

- Get extra rest or sleep
- Increase the number of times he phones in sick for work
- Talk to a friend or relative
- Visit an alternative healer such as an acupuncturist
- Buy over-the-counter medications
- Take a vacation
- Visit a chiropractor
- See a medical doctor
- Ignore the illness

Factors Influencing These Decisions

- Previous positive or negative results when seeking medical help
- Family influence and personal health beliefs
- Finances
- Fear
- Religious beliefs
- Denial that there is a problem
- Intensity of pain
- Intensity, duration, and complexity of the illness

A pastor once had two women in his congregation whom he visited regularly. One, Mrs. Rose, was very frail and had debilitating arthritis. She could barely lift a phone receiver and had pain at all times. When the pastor called her or visited, she was always cheerful and wanted to talk about a wide variety of things happening at home and in the community. Mrs. Rose always took her pain medication, tried to do the exercises she had been given, and followed the dietitian's food chart.

The second lady, Mrs. Boyd, had no specific diagnosis but was always feeling "under the weather" when the pastor visited her. She would focus all of the conversation on herself and her poor health. She visited the doctor frequently but was never pleased with what he said or did for her. She bought a lot of over-the-counter medications and was frequently on the phone with her pharmacist. When her doctor suggested that she seek counselling for possible depression, Mrs. Boyd became very angry and stated she did not believe in that "mumbo-jumbo."

These two women displayed a wide difference in how they responded to health concerns. Mrs. Rose displayed an ability to adapt to the changed situation in her life and respected the treatments suggested by health-care professionals. Mrs. Boyd became obsessed with her perceived poor health, rejected a mental health diagnosis made by her doctor, and self-medicated with over-the-counter medications.

Perhaps these two ladies, like many of us, made health decisions based on previous experiences, individual personality traits, and the ability to adapt to changes in their lives caused by illness and disease.

Illness and Disability Are Not Always Accepted by Others

Mark O'Brien (July 31, 1949 - July 3, 1999) put it best when he said, "I want people to think of disability as a social problem Everyone becomes disabled unless they die first."

This quote from a physically disabled poet indicates that it is not the disease or disability that is the greatest barrier to individuals; what causes the greatest barrier is the way society, and individuals within that society, accept an illness or disability.

Few people intentionally set out to be ill or disabled. Yes, some people do not eat right or exercise

regularly; some people do not ensure they lead a life in which work is balanced with recreation and relaxation; and still others refuse to take their medications. No one expects to have their lives changed in irreversible ways because of these poor health habits. Even harder to accept is the sudden change in health experienced by a person who has focused on being healthy.

Hans was a long-distance runner. Every day he set out with his water bottle and would run 5 to 10 kilometres. He worked at a job he enjoyed and tried to eat right. One day, Hans did not return from his run and his wife set out to see what was wrong. She found Hans at the side of the road. His right side was paralyzed, and his wife could not understand his speech. Han's life changed suddenly and unexpectedly. He had had a stroke and was left with a permanent disability.

Friends who had been supportive following his accident soon stopped calling and coming over. They did not know what to say or do during a visit. His employer offered him long-term disability benefits and hired someone else to do his job.

Gone were the family camping and hiking holidays-outings became difficult because there was no easy access to places Hans wanted to go. Hans was embarrassed to have to park in the blue handicapped parking spaces.

People who had previously greeted Hans in a friendly manner appeared to be avoiding him.

Hans was left to deal with two problems: first, the sudden changes in his health and income and, second, the attitude that friends, family, and strangers had toward his disability.

This case study illustrates the impact that other people in our environment can have on our adjustment to illness and disability.

Learning Activities

- ☐ Read "The Ottawa Charter for Health Promotion" at **http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html**

Learning Activities

- ☐ Complete “A. Matching: Understanding Responsibilities” in the Learner Guide.
- ☐ Read “Living the ‘ICARE’ Model: Roles and Responsibilities of Care Companions in Ontario” in the Learner Guide.
- ☐ Read “Home Care” in Chapter 2 in the textbook.
- ☐ Read “Working in Community-Based Settings” in Chapter 3 in the textbook.
- ☐ Read “Working in a Facility” in Chapter 3 in the textbook.
- ☐ Complete “B. Matching: Care Settings and Client Groups” in the Learner Guide.
- ☐ Complete “C. Chart: Comparing Challenges in Care Settings” in the Learner Guide.

https://www.youtube.com/watch?v=ST4t3k_WVm8

Exercises

A. Matching: Understanding Responsibilities

Match the tasks outlined below with the CC responsibility.

1. _____ Personal care	a. Assisting with simple wound care
2. _____ Housekeeping/home management	b. Providing support to a new mother
3. _____ Support for nurses	c. Taking a client for a walk
4. _____ Family support	d. Assisting a client to walk to the dining room
5. _____ Social support	e. Doing client laundry
6. _____ Caring companion	f. Sitting and chatting with client

Articles

Living the "ICARE" Model: Roles and Responsibilities of Care Companions in Ontario

As a care companion student in Ontario, you will be trained in the "ICARE" model. This model was specifically developed for care companions to highlight the core roles and unique responsibilities of CCs in this province.

The Model

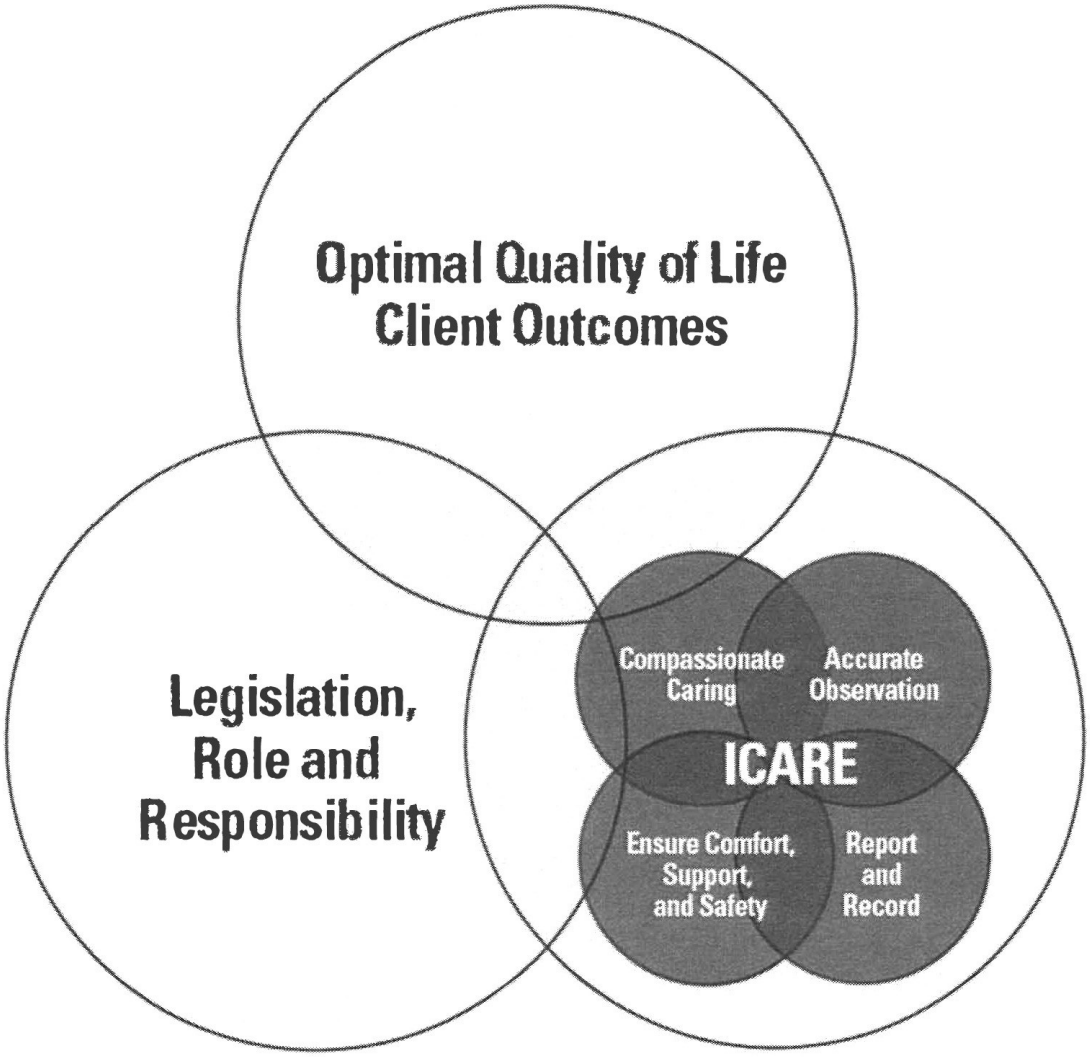


Figure 1: ICARE Model

Bringing Meaning to the Model

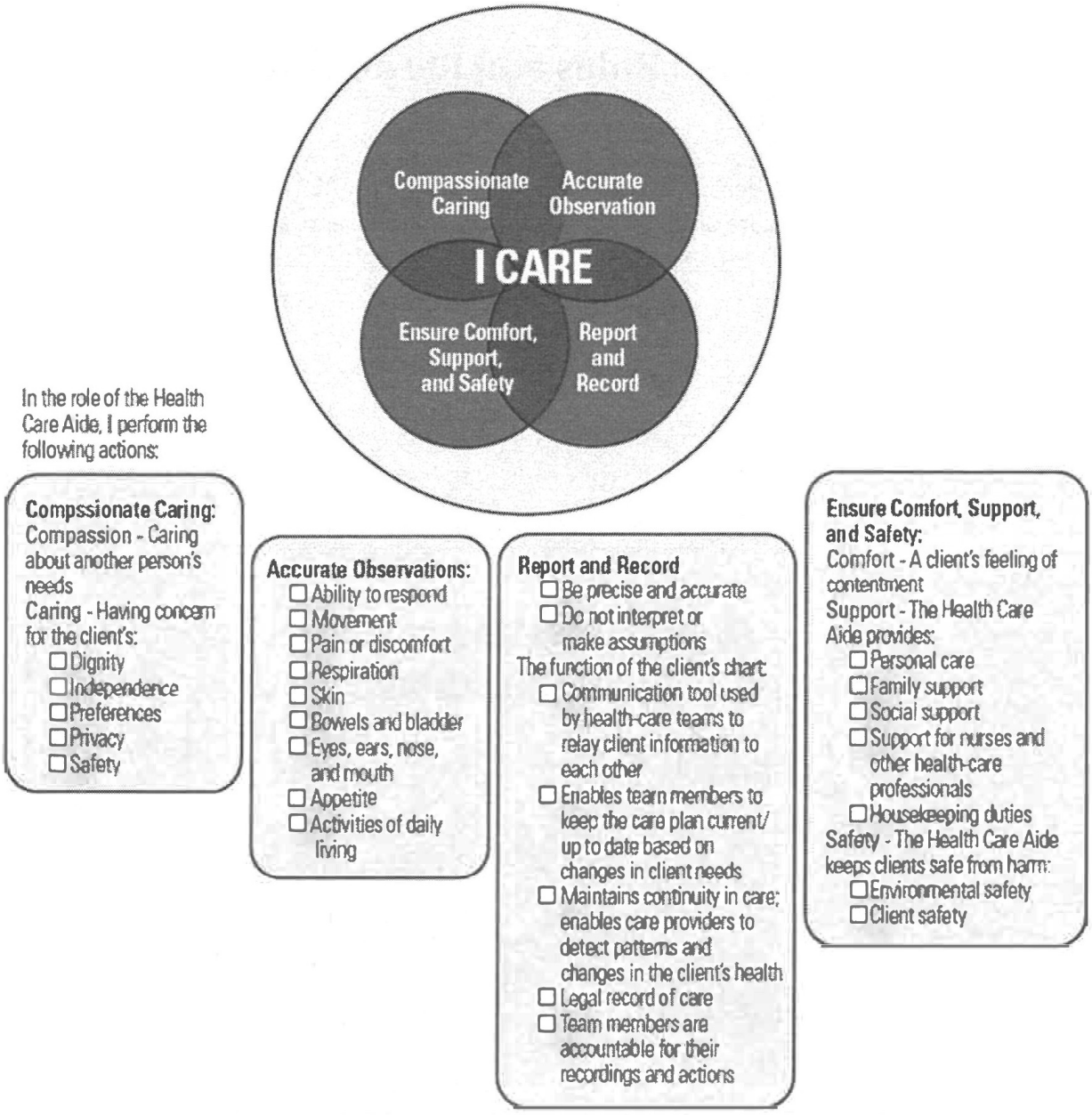


Figure 2

This is an exciting way to view your roles and responsibilities as an CC. At the end of each module, you will have an opportunity to review how the "ICARE" model relates to the theory and skills you have just learned.

Exercises

B. Matching: Care Settings and Client Groups

Beside each client group, write the abbreviation for the care setting in which an CC would be working.

There may be more than one correct answer.

CC	Community care
HC	Home care
AC	Hospital care (acute care)
LTC	Long-term care facility
GH	Group home
AL	Assisted-living facilities

1. _____ Older adults
2. _____ People with disabilities
3. _____ People with medical problems
4. _____ People having surgery
5. _____ People with mental health problems
6. _____ People needing rehabilitation
7. _____ Children
8. _____ Mothers and newborns
9. _____ People requiring special care

C. Chart: Comparing Challenges in Work Settings

Complete the chart below using p.38, p.43-49 in "Challenges Associated with Working in a Facility."

Challenges associated with working in home care	Challenges associated with working in a facility
Working alone	**Part of structured team**
List two challenges of working alone. 1. 2.	List two challenges of working as part of a structured team. 1. 2.
Taking direction from a variety of healthcare professionals	**Meeting multiple needs and demands**
When confused about following through on tasks assigned by a health-care professional, such as a physiotherapist, always check with your _____.	List two strategies that you can use to meet the challenges of multiple needs and demands. 1. 2.
Maintaining professional boundaries	**Maintaining professional boundaries**
Never confuse a caring relationship with a _____.	The two main responsibilities within your professional role are 1. 2.
Client safety	**Making a facility feel like home**
Two examples of safety concerns in the client's home are 1. 2. These concerns should be reported to your supervisor.	The goal is to make the facility _____ and_____.
Personal safety	**Shift work**
List three challenges to your personal safety when working in home care. 1. 2. 3.	What impact will working evenings, nights, and weekends have on your life?

Learning Activities

- ☐ Read “What Is Family?” in the Learner Guide.
- ☐ Read “The CC Has a Role When Working with Families” in the Learner Guide.

 Articles

What Is Family?

As society changes, so does the definition of family. Below are several definitions of family, all of which will be useful to you, as you work with individuals of all age groups in a variety of health-care settings.

A Couple

A couple consists of two adults of the opposite or same sex who share living space and may or may not be legally married.

Traditional or Nuclear Family

This family group consists of one or two parents and their children living together under one roof. The parent or parents take responsibility for providing the basic needs of the dependent children and teach family and cultural customs and values. The parents may be of opposite sex, or it may be a same-sex relationship.

Blended Family

This may consist of a husband with children from a previous marriage or relationship and a wife with children from a previous marriage or relationship. It may also be a same-sex couple with children. Usually, all these family members share a home for at least part of the time, and the parents assume responsibility for the care of the children and meeting their needs. Family, cultural, and religious customs are taught, and family values are modelled by the parents.

Single-Parent Family

A single-parent family consists of one adult who has the responsibility of raising dependent children and providing for their basic needs. This parent may be the mother or the father, and she or he will teach the family social and cultural traditions and values.

Multigenerational Family

These families consist of three or more generations of family members and may be parents, children, grandparents, aunts, and uncles. The members of the family share living space, and all the adults play a role in raising the children and teaching them social, cultural, and family customs.

Extended Family

The extended family consists of blood kin with a variety of relationships such as aunts, uncles, cousins, and grandparents who usually live in close geographical proximity to each other and are available for social and practical support.

Family Is Whoever the Client Calls Family

Our clients come from a wide variety of backgrounds, and each person has an individual history.

These individuals may be without blood relatives because of life circumstances or because of choice. Therefore, they may refer to people with no blood or legal ties as family. In this case, the definition of family takes on one or more of the following characteristics:

Two or more people who are bound together by time, and who assume responsibility in some or all of the following areas:

- Meeting the physical needs of each other for food, clothing, shelter
- Socialization of children
- Development of family traditions
- Modelling of family values
- Establishing boundaries for acceptable behaviour
- Shared responsibilities

These families may include blood relatives, friends, neighbours, members sharing a group home, or other significant acquaintances. To provide emotional and social support, health-care workers must learn to respect the client's definition of family. The declaration of family, however, does not indicate legal status. Only legal guardians may have access to client records and details of the client's condition.

The CC Role Working with Families

Working with clients and their families can be both rewarding and challenging. One of the most important guidelines to remember is that our attitudes and behaviours can influence our relationships with families. If the family believes that you are critical or judgmental of them and their beliefs and values, they will not trust you to care for their loved one.

Dennie Wolfe from Harvard University tells us: "When working with families from diverse backgrounds, it is crucial to be a wise stranger. We must listen, observe, ask questions and be a learner." Do not make assumptions about a family based on gossip or a small amount of knowledge. Make it a rule to always get to know the family from your own experience and make decisions based on facts.

Many clients have been cared for by a loved one for months and years before home care started

providing services or the client came into facility care. The husband, wife, sister, brother, mother, father, daughter, son, or best friend may have been the primary caregiver. Now the role is shifting and, although they may be happy to have help with the care, they still remain very tied to and committed to the person they have been caring for.

As health-care providers, we need to find ways of acknowledging and including family members as a

vital part of the care team. Remember, they know this person best and have shared many years of experiences. The client and family share common history. Finding a way of understanding and honouring this history is an important step to building supportive relationships with family members.

As an CC, some of the responsibilities you will have with family members include:

- Assistance with childcare for a mom with a new baby
- Meeting with the interdisciplinary team for care conferences
- Getting clients ready for family outings and appointments
- Assisting with household tasks
- Supporting families whose loved one is dying
- Listening respectfully to questions and concerns
- Notifying the regulated health-care professional of family concerns and needs when appropriate

There will be other roles and responsibilities associated with working with families throughout your career. Remember, the key to making a success of these relationships is to demonstrate a caring, respectful, and trustworthy attitude.

Learning Activities

- ☐ Read “Roles and Responsibilities of the Health-Care Provider” in the Learner Guide.
- ☐ Read “Understanding the Purpose of a Policy and Procedure Manual” in the Learner Guide.
- ☐ Read “Your Job Description Is Linked to Provincial Legislation” in the Learner Guide.
- ☐ Complete “A. Case Study: Job Descriptions Can Be Misleading” in the Learner Guide.

Articles

Roles and Responsibilities of the Health-Care Provider

Each member of the health-care team is specifically trained and/or educated to perform certain care or support activities in providing safe, effective, quality care to clients in the health system. Roles and responsibilities are the services and activities that an individual is educated and trained to provide while providing health care. Each individual is responsible for ensuring that he or she has the competency to perform the services and activities within the roles and responsibilities of the CC.

Certain members of the health-care team must be licensed to provide the care they do. This means they must meet certain standards and regulations outlined by their licensing body (professional association) to be licensed for practice each year. They must maintain this standard of practice to continue to practise as a health-care provider. Most regulated health professional's roles and responsibilities are outlined in their scope of practice, by their licensing body. In some provinces, this scope of practice is legislated.

It is very important that you know and understand your roles and responsibilities as an CC and that you function competently within them. Your job description helps to clarify the roles and responsibilities expected of you as an employee of an agency. Other members of the health-care team will assign you tasks within your roles and responsibilities, which you will be required to carry out safely and competently. If you are assigned tasks that you are not trained to do or that you know are not within the CC's roles and responsibilities, you need to discuss this with the regulated professional or your supervisor immediately.

Understanding the Purpose of a Policy and Procedure Manual

Health-care organizations have a written set of policies and procedures. These policies and procedures may be a print copy and stored in a binder, or they may be electronic copies available online. Some employers will have both print and electronic copies available. These policies and procedures are important guidelines for helping staff complete their jobs in ways that are acceptable to the organization.

A policy is:

- The "what" of employer operations
- A statement that contains the words will or shall, which means, in a legal sense, that this is a statement of how something must be done. An example of this regarding meeting a client's nutritional needs may read as follows: "All clients will be offered three meals and two snacks in a 24-hour period." A staff member reading this knows that this is an expectation of the level of care to be provided, not just a suggestion.
- Based on legislation: All cases of abuse to clients will be reported according to the Protection for Persons in Care Act.
- Updated on a regular basis and based on health care and human resources best practice guidelines

Policies may be written under the following headings:

- Human Resource policy, including information on bullying, harassment, disciplinary action, benefits, pay periods, vacation, and seniority
- Health and Safety policies, including emergency responses, safety occurrence reporting, infection prevention and control, client and staff safety
- Skilled procedures and who has authority to perform these procedures
- Job descriptions
- Admission and discharge
- Facility maintenance
- Quality assurance
- Governance - who will make decisions for the organization

A procedure is:

- The "how" of fulfilling the policy
- A set of detailed steps to ensure that the goal of the policy is reached. For example, a policy may state that all clients and staff will be offered the influenza immunization by October each year. The procedure will list the steps that the organization will follow to reach this goal.

All staff, including care companions, need to know where the policy and procedure manual is kept and how to access it. By following agency policies and procedures, you will be helping to ensure the health and safety of clients, visitors, co-workers, and yourself.

Your Job Description Is Linked to Provincial Legislation

When you apply for a job, you should always make sure that you read the job description. The title of a position may be misleading, but a job description will give you a clear description of what you are being employed to do.

A good job description can be described as a "snapshot" of what your role and responsibilities will be. Such a job description will include:

- The title of the position
- The department you will be working for
- Who you will report to
- Your overall responsibilities
- Key responsibilities

It is the employer's responsibility to write a job description that clearly defines and describes the roles and responsibilities of care companions working for them.

It is the CC's responsibility to read and understand the job description and to work within the defined roles and responsibilities in the job description.

Exercises

A. Case Study: Job Descriptions Can Be Misleading

Read the following job description and answer the questions that follow.

Nicole applied to work at Goshenite Seniors Services. The job description was as follows:

- **Position title:** Care and Comfort Companion
- **Wages:** $15.00-$18.00 per hour dependent on education and experience
- **General job description:** Assist clients with all aspects of daily living. Give support and hope to clients, with an emphasis on holistic care.
- **Key tasks:** Household management, personal care, social and recreational stimulation
- **Qualifications:** Completion of a Care Companion Certificate from a recognized college preferred Experience working with the elderly and a compassionate nature are assets.
- **Competition closes:** When suitable candidate has been chosen.

1. Is this a helpful job description?
   (it is too vague, should be more specific)
2. What else would you have included in this job description?
   (full duties, union, benefits, closing date)

SLO 1.22 Describe quality improvement programs that are used in health care.

SLO 1.23 Identify how a CC can participate in quality improvement programs.

Learning Activities

☐ Read “Measuring and Responding to Quality Improvement Indicators” in the Learner Guide.

Articles

Measuring and Responding to Quality Improvement Indicators

As health-care workers, we all want the care we provide to be of a very high quality, and we want the environment that our clients live in and that we work in to be safe and desirable. Although health-care providers and employers always have high-quality care as a goal, sometimes things go wrong and clients, families, and workers all start to wonder why there are so many falls or why a particular client sleeps all day long or constantly complains of pain.

The health-care industry started to recognize that there are trends in incidents and accidents and patterns in injuries and complaints from clients, families, and staff. In response to these trends, some standard measuring tools have been developed and are in use in long-term care facilities, home care, and mental health care facilities.

Minimum Data Sets (MDS)

A minimum data set is a standard tool that is used to assess clients admitted into long-term care, home care, and mental health care facilities. It focuses on a clinical assessment of a client in specific areas.

Some of the assessment measurements are:

- Mobility
- Diet and nutrition
- Socialization
- Support systems for finances
- Pain
- Medications
- Elimination patterns and problems

The information is entered into a standardized form or MDS collection tool. This tool can be on paper or on a computer. Each member of the health-care team has the responsibility to complete his or her area of the form as accurately as possible and in a timely manner.

MDS data collection tools are started on the day of a client's admission and completed by each shift for seven days. After this, the same amount of information is collected every three months and annually until the client is discharged.

Resident Assessment Protocols (RAPs)

After all the information is collected and input into a computer program, a document called a Resident Assessment Protocol (RAP) is generated by the computer. This document will indicate whether the client is being treated for pain often enough and effectively enough. It will indicate that the client may be at risk for falls if she is incontinent or on medications that might lower her blood pressure and make her dizzy. These are just a few examples of the kind of information that the RAP may have on it.

The information from the RAP is used by the interdisciplinary team to create a care plan that will meet the client's needs for care and safety.

Your Role as a CC

Your role as a CC is to:

- Input your observations of the client as directed and required
- Follow the care plans and notify your supervisor when you are not able to do so
- Report and record any changes you observe about the client

Other Quality Improvement Initiatives and Approaches

Many employers have quality improvement teams or committees. These committees collect the information from incident reports and a process called an audit. The committee then makes decisions about how to prevent further incidents of these types. There is a high degree of focus on safety.

Examples of Information Used from Incident Reports

- Falls - When there an increase in the number of client falls or injuries from falls, the committee will examine the information found in safety reports and look for trends in the incidents such as places where the falls occur, the time of day they occur, and the environment in which they occur. Staff may be educated in ways of preventing falls, or client assessments for fall risks may be improved as the result of the committee's quality improvement initiative.
- Medication errors are more common than they should be. The medication error quality improvement committee will look at what type of medication errors are being made, how often, and by whom. Often, staff re-education results from these audits.

Examples of Regular Audits

- Infection prevention and control audits - These audits occur especially if there has been a recent outbreak of gastrointestinal disease or an increase in infections such as bladder infection.
- Restraint use audits - Most facilities have "least restraint" policies. This means that instead of confining a client to bed or a chair, the facility uses other approaches to keep the client safe in his or her environment. An audit maybe done to collect information on how many client restraints are used in a unit or facility.

The Care Companion Role

- Always follow agency policy and procedure for completing incident reports (sometimes called safety occurrence reports).
- Complete the MOS data collection sheets accurately, in a timely manner, and as directed.
- Participate as a member of an audit team or a quality improvement committee if requested to do so by your employer.
- Participate in ongoing education related to quality improvement initiatives.
- Follow new policies, procedures, or protocols, which may be the result of a quality improvement initiative.

Learning Activities

- ☐ Read “Being a Professional” in Chapter 1 in the textbook on p.14
- ☐ Goal of support work; Compassionate care on p.16
- ☐ “Statements That Show a Negative Attitude” in Chapter 1 in the textbook p.14
- ☐ Complete “A. Chart: Dressing for Success” in the Learner Guide.

Exercises

A. Chart: Dressing for Success - page 15

Put a checkmark in the appropriate column or columns that indicate the reason for a dress code regulation. There may be more than one right answer.

Dress code	Client Safety	Worker Safety	Infection prevention and control	Professional appearance	Client dignity and respect
1. Clean uniform					
2. Clothing and uniforms that fit well and are not revealing					
3. Clean, comfortable shoes					
4. Short hair or hair pulled back; clean hair; hair neatly secured off face and collar					
5. Light makeup; no scents					
6. No neck chains, bracelets, dangling earrings.					
7. No rings					
8. No slogans or offensive pictures on T-shirts					
9. Tattoos covered up					
10. Short, clean, unpolished, natural fingernails					

Learning Activities

- ☐ Read “Your Relationship with the Client” in Chapter 11 in the textbook, page 163.
- ☐ Read “The Benefits of a Client-Centred Helping Relationship” in the Learner Guide.
- ☐ Complete “A. Identification: Professional vs. Helping Relationships” in the Learner Guide.

 Articles

The Benefits of a Client-Centred Helping Relationship

A helping relationship should be based on a caring and sharing philosophy in which the client is the centre of everything that happens. In other words, we do not do things for a client; we do things with a client.

Independence Is the Focus

A client-centred approach always aims at maintaining a client’s independence no matter what care setting the client may be in. The caregiver must always ask herself in every situation “Is there some way that the client can be more involved in this activity?”

Characteristics of a Client-Centred Helping Relationship

- Focus on client needs
- Focus on client experiences
- Focus on client feelings, ideas, values, and input
- Client goal-oriented

Focusing on Client Needs

When you go to get Mrs. Gibbs ready for the day, she asks if you can help her make a phone call to her daughter to make sure she will be on time to take her to a dental appointment. You are focused on getting Mrs. Gibbs dressed and ready for the appointment. Nothing seems to be going right. Why? Well, very likely it is because you are focused on your need to complete morning care instead of Mrs. Gibbs’ needs for reassurance.

A helping relationship focuses on client needs first. After that, the completion of other tasks seems to flow more easily.

Experiences

A helping relationship creates meaningful shared experiences. One of the most looked-forward-to events for many clients is mealtime. If you simply set a meal down in front of your client and then spend the rest of the mealtime talking to other caregivers or tidying up, then the opportunity to make the meal a pleasant and shared experience is lost.

If you are working with a home-care client, finding ways to make your visit there a pleasant, shared event will bring warmth and contentment to an otherwise long and lonely day.

Even bath time or other personal grooming tasks are more productive and energetic if the care companion finds a way to involve the client in the process.

Focusing on Client Feelings

Imagine if your best friends knew you were frightened of flying but he bought you a ticket for a helicopter ride for your birthday. How would you feel? Now imagine that you know your client never likes to miss his game show at 10 a.m., but you scheduled his weekly bath for 10 a.m. How would he feel? A helping relationship centres on knowing a client and his feelings well and responding to those feelings in ways that are supportive and helpful.

Being Client Goal-Oriented

A helping relationship will have a specific direction in which it is heading. This direction is based on a client care plan. Ideally, the client has had input into this care plan and understands the goals and what it will take to meet those goals. The care companion should always assist the client in meeting the goals.

Characteristics of a "Helper" in a Helping Relationship

- Maintains confidentiality
- Shows respect
- Asks the client's opinion
- Never enters into a power struggle
- Listens to and understands what the client is trying to say
- Shows warmth and caring
- Understands cultural diversity
- Controls his or her own feelings
- Is flexible

Benefits to Clients from a Client-Centred Helping Relationship

When we involve clients as fully as possible in the day-to-day decisions and routines of life, the client will:

- Feel confident about the care he is receiving and his involvement in that care
- Experience the benefits of being heard and understood
- Remain in control of his life
- Know that his past history will be important to the care he receives now
- Participate in a variety of stimulating activities that integrate old skills and knowledge with new life experiences
- Feel recognized and valued as a person of worth

Exercises

A. Identification: Professional vs. Helping Relationships

Review Box 6-1 “Professional Helping Relationships Versus Friendships” in Chapter 6 in the textbook.

Beside each statement circle a P for statements that describe a professional relationship or an F for statements that describe friendships.

1. Mary works for home care and gives Mrs. Klause a weekly bath.	P	F
2. Kelly and Jill decided to keep in touch after they graduated from the CC course.	P	F
3. Joe dropped by his cousin’s place to help him finish building his garage.	P	F
4. Matilde charges $16.00 to wash and set Mrs. Bleur’s hair.	P	F
5. Sherry told Marcia she thinks Marcia is wasting her time watching soap operas. Marcia just laughed.	P	F
6. Jim and Ed have been friends for 20 years. Usually, they just spend time shooting pool or watching sports.	P	F
7. Renee was assigned to give care to Mrs. Lee today.	P	F
8. When Mrs. Van Horn apologized for being confused and causing extra work, Marvin told her not to worry about it; he wants her to be happy with her care.	P	F

Learning Activities

- ☐ Read “The Frail Elderly Experience” in the Learner Guide.
- ☐ Complete “A. Case Study: Mrs. Logan’s Response to Care” in the Learner Guide.

Articles

The Frail Elderly Experience

Len Fabiano, in his book Breaking Through: Working with the Frail Elderly, talks about four components that result in an individual's ability to adjust to care.

These four components are:

1. **The Individual**

   Who was this person during her earlier years? It is important to look at all aspects of the individual to try to fully understand her personality, belief systems, values, the role work played in her life, who her friends were, and the importance of family.

2. **Normal Aging Process**

   This includes the biological changes of aging such as a general slowing down, and some changes in sight, hearing, and perception. It also includes the individual's own attitude to growing older and how he sees himself and how he believes others see him. The person's ability to adapt to changes and envision the future is part of accepting the process of growing older.

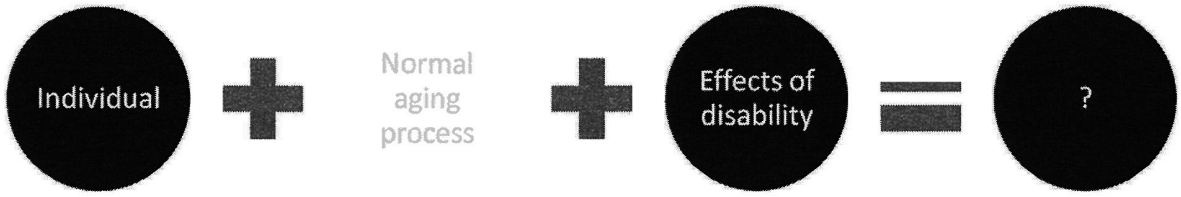
3. **Effects of Disability**

   A disability may be physical or mental and includes not only the diagnosis but also the individual's ability to cope with the diagnosis and the response to medical interventions. A change in body image plays a role here; for example, the person may have had a stroke and be paralyzed on one side, she may have arthritis and be unable to hold a spoon or weight-bear, and she may have lost bladder control and need to wear an adult incontinence product. Once again, she may ask herself, "What do other people think of me?" Fatigue and pain play a role in an individual's ability to adapt to the changes the disability has brought to her life.

4. **The Individual Response**

   The response is an unknown and is represented by a question mark.

   Placing these components into an equation helps to us look in a new way at the frail elderly and their responses to changes in life and the need for care.



The Three Common Responses to Adapting to Receiving Care

There are three common responses to adapting to receiving care: the adaptive response, the aggressive response, and the apathetic/withdrawn response. The CC must be prepared to deal with any of these responses.

The Adaptive Response

This individual has a personality and the inner resources that have allowed him to adjust to changes and losses in his life. Fabiano states, "This is the individual that strives to hold onto whatever quality of life remains, responding positively to the present circumstances."

This is the client who will welcome you into her home as a home-care worker or greet you cheerfully in the morning in a care facility. She will thank you for your work and try to follow her care plan. These clients are a pleasure to work with.

More challenging are the clients who have responded to the changes in their lives by adopting the aggressive response or the apathetic/withdrawn response.

The Aggressive Response

This individual has not accepted the changes in his physical abilities or the losses in his lifestyle and activities. It is as if the client is saying, "I have not changed, I am still the man I have always been and I will fight to prove to myself and others that I am still that man." As a result of this attitude, Mr. Fabiano tells us, that client "attempts to hold onto a lifestyle that no longer exists, or a way of controlling that lifestyle that is no longer available."

This client's tendency to fight all attempts to assist him makes it very challenging to form a helping relationship and provide the care that is required.

The Apathetic/Withdrawn Response

The best way to describe the clients who have adopted this response is that they appear to be thinking "There is nothing left in my world except time." These clients will be very compliant and allow family and care providers to tell them what to do and when to do it. They will not resist care, but they also do not participate in their own care. They may make statements like "Why do I have to wait so long to die?

Len Fabiano tells us that the aggressive response and the apathetic/withdrawn response "present a complex dilemma that requires us to closely examine the individual in order to gain understanding of the 'why' of each response and the 'how' to compensate for it." He suggests we use the five basic components of the client-centred model of care.

- **Consistency** - in approach and expectations
- **Continuity** - of past life patterns, likes and dislikes
- **Respect** - of personal values and beliefs
- **Involvement** - in decision-making
- **Support** - to decrease or eliminate those things that impede quality of life

Understanding who an individual is and attempting to understand the thoughts and feelings being experienced by this individual are the most important elements in assisting her to adjust to changes and challenges in her life.

The work content of this article has been adapted from Breaking Through: Working with the Frail Elderly by Len Fabiano and has been used with written permission of the author.

Exercises

A. Case Study: Mrs. Logan's Response to Care

Mrs. Logan was 68 years old and had been married for 40 years. She had no children, but after she was admitted to the care facility, her husband and sister visited often. She would visit with them briefly then ask them to leave. She refused to play bingo, participate in social activities, or play the piano although she had played the piano and organ in church for 30 years. She was aggressive to the staff when they tried to direct her into activities or give her personal care. She would not accept assistance with a bath and insisted on giving herself a "sponge bath."

The staff and Mr. Logan were very concerned. One day at care conference, the nurse asked Mrs. Logan's husband and sister if there was any information they could share that might be helpful in improving Mrs. Logan's quality of life. The sister stated, "Well, you might as well know that my sister does not believe in leisure. She only played the piano at home to practise for church services, she would volunteer at bingos for fundraisers, but she would never play for fun, and she does not believe in getting together with friends to complete projects like baking."

1. Given this information about Mrs. Logan, what do you believe is her adaptation style to care?

    a. An aggressive response
    b. An adaptive response
    c. An apathetic/withdrawn response

2. Based on the sister's information about Mrs. Logan, put a checkmark beside activities that Mrs. Logan may be interested in doing.

    _____ Handing out bingo cards and markers
    _____ Joining the baking club
    _____ Folding facecloths
    _____ Playing the piano for the Sunday service
    _____ Joining in a sing-song

Learning Activities

- ☐ Read "Diversity: Ethnicity and Culture" in Chapter 12 in the textbook, page 149.
- ☐ Read "The Effect of Culture" in Chapter 12 in the textbook, page 153.
- ☐ Read "Codes of Ethics" in Chapter 10 in the textbook, see attachment page 118
- ☐ Complete the review questions at the end of Chapter 10 in the textbook, see attachment page 121.
- ☐ Read "Your Self-Confidence Will Influence Your Success" in the Learner Guide.
- ☐ Read "The Many Layers of Self-Awareness" in the Learner Guide.

Articles

Your Self-Confidence Will Influence Your Success

Self-confidence is a belief or trust in your own abilities. As a student in this program, you will be taught many skills that are required by your employer for you to fulfill your job description. The goal of learning the theory of caregiving, watching demonstrations of skills, practising skills in the lab, and then having a chance to apply these skills in a practicum setting is to ensure that students build both confidence and competence.

- Self-confidence means that you:
- Maintain a positive attitude
- Value yourself
- Believe in your own ability to do well
- Compare yourself favourably with others
- Accept feedback as helpful and try to make improvements
- Ask for help when you need it

Sometimes it is difficult to work as one of a group of students and see that some of your classmates seem to be learning how to give client care more easily and quickly than you. It may be hard to feel confidence in yourself in all these new situations. Remember that your attitude toward yourself and your abilities will influence your success in your new career.

Techniques for Improving Self-Confidence

- **Use positive self-talk.** Practise saying to yourself short phrases that will remind you that you know how to do something well.
- **Recognize your strengths.** Make a list of all of the skills you do very well and all of the positive comments you have received from your instructor, supervisor, or clients.
- **Recognize your limits.** Sometimes a skill is learned in class and then not used again for many months. If you do not remember how to complete a skill correctly, do not try it. Instead, review your course materials and ask the regulated health-care professional to supervise you until you are confident that you can perform the skill correctly.
- **Speak up.** If you have had success when working with a particular client, speak up and tell others what you did and how the client responded.
- **Keep quiet.** If you are in a situation in which you do not have all of the facts, listen and learn. This shows respect for other people's knowledge.
- **Smile.** If you look worried and flustered, the client and team members will not see you as a confident and competent person.
- **Show an interest in other people.** Sometimes taking the focus off yourself and paying positive attention to others will help you to relax, which is an important trait of a self-confident person.

The Many Layers of Self-Awareness

Five Key Areas of Self-Awareness

Personality: It is important to understand your personality and how your personality fits with your choices in life. Personalities are consistent and rarely change except as the result of disease processes or traumatic injury. Therefore, it is important to match your personality to your work and activities. If you like working independently in quiet surroundings, you are probably more suited to working with individual home-care clients than in a busy continuing-care setting.

Values: What do you value most? Do you value having a routine and getting things done in a logical order? Do you value flexibility and "going with the flow?" Do you value being available for your children's activities whenever they need you? These are important questions to ask yourself as you enter into a career in health care. Many of the jobs are shift-work positions with an expectation that you will be available to work evenings, nights, and weekends. You must question which values may help or hinder your personal and work relationships and make decisions accordingly. Perhaps a part-time or casual position will fit your lifestyle best at this time.

Habits: Habits are behaviours we repeat automatically. Are you in the habit of arriving late all the time? Are you in the habit of using all of your sick time? Are you in the habit of being organized and preparing your clothing and lunch the night before? Examine your habits in these areas and others and decide if these habits will be a positive or negative influence on your new job.

Needs: Earlier in this module we examined Maslow's hierarchy of needs. Are safety and security your primary needs? If so, getting to work on time and doing the best job you can will be a priority for you. Are your needs based on socialization and maintaining friendships? There is nothing wrong with this unless it starts to become a barrier to your work attendance.

Emotions: Caregiving can be a difficult and emotionally challenging job. It can also be highly rewarding and gratifying. It is important to be emotionally self-aware. This means you understand your own feelings, what causes them, and how they impact your thoughts and actions. If you become emotionally upset every time your supervisor corrects your work or each time a team member or family member or client is rude to you, then you will be on an emotional roller-coaster all the time. Stop and ask yourself: "Why is this so upsetting to me? How can I learn to react differently?"

Improving Skills in Self-Awareness

You have good self-awareness if you:

- Are aware of your feelings and emotions, what causes them, and why
- Understand how your feelings affect your behaviour
- Learn from your experiences and mistakes

One of the most important skills in self-awareness is the ability to recognize which situations and people consistently make us happy and why they make us happy. In addition, we must examine which situations and people create stress in our lives and why. When we take an honest look at these two things, we are able to make life choices that suit our personalities. As a result, we experience higher job satisfaction and success.

Learning Activities

- ☐ Review the Glossary at the beginning of this module.
- ☐ Review "Key Terms" in chapters 1, 2, 4, 6, 10, and 12 in the textbook.
- ☐ Complete "A. Matching: Terms and Definitions" in the Learner Guide.
- ☐ Complete "B. Fill in the Blanks: Terminology" in the Learner Guide.
- ☐ Complete "C. True and False: Definitions" in the Learner Guide.

Exercises

A. Matching: Terms and Definitions

This exercise is based on the glossary found at the beginning of this module. Match the following terms:

1. _____	Alternative healing	a.	All members of the health-care team, including the client and the client's family.
2. _____	Blood kin	b.	The way an individual looks at the world based on past history, family traditions, education, culture, and religion.
3. _____	Continuity	c.	People you are related to by bloodlines.
4. _____	Frame of reference	d.	Dependent parents
5. _____	Gender	e.	The ability to positively recover from loss, change, and disease.
6. _____	Interdisciplinary team	f.	Non-traditional medical treatments such as acupuncture.
7. _____	Mental hardiness	g.	The regulated roles and responsibilities for each member of the health-care team.
8. _____	Personal history	h.	A predictable pattern of events.
9. _____	Resilient	i.	Male or female.
10. _____	Scope of practice	j.	The ability to cope with all of life's changes and challenges.

B. Fill in the Blanks: Terminology

Choose the word from the right-hand column in the table below that fits in the blank in the following definitions.

	Definition:
1. Concern for a client's dignity, preferences, privacy, and safety is called _____	Holism Confidentiality Scope of practice Caring Homecare Chronic condition Health promotion Dignity
2. Respecting and guarding a client's personal information is referred to as _____	
3._____ is the state of feeling worthy, valued, and respected.	
4. _____ refers to working within the legal limits of the job for regulated health-care providers.	
5. _____ provides support services to individuals where they live.	
6. A strategy for improving the health of a community is _____	
7. A _____ causes the loss of physical or mental function.	
8. Considering all aspects of a client's life when planning care is _____	

C. True and False: Definitions

Read each statement then circle T for true or F for false.

1. Competence refers to performing a job safely.	T	F
2. Empathy refers to sharing your feelings with the client.	T	F
3. Respect refers to judging another person.	T	F
4. Self-esteem refers to thinking well of yourself.	T	F
5. Conduct is your personal behaviour.	T	F
6. Justice means treating people unfairly.	T	F
7. Culture is the characteristics of a group of people.	T	F
8. Diversity refers to different individuals and cultures living separately from each other.	T	F
9. Stereotypes are based on facts, not assumptions.	T	F

Learning Activities

- ☐ Read “Applying the ‘ICARE’ Model to the Role of the Care Companion” in the Learner Guide.
- ☐ Complete “A. Matching: ICARE Model” in the Learner Guide.

 Articles

Applying the “ICARE” Model to the Role of the Care Companion

Compassionate caring - The number one responsibility of a care companion is to care for the clients you work with in a holistic way. This means that you see the client not as a series of tasks that must be performed but rather as a person who has needs in a variety of areas. These needs are physical, emotional, and spiritual. Compassionate caring means you strive to know the client as well as you possibly can and allow her to participate in her own care to whatever level she is able. Promoting participation and independence must always be a goal.

Compassionate caring involves respect for a client’s cultural, religious, and health beliefs, and honours the role family plays in this client’s life.

Accurate observations - How is this client adjusting to care? Is he adapting to the new lifestyle? Is he angry and aggressive? Or does he appear apathetic and withdrawn? Some clients fail to thrive when they have a series of losses to their health or living circumstances. A rapid deterioration in their physical and mental well-being may result. It is important for you to notice any changes to eating, sleeping, and socialization patterns. In addition, the client may resent family members when arrangements have been made for home care services or a move to a care facility.

Report and record - Always report your observations to your supervisor. She will help you plan how best to approach the client and her needs. The health-care team needs accurate and timely information regarding the client’s physical, emotional, or psychological changes. Care planning is done based on these changes.

Always follow the employer’s policies and procedures for reporting and recording (documentation).

Ensure client comfort and safety-As you review the information in this module, you will see that there is a number of ways in which you can ensure a client’s comfort and safety within your role as a CC.

One of the most important ways to ensure you client’s safety is always to work within your roles and responsibilities as a care companion. Never complete procedures for which you have not been trained

Care Companion Curriculum

Course 1 - Module 2:

Legislation

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 2: Legislation

Introduction

Both the federal government and the provincial government have created legislation to ensure that the rights and safety of health-care clients and healthcare workers are protected.

In this module, the legislated Acts that affect both the client and the health-care worker are discussed and related to the roles and responsibilities of the care companion. By learning about these Acts and applying them to your everyday work, you will ensure that you have done all you can to keep you and your clients safe.

The information found in this module is some of the most important that you will learn during your CC training. The philosophy of health care is that all health-care workers are responsible for completing their assignments in the safest, most competent way possible and are accountable for their actions. By studying and understanding the legislation that guides the care of residents in Canada, you will have a firm foundation on which to base your actions and the decisions that you make in providing care to the clients you serve.

It is your responsibility to be aware of and fully informed about legislation related to the work that you do. You should attend all the information sessions and in-services that your employer may offer when legislation is changed or updated.

Legislation protects both the client and you, the employee. A competent health-care worker is familiar with these pieces of legislation and refers to them regarding client and worker rights. It is very important that you seek clarification about how legislation is applied in your workplace and in the care of your clients. Often, workplace policies and procedures are developed in response to legislation. A number of health-care professionals on the health-care team can assist you with any questions concerning the interpretation and application of these laws.

General Learning Outcomes

1. Demonstrate knowledge of the legislation that governs health care and how that legislation relates directly to the Care Companion role and responsibilities.
2. Apply the “ICARE” model to legislation governing the province of Ontario.

Specific Learning Outcomes

1. Describe the purpose of the Canadian Charter of Rights and Freedoms (CCRF).
2. Explain how the Canadian Charter of Rights and Freedoms affects the CC’s role and responsibilities.

Glossary

Activities of Daily Living (AOL)	Daily tasks that the client would complete for himself if he were not prevented from doing so by a health condition.
Confidentiality	No private information about a client or the client's care is shared with people who do not have the right or need to know this information.
Direct supervision	A regulated health-care professional is present while an CC completes a task.
Hazard assessment	Working together with the employer to determine any unsafe working conditions.
Indirect supervision	A regulated health-care professional is confident that an CC can perform a task safely and is available if help is needed.
Private guardian	A friend, acquaintance, or family member who has been appointed by the court to make decisions on behalf of a client. These decisions do not include financial matters.
Public guardian	An employee of the government who has been assigned by the courts to make decisions on behalf of a client. These decisions do not include financial matters.
Restricted activities	Health-care procedures that have a degree of risk and may be assigned to CC's only after specific training, under the supervision of a regulated health-care professional, and with the permission of the client or the client's family.
Rights	Choices that individuals are entitled to make regarding religion, cultural practices, beliefs, and personal expression. These are examples of individual rights.

Section 1

SLO 2.1 Describe the purpose of the Health Professions Act, and the Government Organizations Act.

SLO 2.2 Explain how the Health Professions Act and the Government Organization Act affect the CC's role and responsibilities.

Learning Activities

- ☐ Read "Legislation Related to Regulated and Unregulated Health-Care Workers" in the Learner Guide.
- ☐ Read "Accepted Definitions for 'Activities of Daily Living' and 'Restricted Activities'" in the Learner Guide.
- ☐ Read "Assignment of Task Checklist" in the Learner Guide.
- ☐ Read "Accepting or Refusing an Assigned Task" in the Learner Guide.
- ☐ Read "Direct and Indirect Supervision" in the Learner Guide.
- ☐ Complete "Case Study 1: Supervision and Assignment of Task I" in the Learner Guide.
- ☐ Complete "Case Study 2: Supervision and Assignment of Task II" in the Learner Guide.

Articles

Legislation Related to Regulated and Unregulated Care Companions

The Health Professions Act of Ontario

The Health Professions Act of Ontario is the legislation that regulates health professionals in this province. The Act gives each group of health professionals the responsibility of setting their own standards and regulations to be self-governing.

Examples of regulated health-care professionals are:

- Registered nurses
- Registered psychiatric nurses
- Licensed practical nurses
- Registered dietitians
- Registered social workers
- Physical therapists
- Occupational therapists
- Recreation therapists

Care Companions are unregulated workers, **not covered by the Health Professions Act**, because the CC **always** works under the supervision of a supervisor. There will likely be a policy and procedure identifying the permitted assignment of such tasks to the CC by a regulated health-care professional such as a PSW, RN or RPN. Training for the restricted activity assigned to an CC can be provided either by an approved health care program or by an authorized health-care professional under the direction of the employing agency.

Activities of Daily Living (ADLs)

Activities of daily living are activities that individuals normally perform on their own to maintain their health and well-being.

This is certainly a broader range of activities than what we as care providers generally think of as activities of daily living. In fact, ADLs may be more than assisting a client with such activities as bathing, eating, grooming, or toileting.

Assignment of Task Checklist

When your supervisor assigns a task to you, it is important that you go through the following checklist. This will ensure that you are given tasks appropriate to your training and experience, and that you receive the appropriate supervision while performing the task.

- Is the task within the legal limits of the role of the CC?
- Is the task part of your responsibilities as listed in your job description?
- Do you have the proper training to perform the task competently? (Training can be part of your educational preparation or can be delivered by health professionals in the agency that employs you.)
- Do you have adequate experience to safely perform the task, given the client's condition and needs?
- Do you understand the purpose of the task?
- Can you perform the task safely under the current circumstances?
- Do you have the right equipment and supplies to safely complete the task, and do you know how to correctly use the equipment and supplies?
- Are you comfortable performing the task?
- Do you have concerns about performing the task?
- Did you review the task with your supervisor and the regulated health-care professional, and do you understand what the supervisor expects? Were you given clear instructions and directions by the supervisor or health-care professional assigning you the tasks?
- Do you know where and how to seek assistance in an urgent situation?

Role and Responsibility Alert! The amount of supervision that you require will depend on your experience, the complexity of the task, and the client's condition. The less experience you have performing a task, the more complex the task, and the more complex a client's condition, the more supervision you will need when performing the assigned task.

Accepting or Refusing an Assigned Task

You have one of two choices when your supervisor or health-care professional assigns a task to you. You can either accept it or refuse it. Ensure that you go through the "Assignment of Task Checklist" before you accept an assigned task.

Accepting an Assigned Task

Once you accept an assigned task, you are responsible for your actions and for completing the task according to your training and the agency policy and procedures. What you do or fail to do can harm your client. You are ultimately responsible for your actions, even if you meant no harm to the client, but caused harm because of neglect, failure to follow policy or instruction, failure to follow the care plan, or a lack of competency to perform the task.

- Make sure that you know how to perform the task competently and safely.
- Make sure that you know why you are performing the task.
- Ask for help if you are unsure or have questions or concerns about what you are required to do.
- Communicate what you did and your observations of the client during the task to your supervisor.

- Make sure that you document all the facts and client response to the activities as required.
- Notify your supervisor immediately if the client's condition has changed since the last time you performed the activity for that client.

Refusing an Assigned Task

You can refuse an assigned task. You must not refuse an assigned task simply because you do not want to do it. This behaviour could put the client's health and well-being at risk and could also cost you your job.

An CC may refuse a task under the following circumstances:

- The task is beyond the legal Iimits of the role of the CC.
- According to the agency policy, the CC is not permitted to do the task.
- The task is not in the CC's job description.
- The CC is not trained to perform the task.
- The CC does not have the experience to safely perform the task.
- The client's condition has changed.
- The supervisor's or health-care professional's directions and instructions are incomplete or unclear.
- The CC does not know how to use the supplies and equipment, or proper supplies and equipment are not available.
- The supervisor's or health-care professional's requests are illegal, unsafe, unethical or against agency policy.
- The task could harm the client.

Role and Responsibility Alert! If you have concerns and are hesitant to carry out an assignment or a request from your supervisor or regulated health-care professional, you must communicate your concerns to your supervisor. You cannot simply ignore the request.

If the task is within the legal limits of your role and in your job description, but you do not feel comfortable carrying out the task, your supervisor or regulated health-care professional can help you in any of the following ways:

- Answer your questions.
- Demonstrate the task and stay with you while you perform the task or until you feel comfortable
- and safe in carrying out the task under indirect supervision.
- Familiarize you with the supplies and equipment.
- Observe you performing the task and provide feedback.
- Set up further training.
- The client's needs are complex.
- The client's condition requires regular assessment and evaluation.
- The task is too complex.
- The CC has not been trained to do the task.
- The step-by-step task that the CC is trained to do requires modifications due to the client's condition or needs.
- The CC is performing the task on the specific client for the first time.

Articles

Care Companions and the Canadian Charter of Rights and Freedoms

The Charter is long and complicated, but it is of vital importance that you understand some parts of it when you are working as part of a health-care team. Some of the key rights and freedoms that pertain directly to your role as a care companion are discussed below.

Freedom of religion. As part of a care team, you must support the clients' freedom to practise their faith even if a faith expression is very different from your own. Most importantly, you must never try to "convert" a client to your own faith expression or religion. At times of illness and stress and during dying and after death, honouring the religious practices of individual clients and their families is very important.

Freedom of thought. Life would be easier if we all thought the same way, but it would also be much less interesting. Your client may belong to a different generation than you or have been raised with different religious, cultural, and social beliefs than yours. This does not mean that one of you is right and one of you is wrong. What it does mean is that you, as a trained health-care provider, must never argue with or criticize the client for the way he or she thinks. Set personal and professional boundaries and listen to the client in an open and non-judgmental way. Never try to debate who is right and who is wrong. Share your personal thoughts only in a general and non-threatening way.

Freedom of expression. This freedom can apply to many areas of the client's life, but one particularly important aspect for care companions is the freedom of sexual orientation. Not all of your clients or co workers will be heterosexual. This may be uncomfortable for you, but it is not the CC role to be judgmental. Each client is an individual no matter what the person's social, religious, or sexual orientation may be. As a trained health-care provider, you must first look at each individual as a unique and valuable person with strengths and weaknesses. Never judge a person on just one aspect of who the person is, and never try to change that aspect of the person.

It is easy to say we will honor each person's rights as they are guaranteed under the Charter; however, it is sometimes very challenging to do so. Stop, think, and consider before speaking or acting when you find yourself assigned to work with a client whose religious, social, or cultural background does not fit with your own. If you are really struggling with your client assignments, talk to your supervisor.

www.youtube.com The Charter of rights and freedoms for students 9:46

Respecting the Client's Right to Dignity p.136 Box 9-4
Respecting the Client's Rights to Privacy p.137 Box 9-5
Residents Bill of Rights p.135 Figures 9-1 (see attached)

Learning Activities

☐ Read "Applying the 'ICARE' Model to Legislation" in the Learner Guide.

Articles

Applying the "ICARE" Model to Legislation

One question you should ask yourself each time you learn new theory in this program is "How can I use this information to become a skilled CC?"

One of the ways is to take the information you have learned and apply it using the "ICARE" model.

C When you give compassionate care to a client, it is important to ensure that all of your actions will be helpful and not harmful. By knowing and following the legislation that guides the CC role and responsibilities, you can ensure that you honour your clients' individual rights and freedoms in a way that is personal and meaningful to them. You will encourage your clients to make decisions for themselves and remain as independent as possible.

A Accurate observations are vital. The Protection for Persons in Care Act requires vigilant observation and the Adult Guardianship and Trusteeship Act requires the members of the health-care team to recognize when an individual's cognitive ability is changing. The "working alone safely" guidelines of the Occupational Health and Safety Act make observation of unsafe or hazardous work conditions mandatory.

R Always report and record in a timely manner. Report and record any specific care needs of a client based on culture, religion, or social background. Report abuse according to the Protection for Persons in Care Act and employer policy and procedures. Remember the Health Information Act and Freedom of Information and Protection of Privacy Act when making verbal or written reports. Client confidentiality is vital.

E Ensure client comfort and safety. This is your first obligation at all times. Share information only with those people who are official guardians and the health-care team. Prevent and report any suspected or observed abuse immediately. Always ensure that the client is safe as a first step in the case of abuse. Understand what is in a client's personal directive, and plan care in a way that honours the client's wishes after the client is no longer able to help plan his or her own care.

Care Companion Curriculum

Course 1 - Module 3:

Functioning Effectively as a Team Member

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 3: Functioning Effectively as a Team Member

Introduction

A vital role of the CC is being a contributing member of the health-care team. The CC learns valuable information during client care and shares that information with other members of the health-care team, contributing to a safe plan of care for the client. Documenting and reporting to your supervisors and are all communication methods by which client information is shared. As a member of the health-care team, the CC must work closely with clients and families, be organized, and be able to make decisions and solve problems, keeping the client as the central focus of all care decisions.

General Learning Outcomes

1. Describe the importance of interdisciplinary teams within the health-care system.
2. Examine the assignment of tasks to the CC within the health-care team.
3. Examine the care-planning process in facilities and community-based settings.
4. Examine time management, decision making, and problem solving within the role of the CC.
5. Examine the CC role and responsibilities when applying the "ICARE" model within the team care planning process.

Glossary

Accountable	To be able to justify and take responsibility for something, someone, or actions.
Chronic condition	A health condition that requires ongoing health treatment over a long period of time.
Collaborate	To willingly work together.
Competent	Having knowledge and ability to perform a skill successfully.
Diversity	Difference; variety.
Intimidate	To create fear through the force of personality or authority.
Palliative care	Health care focusing on reducing symptoms of disease and promoting comfort and quality of life.
Pandemic	Spread throughout the world.
Personality conflict	A resistance between two or more people because of a difference in personalities.
Regulated health professional	A health professional who meets the education and training requirements of a regulatory body to obtain a licence to practise a certain profession.
Restricted activity	A care activity that can only be performed by a health professional who has received the training and demonstrated competence.
Team	A group of people working together towards a common purpose.

Section 1

Learning Activities

- ☐ Read the article “What Is a Team?” in the Learner Guide.
- ☐ Complete “True and False: Working in a Team” in the Learner Guide.

 Articles

What Is a Team?

A team is a group of people working together for a common purpose. A team may consist of members with similar skills, experience, and knowledge, but often includes members with different skills, knowledge, and varying levels of expertise. Team members often have skills that complement each other. This helps to contribute to the diversity and strength of the team.

A team may work together for a long period of time (Boards of Governors that plan the business of a company) or a short period of time (planning the Christmas party at work). It is common for a team to come together when the tasks to be completed or problems to be solved are complex.

The purpose of a team is to combine the knowledge, skill, and experience of team members to achieve a common goal. Each member of the team has a role to play in the achievement of the goal. If one person conducted all the tasks required to reach the same goal as the team, it is likely that the goal would not be reached or not be achieved to the same degree as if it were completed by a team.

Teamwork is based upon trust. Trust is developed when each member:

- Commits to the plan
- Is accountable for his or her actions
- Is responsive to the needs of the team

Exercises

A. True and False: Working in a Team

Read each statement and then circle T for true or F for false.

1. A team is a group of people who carry out tasks to achieve a common goal.	T	F
2. A team works together only for a short period of time.	T	F
3. The skills of team members do not usually complement each other.	T	F
4. Shorter life spans and longer hospital stays are growing trends in health care.	T	F
5. Health-care teams consist of members from a variety of health disciplines.	T	F

Learning Activities

- ☐ Read “Roles and Unique Contributions of Health-Care Team Members” in the Learner Guide.
- ☐ Read “The Importance of Client and Family as Part of the Health-Care Team” in the Learner Guide.
- ☐ Read “The Goal of Teams in Health Care” in the Learner Guide.
- ☐ Complete “A. Matching: Professional Roles” in the Learner Guide.
- ☐ Complete “B. Questions” in the Learner Guide.

Articles

Roles and Unique Contributions of Health-Care Team Members

Each member of the health-care team contributes by bringing unique knowledge, skill, and experience that contribute to achievement of client goals. Understanding the role of each member helps the CC to know how he or she best fits into the health-care team. The following health professions are all regulated (licensed) and have legally defined roles and scopes of practice:

Physician (Dr): A doctor who is qualified to practise medicine.

Advanced Nurse Practitioner (NP): Registered nurse with advanced education and clinical experience that integrate diagnosing, treating health problems, and prescribing medications into his or her nursing practice.

Registered Nurse (RN): A nurse who works to enhance the health of the client, whether the client is an individual, a family, a community, or a population. RNs focus on the whole client from biophysical, emotional, cultural, spiritual, psychological, and social points of view.

Registered Practical Nurse (RPN): A nurse with a scope of practice separate from the registered nurse. RPNs are frontline nurses with a focus on caring for individuals, families, and communities.

Registered Psychiatric Nurse (RPN): A regulated nurse who works primarily with clients who have a mental illness or psychiatric disorder.

Respiratory Therapist (RT): A therapist who provides care to clients to address respiratory issues.

Physiotherapist (PT): A health-care professional who works with clients to improve and maintain physical mobility and independence, manage pain, and improve overall fitness and health.

Occupational Therapist (OT): A health-care professional who is trained in physical and mental health to help clients to recover from illness or injury and return to regular living activities such as work, caring for oneself, or enjoying leisure activities.

Pharmacist: A health-care professional who focuses on medication therapy for clients. The expertise of pharmacists lies in their knowledge of medications, how they work, how they should be used, and how they will best benefit the client.

Dietician (RD): A regulated health professional with specialized education in food, diet, and nutrition. Recreation Therapist (RT): A health professional who works with clients with illnesses or disabilities to improve their health and quality of life through leisure and recreation.

Social Worker (SW): A human services professional who works with individuals, families, and groups to deal with issues in their lives related to relationships, illness, disability, poverty, unemployment, and substance abuse.

Speech-Language Pathologist (SLP): A professional who assists clients with speech and swallowing issues.

Figure 1. The health-care team

The Importance of Client and Family as Part of the Health-Care Team

Members of a health-care team work together to achieve the goals of the client. It is important to include the client when setting goals for his or her health. When clients participate in their own health care planning, they experience higher satisfaction and an improved quality of life.

The client may have views of health and values that are different from those of the health-care team. Health-care team members must put their own health beliefs and values aside and develop the plan of care with the client's values in mind. Including the client in health-care goals allows the client to bring his or her own knowledge, experience, and skill to the health situation.

In many cases, family members are active members of the health-care team. Family members are often involved in the care of the client during a period of illness. Families hold a unique perspective because they know the client as a whole person and not as a set of health issues. Including the family in the care planning for a client reassures the client that his or her best interests are important to the health-care team.

The Goal of Teams in Health Care

As the face of health care changes, teams are needed to plan and provide safe, specialized, and efficient care for the client. It is internationally recognized that a comprehensive assessment of a client is required as a necessary part of health-care provision.

Health-care clients require a team of health-care professionals to manage their health. For example, a patient with high blood pressure may need to consult with the following members of the health-care team:

- A physician for prescriptions to manage the client's blood pressure
- A pharmacist to discuss side effects from medications
- A nurse to monitor blood pressure
- A dietician to talk about nutritional requirements and weight management strategies

In order for the health-care team to be effective, each of the health professionals must work together and share his or her knowledge of the client's health situation, collaborate by solving problems and making decisions, and share responsibility for the plan of care for the client to achieve the common goal of the client's optimal level of health.

Exercises

A. Matching: Professional Roles

Match the health-care professional with the role each plays on the health-care team.

1. _____	Social worker	a.	Provides client care from biophysical, social, and cultural points of view
2. _____	Recreation therapist	b.	Assists clients with tools to live independently in their home
3. _____	Registered nurse	c.	Includes clients in group socialization activities
4. _____	Occupational Therapist	d.	Teaches clients about their medications
5. _____	Pharmacist	e.	Treats client health issues and prescribes medications
6. _____	Nurse practitioner	f.	Helps clients to apply for extra funding while they are out of work due to illness

B. Questions

Answer the following questions.

1. Why is it important to include the client as part of the health-care team?
2. What must the CC do when the client's values are different from the CC's own values?
3. What can the family contribute as part of the health-care team?

Learning Activities

- ☐ Read "Benefits and Challenges of Working on a Team" in the Learner Guide.
- ☐ Read "Health-Care Teams in Hospitals and Community Settings" in the Learner Guide.

Articles

Benefits and Challenges of Working on a Team

Working on a team is a skill that comes naturally to some people and must be learned by others. When working towards a common goal, it is important to understand how you can best meet the needs of the team and perform your role to the best of your abilities.

Benefits of Working on a Team

- Better decisions can be made when all members of the team share their knowledge, skills, and experience.
- Problem solving is more effective than if one person were to attempt to solve the problem on her own.
- When team members collaborate, or work together, a positive environment is created for both the team and the client. Your knowledge of how the client manages self-care is an important contribution to the overall health and quality of life of the client.
- Sharing information about the client with the team contributes to safer client care. For example, when you share information regarding a client who is having difficulties transferring from the bed to the wheelchair, the health-care team can support you and the client by enhancing his or her exercise routine during physiotherapy, and by adding a handrail to the bed to help the client during the transfer. Withholding this information and having the client continue to transfer with difficulty from the bed to the wheelchair continues a situation in which the client may be injured.
- Communication between team members is improved when team meetings are held, and unique knowledge of the client is shared. For example, if the family would like the client to eat one home-cooked meal each day, the team can decide how to accommodate this wish in a way that benefits the client and that works with the tasks of team members.
- Knowledge, experiences, and perspectives are shared with all members of the health-care team. When you, as an CC, share knowledge about the daily care of a client, other health professionals who have less contact with the client (such as a pharmacist or dietician) gain a broader understanding of the client.
- A trusting environment is created when team members share information and work together to solve problems that promote the quality of life for the client. Team members gain a sense of trust when all members take responsibility and complete their tasks while following the plan developed by the team.
- Team members support each other during difficult times. For example, if a client's health is deteriorating, team members are available to support not only the client and his or her family, but all team members involved in the care of the client.

As much as there are benefits to teamwork in health care, there can also be challenges. Understanding the challenges can help to prepare team members for possible conflict situations and ways to work through conflict to maintain a positive environment.

Challenges to Working on a Team

- Each team member has a unique role within the boundaries that are assigned to that role. Each institution has policies and procedures that outline the parameters each team member. Each regulatory body outlines a scope of practice within which team members must work. It is important that each member work within their professional boundaries and perform only those tasks that are permitted by their profession, employer job description, and facility policies.
- Team members need to be flexible to meet the overall needs of the team in meeting the client goals. If the client does not want to have a bath in the morning, then routines may have to be adjusted so that the client's health goals can still be met. This may require rescheduling of client care, recreation activities, or mealtimes.
- Disagreements between team members should be expected. Team members make decisions to support the goal, but sometimes errors in judgment happen. If you are having difficulties working with another team member, it is important to do the following:
    - □ Approach the team member with your concern in a constructive manner.
    - □ Take responsibility for your actions.
    - □ Listen to the perspectives of others.
    - □ Discuss issues as they arise.
    - □ Involve the team leader or supervisor when necessary, by discussing the issue and then help to come up with a solution.
- The role of the PSW on the health-care team is as important as the role of the physician, registered nurse, physiotherapist, and other regulated health professionals. At times, the PSW may feel intimidated by the authority and expertise held by other members of the health-care team. But information shared by the PSW with the team is critical in determining the care plan for each client. Since the PSW spends the most time with the client, it is important for the PSW to share client information with the team.

Health-Care Teams in Hospitals and Community Settings

Clients require a team of health-care professionals to manage their care. It requires coordination, collaboration, and communication among all members to ensure that the client receives the care required. Health-care teams are critical because one health-care professional cannot provide all the care needs of the patient. Different teams exist in the hospital and community settings, but each has a common goal-to provide the client with the best care.

Health-Care Teams in Hospitals

In hospitals, there are different types of teams depending upon the hospital, the type of unit, and the client. Each requires the coordination of health-care services from various health-care professionals to provide around-the-clock care.

- **Medical-surgical teams -** These teams consist of health professionals who prepare the client for surgical procedures, treat the client following surgery, and prepare the client to go home after surgery. The team consists of the surgeon, nursing staff, client and family, and various specialists as required during the client's hospital stay.

- **Rehabilitation teams -** Some clients require extended hospital stays for rehabilitation due to surgical procedures or to medical events such as a stroke or a heart attack. Rehabilitation teams consist of the physician, nursing staff, and rehabilitation staff such as physical, occupational, and recreation therapists, as well as speech-language pathologists. Often, if there is a longer hospital stay, social workers and dieticians become involved.

- **Long-term care (continuing care) teams** - Clients in a long-term care facility are often there for months or years under the care of a physician and nursing staff. Family conferences are held every few months after admission, and then at regular intervals throughout the year to ensure that the client's health and quality of life are being managed as the client and family wishes. These clients require a health-care team that touches every facet of their lives including financial assistance, pharmacy assistance, recreation and leisure, and nursing to provide assistance with everyday living. Rehabilitation therapists are often a part of the team to maintain or improve strength and mobility.

- **Palliative care teams -** These teams include specially trained health professionals who help to manage disease symptoms, prevent and relieve suffering, and improve the client's quality of life. The palliative care team consists of physicians, nurses, pharmacists, and spiritual advisors who specialize in promoting quality in the end stage of life. Key considerations are pain management and counselling to help the client and family deal with issues related to death. The palliative care team works with the existing health-care team, including the client and family.

Health-Care Teams in the Community

In a community setting, health-care providers collaborate to provide health services to the clients who require care in their homes, assisted living facility, or in an outpatient clinic. Since it is more common for clients to complete the recovery process in their own homes, the community health-care team has expanded to include team members similar to those in hospital settings. In the community, care is often provided from home-care staff or through a day support program.

- **Home-care (community-care) team -** The home-care team includes the same health-care professionals found in hospitals. A case manager, usually a registered nurse, coordinates the care required by physicians, nurses, pharmacists, rehabilitation staff, dieticians, social workers, and the client and family. With the exception of the team working in assisted living facilities and lodges, members of the home-care team do not meet as often as those in a hospital but do communicate through verbal and written reports as well. Documentation from each member of the home-care team is critical for the team to function well.

- **Day support program team -** Clients who require socialization or recreation activities benefit from the use of a day support program. The team often includes a recreation therapist who coordinates the client's activities with required programs such as physical therapy and occupational therapy. A day support team will also include nursing case management (when required), and support workers from nursing and other health disciplines.

Role and Responsibilities of the CC during Assignment of Care Activities

(Read "Role and Responsibility of the CC during Assignment of Care Activities" in the Learner Guide)

When taking on the assignment you are contributing to the efforts of the family or healthcare team. As Care Companion, you are responsible and accountable for the care you provide. Before performing any care activity or restricted activity, ensure that you consider each of the following statements:

- It is legal for me to perform the task.
- The task is in my job description.
- I have been trained to perform the task.
- I know why the task is to be completed.
- I have the experience to perform the task safely.
- The current conditions in the environment are safe for me to perform the task.
- I have the proper equipment and supplies and know how to use them.
- I am confident in performing the task.
- If I have concerns about performing the task, I will contact my supervisor.
- I understand the expectations of my supervisor in performing the task.
- I am receiving appropriate supervision for my experience with the task and the current situation.
- If I feel the situation is unsafe, or the client may be harmed, I can refuse an assigned task.
- If I do not feel competent to carry out the task, even if I have performed the task previously, I will contact my supervisor.

Learning Activities

- ☐ Read "The Care Planning Process in Facilities" in Chapter 14 in the textbook. Page 202
- ☐ Read "The Care Planning Process in Community Settings" in Chapter 14 in the textbook. Page 205
- ☐ Read "Your Role in the Care Planning Process" in Chapter 14 in the textbook. Page 206
- ☐ Read "Verbal Reporting" in Chapter 8 in the textbook. Page 209 D Read "Charts" in Chapter 8 in the textbook. Page 210
- ☐ Read "Time Management" in Chapter 9 in the textbook. Page 107 D Read page 107 Box 7-6 Tips to Save Time and Stay Organized
- ☐ Complete "A. True and False: Measuring Goals" in the Learner Guide.

Exercises

A. True and False: Measuring Goals

Read each statement and then circle T for true or F for false.

1. A goal does not have to be measurable.	T	F
2. Setting goals for more than ten tasks is appropriate.	T	F
3. Dividing a goal into smaller parts can make it more achievable.	T	F
4. A clear goal is one that is specific, gives direction, and is focused.	T	F
5. The statement "I need to do laundry" is a measurable goal.	T	F

Learning Activities

- ☐ Read "Decision Making" in Chapter 9 in the textbook. Page 109
- ☐ Complete "A. Definitions: Decision Making" in the Learner Guide.
- ☐ Complete "B. Matching: Decision Making" in the Learner Guide.

Exercises

A. Definitions: Decision Making

Define the following terms using the materials you read from the textbook:

1. Focus
2. Flexibility
3. Decisiveness

B. Matching: Decision Making

Match the following terms:

1.	_____ Focus	a.	"We decided on this plan, so let's try it first."
2.	_____ Flexibility	b.	"Mrs. Peters has to leave the unit at 9:00 a.m., so Mr. Saunders' bed will have to wait."
3.	_____ Decisiveness	c.	"I can clean the sink or dust the table. Where would you like me to start?"

Learning Activities

- ☐ Read “Positive Behaviours When Working with Colleagues” in the Learner Guide.
- ☐ Read “Positive Behaviours When Working with Clients and Families” in the Learner Guide.
- ☐ Complete “A. Questions: Positive Behaviours” in the Learner Guide.

🕮 Articles

Positive Behaviours When Working with Colleagues

When working with colleagues on a health-care team, each member brings his or her personality, skill, knowledge, and experience to meet a common goal. It is an expectation that all team members work collaboratively, even when there are differences of opinion or factors such as stress or personality conflicts come into play. Whatever the situation, there are certain behaviours and actions that help to promote a positive team experience:

- Listen to what team members are saying.
- If you are unsure of what team members are saying, ask questions to clarify the information.
- Do not interrupt team members.
- Share your knowledge of the client and the situation with other team members.
- Verify what other team members are saying.
- Include all team members in the decision-making process.
- Be flexible when making changes to the care-planning process.
- Stay focused on the overall team goals.

Positive Behaviours When Working with Clients and Families

Clients and families are an integral part of the care-planning process. Your care and communication with the client and family help to build trust and promote a partnership with the client, family, and the whole health-care team. When you are working with clients and families, the following behaviours and actions will help to promote the client and family as part of the health-care team:

- Listen to the client’s and family’s concerns.
- Clarify and verify the information given to you by the client and family members.
- Share the information with appropriate members of the health-care team.
- Be flexible when providing care.
- Be accountable to the client. Perform client care when you say you will. If you need to make changes to the original plan, explain the situation and discuss alternate plans with your client.

Exercises

A. Questions: Positive Behaviours

Read the following statements and determine whether they demonstrate positive behaviours. Circle Y (yes) if they are positive behaviours and N (no) if they are not positive behaviours.

1. The CC cleans the client's kitchen as the client describes how sad she is that her daughter is moving away.	Y	N
2. The CC states, "I don't want to hear about your schedule. There is nothing I can change to help you."	Y	N
3. The CC describes how the client fell to the supervisor and to the family.	Y	N
4. The CC asks, "Can you tell me again the plan for Mrs. Dempster's meals?"	Y	N

Learning Activities

☐ Read "Workplace Problems in Facility and Community Settings" in the Learner Guide.

Articles

Workplace Problems in Facility and Community Settings

There are a number of problems related to teamwork that could occur in the workplace, both in facility and community-based settings. The CC should be aware of potential conflict situations, anticipate client needs, and respond to all situations by listening and involving the client in solutions whenever possible, and reporting all outcomes to the supervisor.

Facility Settings

In a workplace where different staff members work in a busy environment with clients with chronic conditions and their families, all of whom who are experiencing stress, it is not surprising that workplace problems may arise numerous times during each shift. These problems can be related to the following:

- Facility issues (e.g., the building is unusually cold)
- Staff issues (e.g., two staff members called in sick and there are no replacements)
- Client and family issues (e.g., one family is upset over the care a client is receiving, and another client refuses to take her medications)

Regardless of the setting or the issue, the CC must be professional, address issues in a positive and effective manner, or refer the issue to the regulated health-care professional to be addressed. Promoting and participating in positive teamwork is everyone's responsibility.

Community Settings

The work setting in the community is unique, as the CC often works in a client's home without the assistance of other staff. The CC, the client, and family members can experience problems related to the client's health or have questions about the care that the client is receiving. Family members often become stressed from the responsibilities related to taking care of their family member. Just as in a facility, the CC must report problems encountered to the supervisor. Depending on the issue, it may only need to be documented in the client chart, or it may be something that requires contacting the supervisor by phone for immediate assistance.

Learning Activities

- ☐ Read the article "Applying the 'ICARE' Model to Functioning Effectively as a Team Member" in the Learner Guide.

🕮 Articles

Applying the "ICARE" Model to Functioning Effectively as a Team Member

So, now that you have new theory on functioning effectively as a team member, you can ask the question "How can I use this information to become a competent CC?"

One of the ways is to take the information you have learned and apply it using the "ICARE" model.

C - When working as a team member, providing compassionate care for a client means following the plan of care set out by the team in order to reach the health goals set for the client. Including the client's and family's preferences within the care-planning process respects the client's dignity and promotes independence. Compassionate care includes listening to, acknowledging, and valuing the input and uniqueness of all members of the team.

A - When providing care, information collected by performing accurate observations is important information to share with the health-care team. Sharing observations helps the team to make informed decisions about client care and contributes to client safety.

R - Reporting to the supervisor and team members about the care you provided, or information the client and family has shared, is a valuable contribution to the health-care team in providing safe client care. Accurate recording on the client chart provides critical information for other health-care team members about the client's health status at any given moment. Documenting in the client chart is a legal requirement and holds the CC accountable for the care provided.

E - Ensuring comfort, support, and safety means following the plan of care determined by the health care team. Ensure client safety by sharing your experience and client knowledge with the health-care team and by performing care activities and restricted activities competently when assigned. It is important to participate as part of the team following agency policies and procedures, to take initiative to get things done, and to contribute to the overall goal achievement of the team.

Care Companion Curriculum

Course 1 - Module 4:

Environmental Safety and WHIMIS

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 4: Environmental Safety

Introduction

The CC is responsible for identifying, managing, and preventing potential environmental hazards in facilities and community-based settings. The CC identifies the dangers that can cause risk for client harm, manages environmental hazards to minimize harm, and performs actions to prevent risk of harm. This module highlights how the CC can identify, manage, and prevent various environmental hazards. When the CC correctly identifies, manages, and prevents hazards, environmental safety is achieved for the client.

General Learning Outcomes

1. Examine principles of environmental safety in facilities and community-based settings.
2. Examine infection prevention and control principles.
3. Describe the role and responsibilities of the CC in preventing the spread of infection.
4. Examine the CC role and responsibilities when applying the "ICARE" model to environmental safety.
5. Demonstrate best practice principles for hand hygiene, applying personal protective equipment, and caring for supplies and equipment.

Learning Activities

- ☐ Read "Environmental Hazards and Hazard Assessment" in the Learner Guide.
- ☐ Read "Handling Hazardous Materials" (WHMIS) in Chapter 22 of the textbook. page 411
- ☐ Complete "True and False: WHMIS" in the Learner Guide.
- ☐ Read "Identifying the Dangers of Slips, Trips, and Falls in Facilities and Community-Based Settings" in the Learner Guide.
- ☐ Read "Risks Associated with Riser Recliners" in the Learner Guide.
- ☐ Complete "Case Study 1: Mrs. Abbott's House" in the Learner Guide.

Articles

Environmental Hazards and Hazard Assessment

Environmental hazards can be defined as anything in the environment that can cause risk of accident or injury. Hazards within the environment can include loud noise, bright or dim lighting, poor indoor air quality, poor water quality, and poor ergonomics.

Loud noises can cause future hearing problems and include repeated loud banging, loud music, and screaming. Environments that are too bright can cause headaches or visual problems, and dim lighting can cause trips and falls. Poor indoor air quality includes air that has an unusual smell, is cloudy, too cold, and/or too hot. Poor water quality includes water that has an unusual taste, is cloudy or discoloured, too cold and/or too hot. Poor ergonomics includes an absence of equipment or problems with equipment that cause harm. For example, the client has a bed that cannot be raised up and the CC has to bend over to help a client move in bed. Bending over may cause the CC to hurt his or her back.

A hazard assessment is a way of determining whether there are hazards in the environment that can harm anyone, including the client, an CC, family members, visitors, or anyone else who may come into the area. One method for the CC to perform a hazard check is by asking the following questions:

Is anyone being harmed due to noise, lighting, air quality, water quality, or ergonomics in my work environment?

Could anyone be harmed due to noise, lighting, air quality, water quality, or ergonomics in my work environment?

If the answer to either of these questions is yes, then the role and responsibility of the CC is to immediately inform the regulated health-care professional.

Exercises

A. True and False: WHMIS

Read each statement and then circle T for true or F for false.

1. Compressed gas may explode when dropped.	T	F
2. Poisonous material will improve illness.	T	F
3. Corrosive material can cause burns to skin.	T	F
4. Flammable material may catch fire if exposed to cold temperatures.	T	F

Articles

Identifying the Dangers of Slips, Trips, and Falls in Facilities and Community-Based Settings

A slip or a trip can lead to a fall. Anyone can fall, but the risk increases with age. Every year, one in three Canadian seniors falls at least once, and approximately 20% of these falls lead to death. Almost half of the falls among seniors happen at home. In facilities and community-based settings, the bathroom, stairs, living areas, and floors are particularly dangerous areas that can cause slips, trips, and falls.

Bathroom hazards include:

- Water combining with soap to make surfaces slippery
- Tubs without a secure bathmat
- Tubs without a handrail

Stair hazards include:

- Lack of handrails
- Poor lighting
- Items left on the stairs

Living area hazards include:

- General clutter
- Phone and electrical cords
- Scatter mats
- Freshly waxed floors
- Spills on the floor

Hazards outside the facility include:

- Lawn hoses lying on the ground
- Items left by postal and delivery employees
- Walkways filled with leaves or ice

Risks Associated with Riser Recliners

A **riser recliner** is a mechanical recliner chair. Also known as a lift chair, the riser recliner has a mechanical handset that lifts the chair up and down. When the chair is lifted, the person sitting in the chair can get out of the chair with less strength than would be needed to push himself out of a regular armchair. The riser recliner is becoming more popular with senior citizens because it increases their independence in getting in and out of a chair.

Unfortunately, there have been serious incidents and risks associated with riser recliners. A senior in 2008 lost his balance when his chair was lifted to an upright position. When he lost his balance, he fell and hit his head, later dying in hospital. An eight-year-old boy in 2000 became trapped in the riser recliner's electrically operated lifting and reclining mechanism after crawling underneath. He activated the seat's motor, and a metal bar crushed his throat.

Riser recliners may become unbalanced, causing the user to trip and fall. Therefore, recliner risers should be checked regularly to identify signs of instability. Riser recliners need to be an appropriate distance from the wall so the recliner may fully recline.

Individuals with balance difficulties are required to have another person as a standby to ensure that the user does not lose balance when the chair is lifted to an upright position, or the user is standing away from the chair.

Children should be supervised around the riser recliner chair **at all times** to ensure that they do not get injured.

Exercises

B. Case Study 1: Mrs. Abbott's House

The CC makes a home visit to Mrs. Abbott, a 92-year-old female who lives on her own. As the CC walks up the steps of Mrs. Abbott's home, she notices ice patches on the steps, but she holds onto the rail to walk up the steps. Once inside, the CC notices Mrs. Abbott's cane by the front door and sees the non-skid tip. While showing the CC around her home, Mrs. Abbott wears non-skid shoes and her reading glasses. The main floor is completely covered in hardwood flooring with throw rugs in the hallway, living room, and kitchen. When the CC enters the bathroom, she notices a grab bar in the bathtub, but no bathmat. While walking to the kitchen, she steps over a phone cord. In the kitchen, the CC notices a wet spill on the floor.

Answer the following questions regarding the case study:

1. What safety measures did the CC notice on her visit to Mrs. Abbott?
2. What were the safety issues that the CC noticed on her visit to Mrs. Abbott that could cause a fall or other harm?

Learning Activities

- ☐ Read "Think About Safety: Measures to Prevent Equipment Accidents" in Chapter 22 of the textbook. page 403
- ☐ Read "Preventing Fires" in Chapter 22 of the textbook. Page 403
- ☐ Read "Evacuating" in Chapter 22 of the textbook. Page 406
- ☐ Read Box 19-2 "Important Points About Evacuating in the Event of a Fire" in Chapter 22 of the textbook. Box 22.2 Page 407
- ☐ Read "REACT" in the Learner Guide.
- ☐ Complete "Putting Tasks in Order: Reacting to a Fire Emergency" in the Learner Guide.
- ☐ Read "Community Emergencies" in the Learner Guide.
- ☐ Complete "True and False: Reacting to Community Emergencies" in the Learner Guide.

Articles

REACT

REACT is an acronym commonly used in facilities to help staff members to remember what to do when a fire is discovered.

R = **R**emove those in immediate danger.

E = **E**nsure that doors and windows are closed. A= Activate the alarm.

A = **A**ctivate the alarm.

C = **C**all the fire department (911).

T = **T**ry to extinguish the fire if safe to do so.

By using the REACT acronym, the CC is reacting to a fire emergency,

Exercises

B. Putting Tasks in Order: Reacting to a Fire Emergency

Number the following actions from 1 to 5 to show the order of steps an CC should take if he or she discovers a fire.

_____ Try to extinguish the fire if it is safe to do so.

_____ Ensure that the doors and windows are closed.

_____ Call the fire department (911).

_____ Remove those in immediate danger.

_____ Activate the alarm.

Articles

Community Emergencies

Community emergencies can include fires, floods, and gas leaks, contamination of food and/or water supplies, and outbreaks of disease.

The role of the CC is to attempt to ensure the client's safety by following employer policy and procedures and community disaster plans. Once the client is safe, the CC must always notify the supervisor of the situation so that further instructions can be received.

How does the CC keep the client safe during a fire?

- Remove those in immediate danger.
- Ensure that the doors and windows are closed.
- Call the fire department {911).
- If possible, try to extinguish the fire.
- Basically, following the REACT principles, but without activating the alarm because most community settings do not have an alarm to activate.
- As you are taking the client out of the building, knock on the neighbours' doors, yelling "FIRE!"
- If the client lives in a house, notify the client's neighbour that there is a fire.
- Do not re-enter the building once you are out.

How does the CC keep the client safe during a flood?

- Remove the client from the flooded area.
- If it is safe to do so, ensure that the power and natural gas in the area are shut off.
- Avoid any downed power lines and avoid standing in water, which may contain glass and metal fragments.
- Return to the home only when told to do so. Upon returning into the home, do so in daylight so that no lights need to be turned on.

How does the CC keep the client safe during a gas leak?

- Remove the client from the home if you smell gas or a "funny odour."
- Notify the gas company or the fire department.

How does the CC keep the client safe during a tornado?

- Take the client into the basement as that is the safest place.
- If there is no basement or the client cannot get into the basement, take the client into a room that has no windows, such as a bathroom or a closet.
- Once safely in the room that has no windows, cover yourself and the client with a blanket, sleeping bag or mattress to protect the client's and your face and head.

How does the CC keep the client from a contaminated food or water supply?

- Throw away any item of food that is suspected of being contaminated.
- Check expiry dates on dairy, meat, and poultry products.
- When cooking with meat, poultry or fish, cook until the product has no pink flesh showing.
- Clean the knives, counters, and cutting boards with hot water and soap immediately after use.
- While preparing a meal, do not use the same cutting board to prepare raw meat, poultry, or fish and vegetable products.
- Cover, date, and refrigerate leftovers.
- If the water is contaminated or suspected of being contaminated, use bottled water for drinking, cooking, cleaning, and mouth care.

How does the CC keep the client safe during disease outbreaks?

- If a pandemic disease outbreak occurs, keep the client confined to his or her home as much as possible because this will reduce the likelihood that the client will become infected with the disease.
- Wash your hands and the client's hands frequently and thoroughly.
- Be vigilant about cleaning frequently touched items in the client's home.
- Do not go to the client's home if you are ill.
- Visitors to the home may enter the home only if they are not sick; encourage them to wash their hands.

Exercises

C. True and False: Reacting to Community Emergencies

Read each statement and then circle T for true or F for false.

1. To keep clients safe during a tornado, move them to a room with windows.	T	F
2. If water is suspected of being contaminated, the tap water will be safe to use.	T	F
3. If a gas leak is suspected, remove the client from the home.	T	F

Learning Activities

- ☐ Read "Box 23-3: Factors That Increase the Risk of Infection" in Chapter 23 of the textbook. page 427
- ☐ Read the article "Infection Prevention and Control" in the Learner Guide.
- ☐ Read "Vaccinations" in Chapter 20 of the textbook.
- ☐ Read "Factors That Increase the Risk of Infection for Health-Care Workers" in the Learner Guide.
- ☐ Read "Box 23-4: Twelve Ways the Support Worker can Break the Chain of Infection" in Chapter 23 of the textbook. page 427
- ☐ Complete "Identification: Risk of Infection" in the Learner Guide.

Articles

Infection Prevention and Control

Infection prevention and control is the term used for any measure used to prevent and control the spread of harmful microorganisms. The following measures prevent infection and control the spread of harmful microorganisms:

- Immunizations/vaccinations - protect clients, staff, and family from viruses that cause influenza and hepatitis. Clients wishing to garden require tetanus shots to protect them from microorganisms found in the soil.
- Clean technique - ensures that the staff member does not introduce microorganisms while performing client care.
- Hand hygiene - employees' and visitors' hands are the number one source of microorganisms. Hand hygiene refers to the use of hand sanitizers as well as hand washing.
- Standard and transmission-based precautions - these are routine practices that each health-care worker should automatically use to prevent the spread of microorganisms. They include hand washing, cleaning and sanitizing equipment, and handling linen and garbage according to the Infection and Prevention Control guidelines outlined by your employer.

Factors That Increase the Risk of Infection for Health-Care Workers

Health-care workers are at a high risk for getting infections because they are in constant contact with sources from which a person can become infected. Sources of infection can be found in vomit (emesis), feces (stool), blood, and other body fluids.

Factors that increase the health-care worker's risk of infection include the following:

- The health-care worker already has an illness.
- The health-care worker has cuts or openings on his/her skin.
- The health-care worker works with dirty equipment.
- The health-care worker is under uncontrolled stress or extreme fatigue.
- The health-care worker works in close contact with an infected individual.
- The health-care worker does not wash his or her hands.
- The health-care worker does not follow standard or transmission-based precautions.

Precautions for Health-Care Workers

Health-care workers can take a number of precautions to minimize the risk of infections.

1. Always consider the following as potential sources of contamination and infection:
   - Blood and all body fluids, secretions, and excretions
   - Non-intact skin and mucous membranes
   - Hands, as they carry microorganisms
   - Surfaces that are exposed to a lot of touching and use such as door handles, taps, treatment areas, countertops, and equipment
2. Eat well, get proper rest, and exercise.
3. If you have an open area such as a cut on your body, cover the cut with a bandage and wear disposable gloves.
4. Keep your immunizations up to date including the yearly flu shot, hepatitis B series, tetanus, and rubella.
5. If you have an infection that could spread to clients, you should not work until the infection is gone. If you feel unwell and are experiencing a fever, a new cough, or a cough that does not go away, vomiting, diarrhea, or a new rash, you must stay at home until you are well.
6. Always wash your hands before and after performing tasks to prevent the spread of microorganisms.

Exercises

A. Identification: Risk of Infection

Read each statement and then circle D for a situation that could decrease the risk of infection and I for a situation that could increase the risk of infection.

1. The CC did not get enough sleep prior to the start of her shift.	D	I
2. The CC has a cut on her finger.	D	I
3. The CC washes his hands frequently throughout his shift.	D	I
4. The CC has a cough and does not feel well at the beginning of the shift.	D	I
5. The CC regularly eats foods that have lots of vitamins and minerals.	D	I

Role and Responsibility of Care Companion

All health-care providers have the responsibility to protect themselves and others in the environment from blood-borne pathogens. By using routine practices while giving care to clients, the health-care worker will avoid contact with harmful viruses. All care for all clients must follow the routine practices which include:

- Frequent hand washing including washing hands before and after using disposable gloves
- Wearing disposable gloves if there is a risk of coming into contact with blood or other body fluids
- Wearing other personal protective equipment such as gowns and eye shields if there is a risk of splashing your face or clothing with blood or other body fluids
- Following the employer's policies and procedures for cleaning reusable medical equipment.

Learning Activities

- ☐ Read "Modes of Transmission of Microorganisms. Page 430
- ☐ Read "Hand Hygiene," "Box 20-5: When to Practise Hand Hygiene," "Handwashing," "Using Waterless Alcohol-Based Hand Rubs," and "Focus on Home Care: Hand Hygiene" in Chapter 20 of the textbook. Pages 436-439-435-441
- ☐ Read "Best Practice for Hand Hygiene" in the Learner Guide.
- ☐ Read "Wearing Gloves" in the textbook. Page 439
- ☐ Read "Protective Measures" including "Wearing Masks in the textbook. Page 448
- ☐ Read "Management of Waste Products in Facilities and Community-Based Settings" in the Learner Guide.
- ☐ Read "Care of Supplies and Equipment" including "Cleaning," "Disinfection," and "Sterilization" in the textbook. Focus on homecare. Page 441-442
- ☐ Review the glossary at the beginning of this module in the Learner Guide.
- ☐ Read the article "Applying the 'ICARE' Model to Environmental Safety" in the Learner Guide.
- ☐ Participate in the Lab Skills Procedures for hand hygiene.

🕮 Articles

Best Practice for Hand Hygiene

Research has found that using alcohol-based hand rubs is more effective than hand washing for getting rid of harmful microorganisms. In the same study, hand washing was found to be more effective than alcohol-based hand rubs when getting rid of visible dirt or body fluids. So, the recommendation is to use alcohol-based hand rubs at all times, except when hands are visibly soiled. When hands are visibly soiled, hand washing is suggested.

Management of Waste Products in Facilities and Community Based Settings

Health-care facilities generate a large amount of waste. These wastes can be divided into three categories: general wastes, biohazardous wastes, and hazardous wastes. In order to dispose of wastes correctly, the CC needs to be able to distinguish between different types of waste.

General wastes are regular wastes such as food, paper, and items that are not saturated with blood or body fluids.

Biohazardous wastes are blood and human wastes and items that are saturated with blood and body fluids. For example, a paper towel that has been used to wipe up a blood spill, but is not saturated with blood, would be disposed of in the regular waste container. If the paper towel is saturated or soaked with blood, this would be considered a biohazard waste and would need to be disposed of in a biomedical container (yellow garbage bag).

Hazardous wastes are wastes such as batteries, broken glass, and some radioactive materials. The agency policy will give you directions on how and where to store such items for disposal. WHMIS {Workplace Hazardous Material Information System) products also fall into this category.

Types of Wastes	Examples	Disposal Methods
General wastes	• Food • Paper Towels	• General container • Regular black or green garbage bag • Goes to regular landfill
Biohazardous wastes	• Blood • Used needles • Scalpels • Suture needles • Body tissue • Lab cultures • Items saturated with blood and body fluids	• Colour-coded (yellow or red) government-approved puncture-resistant sharps container • Colour-coded yellow garbage bags • Each employer will have policy and procedures of who collect sharps containers, where all biohazard waste is stored, and who will pick it up for disposal. • All biohazard wastes will be collected and incinerated.
Hazardous wastes	• Broken glass • Batteries • Radioactive material • Products covered under WHIMIS	• Agency containers for hazardous waste • Taken to special landfill

Articles

Applying the "ICARE" Model to Environmental Safety

Remember the "ICARE" theory.

C = **C**ompassionate Caring

A = **A**ccurate Observation

R = **R**eport and Record

E = **E**nsure Client Comfort, Support, and Safety

By applying the "ICARE" model to environmental safety, the CC carries out the essential roles and responsibilities of the care companion.

Compassionate Caring. Through compassionate caring, the CC attempts to ensure that the client is safe in his or her environment. The CC does this by doing the following:

- Identifying environment hazards in facilities and community-based settings
- Identifying the dangers of slips, trips, and falls in facilities and community-based settings
- Identifying strategies to prevent slips, trips, and falls in facilities and community-based settings
- Applying safety guidelines when using electrical equipment
- Applying safety guidelines when managing household responsibilities in community-based settings
- Responding effectively in emergency situations
- Following infection prevention and control guidelines

Accurate Observations. The CC makes accurate observations to determine whether clients are safe in their environment. The CC does this by doing the following:

- Performing a hazard assessment of the client care environment
- Using the care plan to identify environmental safety hazards that the health-care team needs to be aware of
- Ensuring that the care plan reflects appropriate disposal of wastes

Report and Record. The CC reports and records in a timely and accurate way to ensure that clients are safe in their environment. The CC does this by doing the following:

- Following employer policies and procedures and community disaster plans
- Notifying the regulated health-care professional in charge of all emergency situations or transmission-based outbreaks so that further instructions can be received
- Notifying the regulated health-care professional in charge of potential or real environmental hazards observed in facilities and community-based settings
- Documenting environmental safety concerns accurately to communicate to other health-care staff

Ensure Client Comfort, Support, and Safety. The CC ensures the client's comfort and support and protects the client from environmental hazards by taking the following actions:

- Following standard and transmission-based precautions
- Wearing appropriate personal protective equipment
- Encouraging all visitors to wear appropriate personal protective equipment
- Following agency policy on cleaning, disinfecting, and sterilizing equipment
- Removing clients from potential hazards or emergency situations

Lab Skills Procedures

Lab Procedure: Hand Washing

Action	Reason
1. Assemble equipment: • Soap • Paper towels • Garbage receptacle	• Safe, efficient completion of the task
2. Remove your watch and rings, and push your sleeves up.	• Protects clothing and jewellery and allows proper cleaning of all surfaces of the hand, including the wrist
3. Run lukewarm water.	• Hot water dries out the hands and is not needed to achieve cleanliness.
4. Wet your hands and apply soap from a dispenser.	• Bar soap harbours bacteria, as it remains wet after use.
5. Rub the surfaces of your hands together for at least 15 seconds. a. Rub the palms together. b. Interlace your fingers and rub the spaces in between the fingers. c. Rub the fingertips of each hand against the palm of the other hand. d. Rub the backs of hands, thumbs, and wrists.	• The friction of rubbing the surfaces of the hands together loosens dirt and organisms that may be present.
6. Rinse all surfaces of the hand under running water with the fingertips pointing down.	• Washes soil off of the hands and into the sink
7. Pat your hands dry with a paper towel.	• Prevents chaffing of the hands caused by a rough towel rubbing on the skin
8. Dispose of wet towels in the garbage by dropping them in without touching the receptacle.	• Avoids recontamination of the hands
9. Use a dry paper towel to shut off the water.	• Avoids recontamination of the hands
10. Apply hand lotion as needed.	• Prevents skin breakdown

Lab Procedure: Hand Hygiene Using Waterless Hand Sanitizer

Action	Reason
1. Pour 3 to 5 ml, or an amount the size of a quarter, of waterless hand sanitizer into the palm of your hand.	• This method of hand hygiene is fast and easy, especially between glove changes and when there is no visible soiling.
2. Rub your hands together ensuring that all surfaces are covered with the hand gel. a. Rub your palms together. b. Interlace your fingers and rub the spaces in between the fingers. c. Rub the fingertips of each hand against the palm of the other hand. d. Rub the backs of hands and wrists.	• Ensures that all areas of the hands are cleansed
3. Rub your hands until they are dry- about 30 to 60 seconds.	• Allows time for the sanitizer to work
CAUTION: Alcohol-based waterless hand sanitizers are flammable when wet.	

Lab Procedure: Putting on a Disposable Mask

Action	Reason
1. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer.	• Infection prevention and control
2. Avoiding touching the part of the mask that will touch your face, pick the mask up by the ties.	• Keeps the breathing surface clean
3. Grasping the edges of the mask, place it over your nose and mouth.	
4. Fasten the upper ties over the ears and tie them behind your head.	
5. Tie the lower strings behind your neck ensuring that the bottom of the mask is securely under your chin.	• Ensures a tight fit
6. Mold the metal band across your nose to create a tight fit.	• Ensures a proper fit
7. Perform hand hygiene.	

Lab Procedure: Removing a Disposable Mask

Action	Reason
1. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer. Put on clean gloves if needed.	• Infection prevention and control, and worker safety
2. Remove the mask in this order: a. Untie the lower strings. b. Untie the top strings. c. Hold the top strings and pull the mask away from the face. d. Bring the strings together folding the moist inner surface of the mask to the inside.	• Avoids exposure to the contaminated inner surface of the mask
3. Hold the mask by the strings and discard it into the garbage receptacle avoiding touching the receptacle.	• Avoids contamination of the health worker and environment
4. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer after disposing of the mask.	• Infection prevention and control, and worker safety

Lab Procedure: Putting On Non-Sterile Disposable Gloves

Action	Reason
1. Perform hand hygiene by washing your hands with soap and water or using hand sanitizer prior to putting on the gloves.	• In case the glove tears, your hands are clean if they come into contact with the client or the client's belongings.
2. Check the gloves for rips and tears before putting them on.	• Protection of health-care worker
3. Grasp the glove by the cuff and place it on one hand and follow this procedure for the second hand.	• Gloves are clean but not sterile, so they may be touched by your clean hands as you put them on.

Lab Procedure: Removing Gloves

View the Illustrations in Figure 20-8 in Chapter 20 of the textbook.

Action	Reason
1. Ensure that your soiled gloves touch only each other and never touch your skin.	• Worker safety; infection prevention and control
2. Grasp the glove just below the cuff with the gloved fingers of your opposite hand.	• Prevents spread of infection and contamination of clean skin
3. Pull the glove down over your hand, allowing it to turn inside out as you do this.	• Keeps the contamination inside the glove
4. Hold the glove you have removed in your still- gloved hand.	
5. Insert the fingers of your ungloved hand under the cuff of the remaining glove.	• Avoids touching the contaminated surface of the glove
6. Pull the glove down over your hand and the removed glove, allowing the glove to turn inside out as you do so.	• Contains contaminated surfaces inside the glove
7. Drop both gloves into the garbage, ensuring that you do not come into contact with the receptacle.	• Ensures proper disposal of soiled protective equipment
8. Perform hand hygiene.	• Removes any contamination of hands as the result of the procedure

Lab Procedure: Gowning

Action	Reason
1. Perform hand hygiene.	• Prevents the spread of microorganisms
2. Put on the gown: a. Open the gown without shaking it or touching it to your uniform. b. Put on the gown. Ensure that it covers your clothing completely from front and back. Ensure that you do not contaminate the outside of the gown. c. Fasten the neckties and overlap the gown at the back to fasten the waist ties.	• Prevents the transfer of microorganisms between your uniform and the gown • Provides a protective cover for your uniform

Lab Procedure: Removing a Gown

Action	Reason
1. Untie the neck and waist ties.	• Prevents the spread of microorganisms
2. Remove the gown by grasping it at the neck or shoulders and pulling the gown forward.	• Prevents the spread and transfer of microorganisms from the gown to your hands or uniform
3. Slide the gown off your shoulders using a shrugging motion.	• This is done without touching the outside of the gown, preventing contamination of hands.
4. Turn the gown inside out.	• To contain the contaminated surface and prevent contact with soiled area of gown
5. Roll up the gown and discard it in the appropriate container.	• Ensures that if the gown is saturated with blood or body fluids, it is disposed of in a biohazard waste container. If it is not saturated with body fluids, it is disposed of in a garbage pail

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Hand Washing

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Assemble equipment: • Soap • Paper towels • Garbage receptacle							
2. Remove your watch and rings, and push your sleeves up.							
3. Run lukewarm water.							
4. Wet hands and apply soap from a dispenser.							

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
5. Rub the surfaces of your hands a. Rub the palms together. b. Interlace your fingers and rub the spaces in between the fingers. c. Rub the fingertips of each hand against the palm of the other hand. d. Rub the backs of hands, thumbs, and wrists.							
6. Rinse all surfaces of the hand under running water with the fingertips pointing down.							
7. Pat your hands dry with a paper towel.							
8. Dispose of wet towels in the garbage by dropping them in without touching the receptacle							
9. Use a dry paper towel to shut off the water							
10. Apply hand lotion as needed							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Hand Hygiene Using Waterless Hand Sanitizer

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Pour 3 to 5 ml, or an amount the size of a quarter, of waterless hand sanitizer into the palm of your hand.							
2. Rub your hands together ensuring that all surfaces are covered with the hand gel. a. Rub your palms together. b. Interlace your fingers and rub the spaces in between the fingers. c. Rub the fingertips of each hand against the palm of the other hand. d. Rub the backs of hands and wrists.							
3. Rub your hands until they are dry-about 30 to 60 seconds							
CAUTION: Alcohol-based waterless hand sanitizers are flammable when wet.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Putting on a Disposable Mask

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer.							
2. Avoiding touching the part of the mask that will touch your face, pick the mask up by the ties.							
3. Grasping the edges of the mask, place it over your nose and mouth.							
4. Fasten the upper ties over the ears and tie them behind your head.							
5. Tie the lower strings behind your neck ensuring that the bottom of the mask is securely under your chin.							
6. Mold the metal band across your nose to create a tight fit.							
4. Perform hand hygiene.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Removing a Disposable Mask

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer. Put on clean gloves if needed.							
2. Remove the mask in this order: a. Untie the lower strings. b. Untie the top strings. c. Hold the top strings and pull the mask away from the face. d. Bring the strings together folding the moist inner surface of the mask to the inside.							
3. Hold the mask by the strings and discard it into the garbage receptacle avoiding touching the receptacle.							
4. Perform hand hygiene by washing your hands with soap and water or by using hand sanitizer after disposing of the mask.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Putting On Non-Sterile Disposable Gloves

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Perform hand hygiene by washing your hands with soap and water or using hand sanitizer prior to putting on the gloves.							
2. Check gloves for rips and tears before putting them on.							
3. Grasp the glove by the cuff and place it on one hand and follow this procedure for the second hand.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Removing Gloves

View the Illustrations in Figure 20-8 in Chapter 20 of the textbook.

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Ensure that your soiled gloves touch only each other and never touch your skin.							
2. Grasp the glove just below the cuff with the gloved fingers of your opposite hand.							
3. Pull the glove down over your hand, allowing it to turn inside out as you do this.							
4. Hold the glove you have removed in your still-gloved hand.							
5. Insert the fingers of your ungloved hand under the cuff of the remaining glove.							
6. Pull the glove down over your hand and the removed glove, allowing the glove to turn inside out as you do so.							
7. Drop both gloves into the garbage, ensuring you do not come into contact with the receptacle.							
8. Perform hand hygiene.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist- Gowning

View the Illustrations in Figure 20-13 in Chapter 20 of the textbook.

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Perform hand hygiene.							
2. Put on the gown: a. Open the gown without shaking it or touching it to your uniform. b. Put on the gown. Ensure that it covers your clothing completely from front and back. Ensure that you do not contaminate the outside of the gown. c. Fasten the neckties and overlap the gown at the back to fasten the waist ties.							

Lab Skills Checklist: Environmental Safety

Student name _____ ID number _____

Lab Procedure Checklist - Removing a Gown

Action	Lab Date	S	U	Practicum Date	S	U	Instructor's Comments
1. Untie the neck and waist ties.							
2. Remove the gown by grasping it at the neck or shoulders and pulling the gown forward.							
3. Slide the gown off your shoulders using a shrugging motion.							
4. Turn the gown inside out.							
5. Roll up the gown and discard it in the appropriate container.							

Care Companion Curriculum

Course 1 - Module 5:
Client Safety

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 5: Client Safety

Introduction

The CC is responsible for a client's overall safety. This module addresses how the CC can minimize risks and harm from accidents and injuries when caring for the client. It also focuses on the role of the CC following accidents and injuries.

General Learning Outcomes

1. Examine the principles of client safety.
2. Examine the CC role and responsibilities when applying the "ICARE" model to client safety.
3. Demonstrate best practice principles when applying restraints.

Specific Learning Outcomes

5.19 Describe common equipment accidents, including those involving electrical cords and oxygen tanks.

5.20 Describe safety measures to prevent equipment accidents.

5.21 Describe causes of fires in facility and community-based settings.

5.22 Describe safety measures to prevent fires.

5.23 Describe actions to take during a fire and evacuation, including the use of "**REACT.**"

5.24 Describe the personal right to risk.

5.25 Describe the importance of managed risk agreements within the care plan.

5.26 Use terminology related to client safety.

5.27 Describe the concept of compassionate caring within client safety.

5.28 Describe client observations related to client safety.

5.29 Describe the importance of recording and reporting client changes related to client safety.

5.30 Describe methods to support client safety and comfort.

Glossary

Geriatric/Geri chair	A specially designed chair that allows for proper positioning of the client who does not fit well or is not safe in a wheelchair; sometimes used as an intervention for client safety. When the geri-chair tray is attached, the client is prevented from getting up on his or her own.
Personal right to risk	A written agreement between a client and the health-care team to give the client the right to participate in a behaviour that may place the client at risk. For example, eating sweets instead of the prescribed diabetic diet.
Padded side rails	Padded side rails are long, padded boards that are put inside against the side rails, closest to the client.
Policy of least restraint	A policy that states that restraints should be used only when all non-restraint interventions have been unsuccessful. When restraints are used, the least restrictive restraint is to be used and then used only to keep the client safe from harm.
Protection for Persons in Care Act	The Act is designed to stop or prevent abuse of people who live in or receive services from hospitals and community care, or who live in continuing care, lodges, group homes, mental health facilities, and other such facilities.
REACT	An acronym used to help a health-care worker remember what to do if a fire occurs: **R =** Remove those in immediate danger. **E =** Ensure that the doors and windows are closed. **A =** Activate the fire alarm. **C =** Call the fire department (911). **T =** Try to extinguish the fire when safe to do so.

Learning Activities

- ☐ Read the Introduction at the beginning of Chapter 22 of the textbook. page 383 (Safety)
- ☐ Read “Accident Risk Factors” in Chapter 22 of the textbook. page 383
- ☐ Read “Using the Call Bell” in Chapter 22 of the textbook. page 407
- ☐ Read “Think About Safety: Risk Factors for Accidents and Falls in Older Adults” in Chapter 22 of the textbook. page 385
- ☐ Read “Preventing Falls and Injuries” in Chapter 22 of the textbook. page 386
- ☐ Read “What to Do When a Client Falls” in the Learner Guide.
- ☐ Complete “Case Study: Mr. Smith Falls” in the Learner Guide.

Articles

What to Do When a Client Falls

Falls happen and it is the responsibility of the CC to know what to do when a client falls in a facility or community-based setting. During your orientation to a facility or community-based setting, read the policy and procedure manual which outlines what you should do if a client falls. When a client falls and you cannot remember the policy and procedure, the guidelines listed here will help you address the client needs.

Falls in a Facility

- Always stay with the client. The client will be frightened and will need somebody there to keep her calm and to prevent further harm.
- Ask the client whether she is hurt, and if so, where the pain is.
- Press the emergency call bell in the room; if there is no emergency call bell, yell for help.
- While waiting for another person to respond, cover the client with a blanket and reassure her that help will arrive soon.
- Whoever responds to the emergency call bell or yells for help is to contact the regulated health-care professional in charge.
- The regulated health-care professional in charge will assess the client for any injuries and determine whether it is safe to move the client. If it is determined to be safe, only then can the client be moved.
- Once it is safe to get the client up, do so by moving the client off the floor using a mechanical lift.
- When getting the client up, ensure that the client goes right into bed or to a chair.
- Once the client is safely in bed or in a chair, ensure that the call bell is within the client's reach.
- Document the fall in the client's chart; include a description of what happened, using accurate details. Include the time and the action performed by the CC.
- Complete an Incident/Accident/Occurrence form (this form can be called an incident form, safety occurrence form or an accident form). This is a form filled out by the first person who finds the fallen client. The form is used to ensure that all the correct people are notified of the fall and to determine further measures that can be taken to prevent the fall from happening again. **The incident/accident form does not blame or put blame on the CC or other health-care workers for the client's fall.**

Falls in a Community-Based Setting

- Always stay with the client. The client will be frightened and will need somebody there to keep him calm and to prevent further harm.
- Ask the client whether he is hurt, and if so, where the pain is.
- Call 911 or the emergency number to have an ambulance come to the community-based setting.
- While waiting for the ambulance, cover the client with a blanket and reassure him that help will arrive soon.
- Contact the regulated health-care professional in charge for further directions following the employer's policy and procedure.
- Document the fall in the client's chart. Write a description of what happened, using accurate details. Include the time and the actions performed by the CC as per the employer's policy and procedure.
- Complete an Incident/Accident/Safety Occurrence form as per the employer policy and procedure.
- See next page: There are 14 dangerous things in this picture from the Public Health Agency.

Exercises

A. Case Study: Mr. Smith Falls

You are an CC walking down the hallway in a lodge (a community-based setting) when you hear moans for help coming from Mr. Smith's room. You find 88-year-old Mr. Smith on the floor beside his bed. He is wearing pyjamas and has socks on his feet. From the doorway, you can see Mr. Smith's cane on the bathroom floor.

1. As the CC, who first finds Mr. Smith on the floor, what do you do?
2. What are two potential reasons that Mr. Smith fell?

Learning Activities

- ☐ Read "Least Restraints" in the Learner Guide.
- ☐ Read "Box 22-1 Alternatives to Restraints" in Chapter 22 of the textbook. Page 392
- ☐ Read "Types of Restraints" in Chapter 22 of the textbook.
- ☐ Complete "Matching: Match the Restraint" in the Learner Guide.
- ☐ Read "Restraints and How to Avoid Them" in Chapter 22 of the textbook. Page 388
- ☐ Read "Guidelines Regarding the Use of Restraints" in Chapter 22 of the textbook. Page 388

Articles

Least Restraints

The “least restraint” policy is a policy that a facility follows that states that all preventive methods must be tried with a client before the decision is made to use restraints. An assessment and analysis of the client’s behaviour are carried out by the regulated health-care professional in order to determine what methods can be tried with the client. If it is determined that a restraint is needed, then following the “least restraint” policy, the least restrictive restraint is used.

Restraints are used only for the client’s safety and not for the convenience of the staff. There are specific guidelines that set out how often a client is to be monitored and checked when a restraint is used. Consent is required before a restraint can be used, and a restraint may be used only if ordered by a physician and outlined in the care plan. Inappropriate use or application of a restraint or use of one when the client has not been properly assessed or a restraint is not indicated can be considered as abuse.

Exercises

A. Matching: Match the Restraint

Identify whether the following items are physical, environmental, or chemical restraints. (The different types of restraints may be used as answers more than once.)

1. _____ Mitt restraint
2. _____ Sleeping pill
3. _____ Bedrail
4. _____ Belt restraint
5. _____ Locked room
6. _____ Geriatric chair

a. Physical restraint
b. Environmental restraint
c. Chemical restraint

Articles

Common Themes That Increase the Incidence of Abuse

Investigators have identified these common themes that seem to increase the incidence of abuse:

- Lack of co-operative teamwork resulting in the client being caught in the middle
- Concerns about family dynamics causing problems for residents and staff
- Failure to report abuse by management
- Residents feeling threatened that they will be punished if they report abuse

Protection for the Person Reporting Abuse

The Act protects from punishment those persons reporting abuse. No employer can in any way punish a person or service provider who makes a report of abuse. The employer can be fined for punishing a person who makes a report of abuse. Any person who discontinues or threatens to withdraw care of the client because abuse has been reported can be fined.

For further details regarding Protection for Persons in Care Act (PPICA), go to the Legislation module in the Course One.

Learning Activities

- ☐ Read “Preventing Poisoning” and “What to Do If You Suspect Poisoning” in Chapter 22 of the textbook. Page 399
- ☐ Read “Preventing Burns,” “Care of the Client with Burns,” and “Think About Safety: Measures to Prevent Burns” in Chapter 22 of the textbook. Page 399
- ☐ Read “Preventing Suffocation,” “Carbon Monoxide Poisoning,” and “Think About Safety: Measures to Prevent Suffocation in Adults” in Chapter 22 of the textbook. Page 402
- ☐ Complete “True and False: Preventing Poisoning and Burns” in the Learner Guide.

Exercises

A. True and False: Preventing Poisoning and Burns

Read each statement and then circle T for true or F for false.

1. The CC should give the client sips of cold milk if poisoning is suspected.	T	F
2. Oven cleaner can cause chemical burns.	T	F
3. Water temperature in a tub should be checked prior to assisting the client with a bath.	T	F
4. Carbon monoxide is blue in colour when it is in the air.	T	F

Learning Activities

- ☐ Read “Think About Safety: Using Oxygen Equipment Properly” in Chapter 22 of the textbook.
- ☐ Read “Fires and the Use of Oxygen” in Chapter 22 of the textbook. p.405
- ☐ Read “Focus on Home Care: Fire Safety” in Chapter 22 of the textbook. p.404
- ☐ Read “Focus on Home Care: Being Prepared for a Fire” in Chapter 19 of the textbook.
- ☐ Read “Think About Safety: Fire Prevention Measures” in Chapter 22 in the textbook. p.406
- ☐ Read “Using a Fire Extinguisher” in Chapter 19 of the textbook. page 405
- ☐ Read “Types of Extinguishers” in Chapter 22 of the textbook. p.406
- ☐ Read “REACT” in the Learner Guide.
- ☐ Read “Fire Evacuation in a Community-Based Setting” in the Learner Guide. D Read “Managed Risk Agreements” in the Learner Guide.
- ☐ Read “The Importance of the Managed Risk Agreements Within the Care Plan” in the Learner Guide.
- ☐ Review the Glossary at the beginning of this module.
- ☐ Read “Applying the ‘ICARE’ Model to Client Safety” in the Learner Guide.
- ☐ Complete the multiple-choice questions in the Module Review.

Articles

REACT

REACT is a commonly used acronym in facilities to help staff members remember what to do when a fire is discovered.

R = Remove those in immediate danger.
E = Ensure that the doors and windows are closed.
A = Activate the fire alarm.
C = Call 911 or the fire department.
T = Try to extinguish the fire if safe to do so.

The REACT acronym helps CCs to respond to a fire emergency in a manner that fulfills their role of promoting client safety. The REACT steps do not have to be followed in the order shown here. The CC may provide safety by ensuring that doors and windows are closed, and evacuating clients from immediate danger. The fire may happen so quickly that the CC may pick up the fire extinguisher and put a small fire out before activating the fire alarm.

If a fire occurs in a hospital or nursing home, clients are not evacuated unless absolutely necessary. Instead, the "defend in place" philosophy is followed. "Defend in place" is a philosophy of not evacuating clients unless absolutely necessary. Instead, fire zones in a building are used; clients are placed behind fire doors, in hallways, or in their rooms. The sprinkler systems are relied on to assist in extinguishing the fire. Keeping clients safe behind doors reduces the risk of smoke inhalation.

If an evacuation is necessary, the preferred method is to move clients from one area of the building to another area in the building-usually on the same floor. Moving clients to the other side of the building is often the quickest way to remove many clients from the danger of smoke and fire.

Fire Evacuation in a Community-Based Setting

The role of the CC is to attempt to ensure the client's safety by following employer policy and procedures, and community disaster plans. Once the client is safe, the CC must always notify the supervisor of the situation so that further instructions can be received.

How does the CC keep the client safe during a fire?

- The CC is to remove those in immediate danger.
- Ensure that the doors and windows are closed.
- Call the fire department (911).
- If possible, try to extinguish the fire.
- Basically, folly the "REACT" principles, activating the alarm if one is present.
- As you are taking the client out of the building, knock on the neighbours' doors, yelling "FIRE!"
- If the client lives in a house, notify the client's neighbours that there is a fire.
- Do not re-enter the building once you are out.

•

Managed Risk Agreements

Managed risk agreements are created to minimize a behaviour that places a client at risk, manage the high-risk behaviour and prevent it from harming the client and others in the same environment.

Managed risk agreements are put in place to allow for personal right to risk. If a client chooses to participate in behaviours that are not helpful to their health or out of line with facility or agency policy, a managed risk agreement can be used to manage the risk.

Client high-risk behaviours can include the following:

- Smoking
- Drinking alcohol
- Not taking prescribed medication
- Not following prescribed diet plan

Although a client may engage in some independent behaviours that could put his health and safety at risk, a negotiated balance between such behaviours and their possible effects on other individuals in the facility needs to be found. A managed risk agreement acts as a negotiation between the client, or client's guardian, and the facility. The behaviour that places a client at risk and the consequences of that behaviour are discussed. An agreement or formal plan is written up by the regulated health-care professional in charge. The managed risk agreement identifies the high-risk behaviour and the agreements made surrounding it. Once created, the managed risk agreement is signed by the client, or the client's guardian, and the regulated health-care professional in charge and is put into the client's care plan.

The Importance of the Managed Risk Agreements Within the Care Plan

Managed risk agreements are kept in the client's care plan in order to communicate the agreement to all individuals providing care to the client. A copy of the agreement is given to the client, client's guardian, or both.

If a client does not follow the managed risk agreement, the CC is to immediately notify the regulated health-care professional in charge for further directions. Always check employer policy and procedures regarding managed risk agreements.

Applying the "ICARE" Model to Client Safety

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 environmental safety, the CC carries out his/her roles and responsibilities.

Compassionate caring related to client safety is a role that the CC performs. Compassionate caring means that the CC strives to ensure the client's safety by preventing harm or injury. The CC does this by doing the following:

- Describing client factors that increase the risk of accidental injury in facilities and community-based settings
- Identifying the factors in facilities and community-based settings that increase risk for falls for elderly clients
- Identifying and implementing strategies to prevent falls and accidents.
- Ensuring that the call bell is within the client's reach
- Applying safety guidelines when using electrical equipment
- Following the "least restraint" policy
- Using safety measures when applying restraints
- Responding competently to emergency situations

Accurate observations enable the CC to determine whether the client is safe from accidents or risk of harm. The CC makes accurate observations by following these guidelines:

• Performing frequent checks on clients who are restrained

• Observing for factors in facilities and community-based settings that increase the risk for falls for elderly clients

Report and record is the responsibility of the CC to ensure that the client is safe. The CC does this by taking these steps:

- Following employer policy and procedure and community fire protocols
- Activating emergency services (calling 911) appropriately for emergencies
- Following the care plan to check for a managed risk agreement
- Notifying the regulated health-care professional in charge of all emergency situations or any broken Managed Risk Agreements

- Notifying the regulated health-care professional in charge of potential or real environmental hazards observed in facilities and community-based settings
- Accurately documenting safety concerns to communicate to other health-care staff
- Reporting and recording actions taken to monitor a client in a restraint and any issues related to the use of the restraint

Ensuring client comfort, support, and safety helps to protect the client from environmental hazards. The following measures are taken by the CC:

- Following the Protection for Persons in Care Act
- Attempting all alternatives to applying restraints
- Using the least restrictive restraint
- Performing skin care regularly for clients who have restraints on
- Performing safety measures to prevent burns and suffocation
- Following agency policy on caring for equipment
- Removing clients from potential hazards or emergency situations
- Following agency policy and procedures related to restraints, water temperature checks, chemical storage, care and use of equipment, and management and prevention of client falls
- Removing items that may be hazardous to client safety

Module Review

1. Which of the following factors would increase the risk of accidental injury?
    a. The client wears eyeglasses.
    b. The client does not smoke in bed.
    c. The client refuses to wear eyeglasses.
    d. The client uses a cane when walking in the hallway.

2. Identify the strategy that an CC could use to prevent a client from falling.
    a. Encourage the client to get long shoelaces.
    b. Place the call bell out of the client's reach.
    c. Keep the bed in the highest position.
    d. Turn on night lights in hallways.

3. Which of the following actions supports the "least restraint" philosophy?
    a. Interrupt the client's sleep every hour.
    b. Provide a calm and quiet environment for the client.
    c. Put a mitt restraint on only one of the client's hands.
    d. Apply a belt restraint when the client is in the wheelchair.

4. Which of the following restraints is an example of an environmental restraint?
    a. Bed rails
    b. Alarmed door
    c. Mitt restraints
    d. Waist restraints

5. Which of the following actions is a safety measure required when a client has a restraint applied?
    a. Apply restraints when the client is on the toilet.
    b. Use bed sheets to tie the client to the wheelchair.
    c. Remove the restraint from the client every four hours.
    d. Check the restraint and the client every 15 minutes.

6. Which of the following measures is a strategy to prevent burns?
    a. Allow the client to smoke in bed.
    b. Test the temperature of the bathwater before putting the client into the water.
    c. Avoid applying sunscreen creams to the client's skin.
    d. Encourage the client to wear loose-fitting clothing when he cooks.

7. What is the first thing the CC should do when a client in a community setting has a serious burn?
    a. Call 911.
    b. Call the client's doctor.
    c. Apply oil to the burn.
    d. Apply hot compresses.

8. Which of the following measures is a strategy to prevent electrical equipment accidents?
    a. Keep electrical equipment close to water.
    b. Follow employer policies and procedures.
    c. Hold the cord when removing it from an outlet.
    d. Keep electrical equipment on when not using it.

9. The "R" in "REACT" stands for which of the following?
    a. Remember to call 911.
    b Remove those in danger.
    c. Remove the fire extinguisher.
    d. Remember to gather valuables.

10. A Managed Risk Agreement is an agreement between which people?
    a. The client and her health-care team
    b. The client and her daughter
    c. The client and her spouse
    d. The client and her s

Care Companion Curriculum

Course 1 - Module 6:
Self-Care and Safety

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 6: Self-Care and Safety

Introduction

The CC is responsible for his or her own health and safety in order to provide and maintain safe care for clients. The health and safety of the CC directly influences client care because you must care for yourself first before you can care for others. This module covers topics on how the CC can stay healthy and safe.

General Learning Outcomes

1. Examine the principles of body mechanics.
2. Examine personal safety and the impact of personal safety on the C in the workplace.
3. Examine the effects of fatigue on shift workers.
4. Examine stress, burnout, and stress management and the impact of each on the CC in the workplace.
5. Examine aggression, bullying, and harassment and the impact of each on the CC in the workplace.

Glossary

Aggressive behaviour	The action of an individual or group of individuals towards an employee or group of employees that is intended to intimidate, offend, or humiliate.
Bullying	Repeated aggressive behaviour.
Fatigue	The inability or unwillingness to continue effective performance of a mental or physical task due to a feeling of weariness, tiredness, or lack of energy.
Personal hygiene	The cleanliness level of your body; the cleaner your body, the higher the level of cleanliness.
WSIB claim	The application form a worker fills out in order to get funding under the WSIB
Workplace harassment	An illegal behaviour that includes any unwelcome verbal, written, or physical behaviour that slanders or shows hatred towards a person on the basis of race, sex, colour, culture, religion, sexual orientation, age, or disability.

Learning Activities

- ☐ Read “Body Mechanics” in Chapter 25 of the textbook page 493-494.
- ☐ Read “Think About Safety: Guidelines for Good Body Mechanics” in Chapter 25 of the textbook page 494
- ☐ Read “Role and Function of the Workers’ Compensation Board” in the Learner Guide and page 144
- ☐ Read “Occupational Health and Safety Legislation” in Chapter 9 of the textbook. Page 143
- ☐ Read “CC Role and Responsibilities in Following the Principles of Body Mechanics” in the Learner Guide.
- ☐ Complete “A. True and False: Posture” in the Learner Guide.
- ☐ Read “Body Mechanics When Lifting an Item” in the Learner Guide.
- ☐ Perform Lab Skills Procedure “Body Mechanics When Lifting an Item” in the Learner Guide.

📖 Articles

Role and Function of the Workers’ Compensation Board

The Workers’ Safety Insurance Board (WSIB) is not a government department; instead, it is an organization funded by employers and companies. The organization was formed to provide cost-effective disability and liability insurance to employees so that injured workers could be compensated for lost income, costs for health care, and other costs incurred due to a work-related injury.

The WSIB is a no-fault insurance system in which injured workers are able to receive benefits for work related injuries no matter whose fault it is. However, not all injured workers are covered under the WSIB.

The goal of the WSIB is to help injured workers return to their jobs. The WSIB accomplishes its goal by offering rehabilitation to the injured worker and by offering modified work programs. A modified work program looks at the injured worker and determines how much he or she can realistically work and tells the employer how much time the injured worker can work. For example, a modified work program for an injured worker might include working only two days a week instead of five.

When a worker gets injured, he or she fills out a claim/application form that the employer provides. The benefits that the injured worker gets are determined on whether the claim is accepted or rejected.

CC Role and Responsibilities in Following the Principles of Body Mechanics

The CC Role and Responsibilities

As a care companion, your role is to:

Use proper body mechanics to ensure that you do not injure yourself while moving objects or assisting a client with care activities

- Assess the work environment for hazards prior to the move and ensure that the environment is safe and clear of obstacles
- Assess yourself and the object to be moved prior to the move, and obtain assistance to help move objects that you have assessed as being too heavy to lift or move alone
- Work smart and efficiently by using proper body mechanics in all situations
- Observe your work environment for situations that prevent you from using proper body mechanics and report these situations to your supervisor
- Maintain your safety and the safety of staff assisting you and the client, by consistently using proper body mechanics when providing client care.

If injured on the job, it is the responsibility of the CC to notify the supervisor immediately in order to have the claim filled out.

Exercises

A. True and False: Posture

Read each statement and then circle T for true or F for false.

1. Bend at your knees and hips and squat when lifting or putting objects down.	T	F
2. When a person is standing with good posture, the shoulders are forward.	T	F
3. The WSIB is a government department.	T	F
4. Lying down and sitting also require good body alignment.	T	F

Lab Skills Procedures

Lab Skills Procedure: Body Mechanics When Lifting an Item

Action	Reason
1. Determine whether assistance is needed prior to lifting an item.	• Half of all back pain is associated with lifting too much weight.
2. Place both feet flat on the floor, with one foot slightly in front of the other.	• This position keeps the body balanced.
3. Slightly bend both knees and, if the item is on the floor, squat down.	• Allows the muscles in the legs to do the lifting
4. Squeeze your stomach muscles and tuck your buttocks so that the spine is in alignment.	• This position protects the back.
5. Hold your head so that your eyes are looking straight ahead.	• Prevents neck sprain
6. Maintain the weight to be lifted as close to your body as possible.	• Reduces lower back sprain
7. Avoid twisting when lifting.	• Prevents injury to back

Learning Activities

- ☐ Read “Promoting Your Personal Safety” and “Think About Safety: Personal Safety Measures” in Chapter 22 of the textbook. pages 410-411 and pages 414-416
- ☐ Read “Appropriate Clothing and Accessories to Maintain Personal Safety in the Workplace” in the Learner Guide.
- ☐ Read “Appropriate Personal Hygiene for the Workplace” in the Learner Guide.

Articles

Appropriate Clothing and Accessories to Maintain Personal Safety in the Workplace

To maintain personal safety in the workplace, wear only appropriate clothing and accessories. By wearing appropriate clothing and accessories, you minimize the risk of self-injury or potential for harm. In addition to the information provided, also refer to agency policy for further details because uniforms or casual clothing may be required to be worn in the work setting.

Appropriate clothing worn in facilities or in community-based settings:

- To prevent clothes from getting caught in equipment or pulled by clients, wear clothes that are not be oversized or loose. For example, do not wear big or baggy pants or t-shirts.
- To prevent clients from getting sexually aroused, wear clothes that are not tight and do not reveal a lot of skin. For example, women should not wear halter tops or low-cut tank tops, nor above-the knee shorts or mini-skirts.
- To prevent the spread of viruses and bacteria, keep your work clothing and shoes clean. Wash your work clothes after each wear.
- A way to prevent the spread of viruses and bacteria to your loved ones is to change out of work clothing and shoes as soon as possible after you have finished your shift. Work clothes should never be worn to run errands before or after work, such as to the grocery store.
- Another way to prevent the spread of viruses and bacteria is to avoid wearing shirts with long sleeves. If it is cold, sweaters are acceptable but must be able to be removed prior to giving client care.
- Shoes must be clean and intact. The heels must be flat or a medium walking height with a non-skid bottom. All work shoes must have closed toes and heels.

Appropriate accessories to maintain personal safety in facilities or community-based settings:

- Only a plain, flat wedding band may be worn. No other rings are permitted because they could easily scratch a client. Another reason is that dirt and germs can build up and hide in the ring, causing a potential risk for spread of infection.
- Small, studded earrings are allowed, but dangly earrings are not. Dangly earrings can be easily pulled by a client, causing harm to the CC.
- A thin neck chain with pendant can be worn only if kept under the top. If the chain is visible, it too can be pulled by the client, causing harm to the CC.
- The only type of bracelet allowed is a medical alert bracelet.
- A watch with a second hand may be worn on the top or wrist. If worn on the wrist, wristwatches are to be removed prior to giving direct client care.

Appropriate Personal Hygiene for the Workplace

Personal hygiene refers to the cleanliness level of your body; the cleaner your body and hair, the higher the level of cleanliness. When a person has a low level of personal hygiene, or low level of cleanliness, this can be offensive to others. The goal of the CC is to achieve the highest level of cleanliness possible. To achieve this, the CC should:

- Not wear perfume or colognes
- Wear only unscented deodorant and hand lotion
- Apply unscented deodorant prior to putting on work clothes
- Wear cosmetics only in minimal amounts
- Keep nails clean and trimmed
- Keep hair clean, controlled, neatly off the face and collar, and in a style that cannot compromise client safety
- Keep beards and moustaches clean and neatly trimmed or be clean-shaven
- Ensure adequate oral hygiene to prevent offensive breath odour
- Monitor himself or herself for other offensive or harsh odours such as lingering cigarette smoke, excessive body odour, and other aspects that could be offensive to the client or your co-workers.

Note that artificial or long nails are not allowed. No nail polish may be worn.

Exercises

A. Identification: Appropriate or Inappropriate

Read each statement and then circle A for appropriate or I for inappropriate.

1. The CC is wearing her new diamond engagement ring.	A	I
2. The CC goes home after work and changes out of her work clothes after making supper.	A	I
3. The CC has trimmed artificial nails that are kept clean.	A	I
4. The CC is wearing perfume to which the client is allergic.	A	I

Learning Activities

- ☐ Read “Fatigue and How It Happens” in the Learner Guide.
- ☐ Read “Effects of Fatigue on Role Performance and Safety for Self and Clients” in the Learner Guide.
- ☐ Read “Strategies for Preventing Fatigue” in the Learner Guide.
- ☐ Complete “Case Study: Fatigue” in the Learner Guide.

Articles

Fatigue and How It Happens

Fatigue is the inability or unwillingness to continue effective performance of a mental or physical task due to a feeling of weariness, tiredness, or lack of energy. A common misunderstanding is that fatigue and drowsiness mean the same thing, but fatigue is different front drowsiness. Drowsiness is feeling the need to sleep, while fatigue is a lack of energy and motivation.

Various factors have been identified that cause nurse fatigue. They fall under three categories: professional factors, personal factors, and environmental factors.

Professional factors:

- Total number of hours worked per week
- Working more than one shift within a 24-hour period
- Working with a decreased number of staff
- Working while sick

Personal factors:

- Working extra jobs
- Working overtime by choice
- Additional responsibilities of home and family
- Not sleeping an average of 6 to 8 hours within a 24-hour period
- Overall poor physical and mental health
- Unhealthy lifestyle choices; poor diet and smoking habits; lack of exercise

Environmental factors:

- Noise
- Room temperature
- Air quality

Effects of Fatigue on Role Performance and Safety for Clients and Self

CC fatigue has been linked to unintentional harmful effects while working that may result in one or a combination of the following negative outcomes related to safety for clients and self.

Safety for clients:

- Inability to focus and pay attention to the task at hand

- Delayed reaction time
- Decreased judgment
- Increased risk for medication errors
- Decreased ability to communicate
- Decreased ability to get along with co-workers
- Decreased ability to notice changes to the client's health

Safety for self:

- Increased risk for injury inside and away from the workplace
- Increased risk for addictive behaviour
- Increased risk for obesity
- Increased risk for depression
- Increased risk for short-term illness
- Increased risk for long-term illness
- Reduced motivation

Strategies for Preventing Fatigue

Here are some tips for preventing fatigue:

- Get adequate, regular, and consistent amounts of sleep each night (six to eight hours).
- Eat a healthy, well-balanced diet and drink plenty of water (two litres) throughout the day.
- Exercise regularly (30 minutes three times a week).
- Learn relaxation methods.
- Maintain a reasonable work and personal schedule.
- Schedule time away from work to rest and relax.
- Limit the amount of drinking fluids that contain caffeine.
- Avoid alcohol, nicotine, and drug use.

Exercises

A. Case Study: Fatigue

Debbie is a 35-year-old single mother of three who works full-time as an CC. Debbie works five eight-hour shifts per week and every month tries to pick up two eight-hour overtime shifts. She drinks eight cups of coffee a day and smokes half a package of cigarettes per day. Debbie exercises three times a week, eats a balanced diet, and tries to sleep between six and eight hours a night.

1. Which factors mentioned in the case study can cause fatigue?
2. Which strategies mentioned in the case study can prevent fatigue?

Learning Activities

- ☐ Read “Stress” in Chapter 7 in the textbook. page 101
- ☐ Read “Sources of Stress” in Chapter 7 in the textbook. page 101
- ☐ Read “Table9-1: Stress Can Affect All Dimensions” in Chapter 9 in the textbook.
- ☐ Read “Defence Mechanisms” in Chapter7 in the textbook. page 103
- ☐ Read “Job Burnout” in Chapter 7 in the textbook. page 105
- ☐ Read “Box 7-4: Calming Yourself When Feeling Stress” in Chapter 7 in the textbook. page106
- ☐ Read “Time Management” in Chapter 7 in the textbook. page 107
- ☐ Read “Setting SMART Goals” in Chapter 9 in the textbook. page 108
- ☐ Read “Planning Your Life and Your Work” in Chapter 9 in the textbook.

Exercises

A. Case Study: Personal Stress-Management Strategies

Answer the following questions. There are no wrong answers!

1. What causes you stress?
2. How do you recognize signs of stress in yourself?
3. What type of stress management strategies do you currently use?
4. After reading Chapter 9, what type of stress-management strategies do you think would work for you?

Learning Activities

- ☐ Read “Aggressive Behaviours and Bullying in Facilities and Community-Based Settings” in the Learner Guide.
- ☐ Read “Workplace Harassment” in the Learner Guide.
- ☐ Complete “Case Study: Workplace Harassment” in the Learner Guide.
- ☐ Complete “Matching: Identify the Correct Term” in the Learner Guide.
- ☐ Review the Glossary at the beginning of this module.
- ☐ Complete the multiple-choice practice questions.

Articles

Aggressive Behaviours and Bullying in Facilities and Community-Based Settings

Aggressive behaviour is the action of an individual or group of individuals towards an employee or group of employees that is intended to intimidate, offend or humiliate. Bullying is different from aggressive behaviour. Aggressive behaviour usually involves a single act, whereas bullying involves repeated attacks that create an on-going pattern of behaviour.

Bullying behaviour creates a negative environment and can cause risk of harm to the targeted person or group of people. It is possible for a supervisor to bully an employee, but the most common form of workplace bullying occurs between employees. There are actions that an CC can take if he or she feels bullied in the workplace.

It is the role and responsibility of the CC to follow employer policy and procedures regarding aggression and bullying.

Individuals are victims of aggressive behaviour and bullying when they are:

- Unnecessarily criticized
- Blamed without reason
- Treated differently from the rest of the employees
- Sworn at
- Put in isolation from other employees
- Shouted at
- Humiliated
- Constantly monitored without appropriate reason

People who are bullied typically experience:

- High levels of stress
- Financial problems due to missing work
- Low levels of self-esteem
- Emotional distress
- Lack of sleep
- Digestive problems

Actions that you can take to prevent or stop bullying behaviour:

- Recognize that you are being bullied.
- Realize that you are not the source of the problem.
- Recognize that bullying is about control and has nothing to do with your performance.

- Confront the bully and calmly discuss the behaviour that you consider aggressive.
- Keep a diary that describes when, where, who, and what are involved with the bullying behaviour.
- Discuss the bullying issues with the supervisor.
- If the supervisor is the bully, take your concerns to the union.
- If the union is unable to help, take your concerns to the Human Resources department.

When confronting the bully, one communication method that can be used is PEER.

PEER is an acronym for four steps to use in communicating with a bully or anyone with whom you are having conflict.

P stands for presenting the problem; explain the problem as you see it

E stands for explaining how the problem makes you feel

E stands for the effect the problem has on your ability to do your work

R stands for resolving the problem; explain that you want to resolve the problem and what would resolve the problem for you

Workplace Harassment

Workplace harassment is illegal and includes any unwelcome verbal, written, or physical behaviour that slanders or shows hatred towards a person on the basis of race, sex, colour, culture, religion, sexual orientation, age, or disability. A negative work environment results from harassment and interferes with an employee's work performance. Anyone in the workplace might participate in harassment - a supervisor, co-worker, client, and/or client's family member.

Examples of workplace harassment:

- Use of racially offensive words
- Comments about a person's skin colour
- Negative statements about a religious belief
- Negative statements about a person's age
- Negative statements about a person's culture
- Negative statements about a person's size, shape, social status, sexual orientation, education or appearance

Strategies for responding to workplace harassment:

- Review workplace policy and procedures for dealing with harassment.
- Using the PEER method of communication, let the person know which behaviour is making you feel uncomfortable.

- If confronting the individual is not possible, write a letter to that person explaining which behaviour makes you uncomfortable.
- If the behaviour continues, report the incidents of harassment to the supervisor.
- Keep a journal or diary of all the incidents that have been felt as harassment; include dates, times, and witness names if applicable.
- If harassment continues, find out who handles workplace harassment policy at your workplace, and
- file a complaint.
- If harassment continues, file a formal complaint with the Canadian Human Rights Commission.

It is the role and responsibility of the CC to follow employer policy and procedures regarding workplace harassment.

Exercises

A. Case Study: Workplace Harassment

Read the case study, and then answer the questions that follow.

Lisa is an CC of Asian descent who goes to visit her client (Mr. Will) in the community. While Lisa is assisting Mr. Will with his care, the client makes Chinese jokes that make Lisa feel uncomfortable.

1. What are Lisa's choices when dealing with the harassment?
2. Lisa decides to discuss her feelings with her client. What should she say to Mr. Will?

B. Matching: Identify the Correct Term

Match the description from the right column with the correct term on the left column.

1. _____	Aggressive behaviour	a.	Repeated unwanted behaviour
2. _____	Bullying	b.	The CC can wear this on her wrist
3. _____	Fatigue	c.	Wearing a clean uniform is an example of this
4. _____	Medical alert bracelet	d.	Type of application form
5. _____	Modified work program	e.	Illegal type of behaviour
6. _____	Personal hygiene	f.	To offend someone
7. _____	Rehabilitation	g.	"I am feeling too tired" is an example of this
8. _____	WSIB claim	h.	To restore health after an accident
9. _____	Workplace harassment	i.	"After my injury, I started back to work part-time" is an example of this

Care Companion Curriculum

Course 2:

Communication in the Care Companion Environment

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

Course 2: Communication in the Health-Care Environment

During this course, you will focus on the role and responsibilities of the care companion when communicating effectively as a member of the health-care team. Strong communications skills are an important part of being a successful care companion. The health-care environment requires competent verbal, written, and electronic communication skills. This course will focus on professional communication with other team members, clients, and clients' families; written communication, including documentation in client records and report completion; problem-solving strategies; and handling conflict successfully.

Disease and aging often cause sensory loss which, in turn, presents challenges and barriers to communication between the client and the caregiver. Strategies for overcoming these barriers will be discussed during this course.

There are four modules in this course, and each module will give you the opportunity to practise the common words and phrases used when communicating in the health-care environment. In addition, there will be opportunities to read from the textbook, Mosby's Canadian Textbook for the Support Worker (4thed.), complete learning activities, and participate in practice exams.

Although this course is designed to assist you to communicate effectively in your role as a care companion, skills learned here may be used to help you be a more competent and confident communicator in many other areas of your life.

Read, study, practise, and enjoy.

Care Companion Curriculum

Course 2 - Module 1:

Person-to-Person Communication

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 1: Person-to-Person Communication

Introduction

Effective communication is essential in health care. Effective communication skills give you the ability to form professional relationships with clients, team members, and supervisors. Communication allows you to understand your client's needs, provide client care, and function as part of a health-care team.

In this module, you will explore the communication process and barriers to communication. You will learn about strategies to promote the helping relationship and to help you become an effective communicator.

Remember that a competent health-care worker must be able to communicate effectively in order to provide quality client care.

General Learning Outcomes

1. Examine the purpose of communication in a personal relationship and in a professional relationship.
2. Describe the process of communication.
3. Describe factors that influence the process of communication.
4. Compare verbal and non-verbal communication.
5. Examine effective communication methods that promote the helping relationship.
6. Examine ineffective communication methods that threaten the helping relationship.
7. Examine the effects of culture on communication and the helping relationship.
8. Examine assertive communication strategies.
9. Develop effective communication skills for telephone conversations.
10. Examine the CC role and responsibilities when applying the "ICARE" model during person-to person communication.

Glossary

Boundary	A limit or expected behaviours that define a relationship.
Perception	To be aware of one's environment through physical sensation using the five senses.
Personal filters	Prejudices, negative attitudes, emotions, assumptions, judgments, and beliefs that can distort your interpretation of what you hear during a conversation.
Professional	To exhibit a courteous, conscientious, and generally businesslike manner in the workplace.
Relationship	A type of bond between people who are related or who have dealings with one another.
Self-concept	An understanding and knowledge of your own existence; how you see yourself in relation to others and to your surroundings.
Violate	To fail to show respect or to do harm to a person.

Learning Activities

- ☐ Read "Relationships and Boundaries" in the Learner Guide.
- ☐ Complete "A. Multiple Choice: Relationships and Boundaries" in the Learner Guide.
- ☐ Read "Team Communication" in the Learner Guide.
- ☐ Complete "B. Multiple Choice: Communicating with Team Members" in the Learner Guide.

Articles

Relationships and Boundaries

Relationships

Communication is the foundation of successful relationships, both personal and professional. A relationship is a connection between two people or between groups of people. You have many different relationships. You have relationships with your family, friends, and acquaintances, and likely with people in your neighbourhood or religious organization. These types of relationships are social. Social relationships are based on emotions such as love and liking and may form because you take part in activities together. People in social relationships tend to influence each other and share thoughts and feelings.

Professional relationships are different from social relationships. You have a professional relationship with your clients and with the members of your health-care team. This relationship is established and maintained by you through your interactions with the client. The purpose of this relationship is to take care of the client's needs. The needs of the client always come first in this type of relationship.

The following are examples of differences between social and professional relationships:

- A social relationship may last a lifetime. A professional relationship is limited.
- The power in a social relationship is shared. In a professional relationship the client may perceive you have the power because he or she is relying on you for care and, in addition, you have access to his or her private information.
- A social relationship is often spontaneous and unstructured. A professional relationship is defined by the length of time that care is needed.

Boundaries

Boundaries help to create limits to a relationship. The purpose of having boundaries is to protect and take care of you. You need to be able to tell other people when they are acting in ways that are not acceptable to you. Boundaries give you a sense of control in a relationship.

The following are examples of setting boundaries in a social relationship:

- You tell your spouse or sibling that you do not want him or her to open your mail.
- You tell the salesperson that you do not want him to touch you.
- You move away when a friend gets too close when speaking to you.

Boundaries in a professional relationship make it safe for the client. These boundaries set the limits in which care is provided. Professional boundaries are intended to clearly define a safe connection between you and your client. Professional boundaries guide your behaviour. Boundaries keep your relationship safe so that you and the client respect one another. You respect the client as a person who needs care. The client respects you as a person providing the care.

A boundary in a professional relationship is crossed or violated when you behave inappropriately.

The following are examples of violating a professional boundary:

- Physical abuse - e.g., hitting a client, being rough when providing physical care, touching a client who does not like to be touched
- Sexual relations or romantic encounters - e.g., inappropriate touching
- Verbal abuse - e.g., sarcasm, intimidation, teasing or taunting, swearing, cultural slurs, or inappropriate tone of voice that expresses impatience or exasperation

Sometimes the client may violate the professional boundary. If this occurs, you must tell the client that his or her behaviour is unacceptable. If this behaviour persists, report what has happened to your supervisor or other health-care professional.

Sharing personal information is another way of violating the boundary in a professional relationship. Although you share information about yourself with your clients, be careful about what you share. Information that you share with your client is for the purpose of developing a professional relationship. It is information that helps the client to get to know you. You will share your name and, as you get to know the client, you may share information such as whether you are married and have children or where you received your training.

You would not share information with your client that you share with a family member or spouse. You would not share that your spouse has asked you for a divorce, that you are upset with a friend because of a rude remark or that you are concerned with your son's behaviour. You do not burden the client with your problems or ask for advice.

Exercises

A. Multiple Choice: Relationships and Boundaries

Select the best answer for the following questions.

1. Which of the following interactions is an example of a social relationship?
    a. You tell your supervisor that you have completed the work she assigned.
    b. You meet with Linda, who goes to your church, to plan a bake sale.
    c. You deliver medication to Mrs. Jones, who lives in a nursing home.
    d. You share your concerns about Mr. Black at a team meeting.

2. Which of the following interactions is an example of a professional relationship?
    a. You go shopping with your sister.
    b. You share your concerns about Mr. Black at a team meeting.
    c. You meet with your friend for coffee.
    d. You attend a meeting to plan a bake sale at your church.

3. What is the purpose of a relationship boundary?
    a. To show your neighbour where your property ends
    b. To keep dogs out of your yard
    c. To keep people from trespassing on the farmer's land To set limits to your behaviour

4. Which of the following interactions is an example of violating a professional relationship boundary?
    a. You tell your friend personal information about a client.
    b. You are friendly with your clients but do not tell them personal information about your marriage.
    c. You tell your son to be home by midnight or you won't let him use the car again.
    d. You ask your friend not to telephone you after 2200h.

 Articles

Team Communication

The purpose of communication in your relationship with the health-care team is to share information about your clients. The team plans what needs to be done, shares how clients respond to treatment, and supports its members in providing quality care.

The following are examples of the purpose of communication with team members:

- To inform a team member about work completed
- To educate a team member about a new treatment
- To correct misunderstandings about a client assignment
- To negotiate time off
- To support a team member when a client dies
- To counsel a team member who is upset with a client's family member
- To give feedback on work well done
- To confront a team member who is not doing her assigned work
- To promote teamwork
- To create and maintain social bonds
- To share information and observations about the client

To communicate effectively on a team, you must be open-minded, an active listener, and able to focus. Keeping your mind open to new information is the most basic requirement for working creatively and effectively with others. As a team member, you should be aware that you are working with people who will have different ideas and different ways of looking at things.

Active listening means that you will not miss vital information about a client. As well, you will understand how your assignment relates to others. If you are talking in a team setting, be mindful of the purpose of the meeting, stay focused, and limit personal stories. Communicate as a team member about your individual assignment progress, problems that arise, and when and where help is needed.

Teamwork is essential in the health-care setting. Each person on the team brings different skills and knowledge. Effective communication with team members ensures quality, safe, and competent client care.

Exercises

B. Multiple Choice: Communicating with Team Members

Select the answer that shows effective team communication.

1. Mrs. Smith, a resident of a continuing-care centre, does not want to get out of bed for breakfast. This is not normal behaviour for Mrs. Smith.
    a. You ask a team member to help you get Mrs. Smith out of bed.
    b. You tell your supervisor there might be something wrong with Mrs. Smith.
    c. You tell a team member that Mrs. Smith needs more sleep.
    d. You tell Mrs. Smith she has to get out of bed.

2. One of your clients is being discussed during a team meeting. You have information to share about this client.
    a. You decide not to share your information because you are new to the unit.
    b. You share your information but also talk about another client you looked after a few years ago.
    c. You share the information about the client and say why you are concerned.
    d. You ask another team member to share the information.

3. You find Jane, a team member, crying because one of her clients recently died.
    a. You tell Jane that she should stop crying and get back to work.
    b. You report to your supervisor that Jane is not working.
    c. You tell another team member that Jane is too emotional.
    d. You sit with Jane and, when she stops crying, you ask her to tell you about the client.

4. An old friend telephones and says she wants to visit you on a weekend that you are scheduled to work.
    a. You decide to phone in sick.
    b. You ask a fellow team member to work your weekend and tell her that you will work the next weekend when she is scheduled to work.
    c. You tell your supervisor you can't work.
    d. You complain to a team member that you have to work.

5. Mary is a new member on your team. She is able to encourage one of your clients, Mr. Jones, to go for a walk. Mr. Jones usually doesn't like to leave his room, and you are often frustrated with him.
    a. You tell Mary that you were assigned to care for Mr. Jones.
    b. You tell Mary that she can look after Mr. Jones from now on.
    c. You tell your supervisor that Mary didn't do her work.
    d. You compliment Mary on her ability to get Mr. Jones to go for a walk.

Learning Activities

- ☐ Read "Communication Between Two People" in the Learner Guide.
- ☐ Read "Misunderstanding the Message" in the Learner Guide.

🕮 Articles

Communication Between Two People

Effective communication is about sending your messages to other people clearly. It is also about receiving information that others are sending to you. Doing this involves effort from both the sender of the message and the receiver. Communication is successful only when both the sender and the receiver understand the same information.

Sender, receiver, message, and feedback

The components of the communication process between two people involve the sender, the receiver, the message, and feedback. The **sender** is the person who has information to share. The **receiver** is the person who receives the information. The **message** is the information told by the sender. **Feedback** is information that the receiver provides to let the sender know that the message was received and understood.

As the sender of the message, you need to be clear about why you are communicating and what you want to communicate. When speaking to clients, speak clearly and use words that you know they will understand.

The **message** is the information that you want to communicate. Make sure that your message is organized and presented in a logical manner. If your message is too lengthy, disorganized or contains errors, it may be misunderstood and misinterpreted.

As a receiver, your role is to actively listen so that you understand what is being said. This means you must focus on what the sender is saying. Observe the non-verbal communication of the sender. Let the other person know that you are listening to what he or she is saying. Use body language and other signs to acknowledge that you are listening. This can be something as simple as a nod of the head or saying "uh-huh." Focus your attention on the sender and do not interrupt. Ask questions and repeat information back to the sender if you do not understand.

Feedback is either the verbal or non-verbal reactions to the message. Feedback lets the sender know that the message is understood. If the message was not understood, the sender has an opportunity to send the message a second time.

The following is an example of the components of the communication process. This example shows that the sender and receiver often switch roles in this process.

Mary (to supervisor): Mrs. Smith doesn't want to get out of bed. I am concerned that she is ill.

Supervisor: I hear that you are concerned. Why do you think Mrs. Smith is ill?

Mary: She seems very drowsy, and her speech is slurred.

Supervisor: I'll go to see her right away.

a. Sender - Mary
b. Receiver-Supervisor
c. Message-I am concerned that Mrs. Smith is ill.
d. Feedback-I hear that you are concerned.

e. Sender-Supervisor
f. Receiver - Mary
g. Message-Why do you think Mrs. Smith is ill?
h. Feedback-Since Mary answers the question, she understood the message.

i. Sender - Mary
j. Receiver-Supervisor
k. Message-She seems very drowsy, and her speech is slurred.
I. Feedback-I'll go to see her right away.

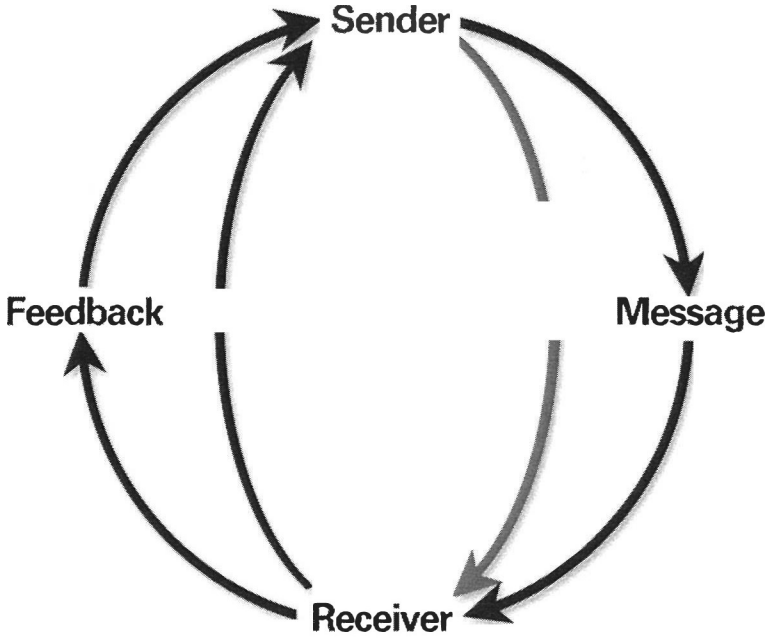


Figure 1. The communication process

Misunderstanding the Message

A communication misunderstanding occurs when the receiver fails to understand or interpret the message correctly. Misunderstandings can occur in a number of ways.

Although the message contains factual information, it may also include emotions. Emotions are communicated through words or body language. Body language is important when the receiver is interpreting your message. Is your posture open and friendly or closed and cold? Is your facial expression friendly or tense and irritated? These factors influence how your words will be received and understood.

The tone of your voice can influence how your message is interpreted. You could say to a client "You are taking a long time to get dressed this morning." If your tone of voice is disapproving, the client could think you are criticizing and might become upset. If your tone of voice is questioning, the client could think you are asking about how he is feeling. He might tell you that his arthritis is bothering him.

Your past experiences with a person or situation can influence how you interpret the message. You may be assigned to care for a client who is often angry. When you enter her room, you expect to be yelled at, so whatever the client says you may interpret as an insult.

Whether or not the person is in a position of authority can influence how you interpret the message. Your supervisor or other health-care professional may say to you "Are you finished with morning care?" You might interpret this as criticism that you are slow, when the supervisor was actually planning to send you for an early coffee break.

Your mood or attitude can also influence how you interpret the message. Your supervisor or other health-care professional may ask you to do a certain task. Depending on your mood, you may be resentful and not want to do the task, or you may be happy to do it.

Stress or different personalities and cultures increase the possibility of misunderstandings. It is very easy to misunderstand the message. Our tendency is to hear what we expect to hear, and this makes it easy to misunderstand one another.

Understanding the message

Active listening is a skill that will help you to avoid misunderstandings. Pay close attention to what the other person is saying. You may need to ask the other person to clarify or repeat anything that is unclear. Or you may want to repeat back the message in your own words.

When speaking, stand in front of the other person. Consider what you want to communicate, why you want to communicate it, and how you can do it in the clearest possible way. Avoid being distracted by other, or by other things going on in the same room.

Treat the other person with respect. No matter what you think of another person, if you treat that person with respect, communication will be much more successful. The more effort you make to understand the person sending the message, the more likely you will be to interpret the message correctly.

Learning Activities

- ☐ Read “We Are Unique” in the Learner Guide.
- ☐ Read “Perception” in the Learner Guide.
- ☐ Read “Maintaining a Professional Communication Style” in the Learner Guide.
- ☐ Read “Receiving Messages Accurately” in the Learner Guide.
- ☐ Complete “A. True and False: Listening and Understanding” in the Learner Guide.
- ☐ Participate in the Lab Skills Procedure “Person-to-Person Communication” in the Learner Guide.
- ☐ Review Chapter 5, “Interpersonal Communication” in the textbook. Page 67-69

Articles

We Are Unique

We are unique individuals. We come from different cultures and socio-economic backgrounds. We have different life experiences. Our lives are influenced by our family and friends. We live in a different world from our parents or grandparents. We have different beliefs, values, superstitions, and prejudices. What makes us unique individuals influences how we communicate.

Our personal filters, assumptions, judgments, and beliefs can distort what we hear. The following examples show how our unique characteristics influence the way we communicate.

> Mr. Thompson, a resident of a continuing-care centre, was a university professor. He becomes upset and will not respond when addressed by his first name.
>
> Mrs. Black has a diagnosis of Alzheimer's disease. She was raped as a young woman. She screams when a male care companion tries to help her walk to her room.
>
> Miss Willows owned her own business as a young woman. She likes to be independent but is quite crippled with arthritis. She often says, "I don't like to be bossed around," or "I can do it myself."
>
> Mr. Bellows does not like the appearance of the new physiotherapist who wears his long hair in a ponytail. Whenever the physiotherapist comes to work with him, Mr. Bellows is rude and calls the physiotherapist "girly."
>
> Mrs. Devin was raised in southern Louisiana and is prejudiced against people who have different coloured skin. As a resident of a continuing-care centre, she is rude and either ignores or is demanding of staff who have different-coloured skin.

What unique characteristics do you have that influence how you communicate with others? Be aware of how these characteristics may influence how you communicate.

Perception

Perception is the process of becoming aware or of understanding objects or events in the external world. Perception is important when communicating, since we all see the world differently. We communicate information according to how we view it.

Physical, environmental or learned factors influence our perception. Physically, our perceptions are influenced by the information our eyes and ears take in and how our brain processes this information.

Age is another physical factor that influences perception. As people age, they perceive things differently because of life experiences. A life experience such as a death in the family will influence how you perceive death. This experience will affect how you communicate with others who have had a similar loss.

Physical health includes fatigue, stress, and physical ability, all of which affect perception. Remember a time when you were stressed or tired. How would you have responded if asked to do one more task at work? If stressed, are you more likely to view this request differently?

Environmental factors influence perception. Today we have access to television, cellphones, and the Internet. These technologies provide us with up-to-date information on what is happening in the world or our own neighbourhood. These technologies impact how we see the world and how we communicate with others.

Learned factors influence our perception of the world. We learn how to organize and interpret information. People of different cultures or people who live in different countries perceive the world differently because of learned factors. If you live in a country where war and violence are common occurrences, you will view the world differently from a person who lives in Canada. Males and females learn different behaviours and perceive the world differently.

Your self-concept influences your perception of the world. If you perceive yourself as being unattractive and shy, you will view and interact with your world differently than if you perceive yourself as being attractive and confident. What factors influence how you perceive the world?

Maintaining a Professional Communication Style

There may be times in your job when it may be difficult to maintain a professional communication style.

Examples of these times are:

a. A previous experience with this client or team member

You may have had an experience in which a client was critical of the care you gave, or a team member did not want to answer questions and told you to "figure it out on your own." These types of experiences make it difficult to work with these individuals again. Your employer's expectation will be that you use your professional communication style to help you during these difficult encounters. You will demonstrate your communication skills by doing the following:

- Listen to the client or co-worker and try to understand why he is being negative in his communication to you.
- Use a calm and friendly approach, smile, and greet the person by name.
- Ask the client open-ended questions that allow her input such as "Tell me how you would like this done?" or "What part of your care do you need assistance with?"
- Use simple, respectful language. For example: "If this is not a good time for you, I can come back later."
- With a co-worker, tell her what you need in a non-defensive manner. For example: "I am new here and I would really like to learn the job from an experienced staff member like you."

b. Personal beliefs

As staff members, we are never expected to give up our personal beliefs; however, we are expected to be accepting of other individuals' beliefs and not judge those whose belief systems differ from ours. In order to understand the other person and his belief system better, ask respectful questions such as "Please tell me about family relationships in your culture," or "What are the important events that are celebrated in your religion?"

It is important that you recognize when maintaining professional communication is becoming difficult for you. Find time to discuss these challenges with your supervisor and ask her to help you find some strategies to approach these difficult situations in a professional, confident manner.

Receiving Messages Accurately

Receiving messages accurately has a major impact on your job effectiveness and on the quality of your relationships with others. Being an active listener is the most important skill you can develop in order to receive messages accurately. Listening helps you to obtain and understand information so you can function effectively as a friend, family member or care companion.

How well do you listen? When you are listening, do you plan what you are going to say next? Do you daydream and miss the entire message? Do you become distracted by what else may be going on around you?

The way to become a better listener is to practise **active listening**. Active listening requires two steps:

1. Make a conscious effort to hear the words that another person is saying.
2. Try to understand the message. In order to do this, you must focus your attention on the other person. Observe the other person's behaviour and body language.

To help you focus when listening, ask yourself the following questions:

- What point is the speaker trying to make?
- What is being said between the lines?
- What is the emotional tone of the message?

If you have heard and understood the other person's message, you should be able to repeat what she said, in your own words, to the speaker's satisfaction. This does not mean you agree with the speaker, but rather that you understand what she is saying.

Exercises

A. True and False: Listening and Understanding

Read each statement and then circle T for true or F for false.

1. Culture has no impact on communication.	T	F
2. Saying that you understand what is said means agreeing with what is said.	T	F
3. Life experiences change how we view our world.	T	F
4. The same word can mean something different to two different people.	T	F
5. Being a good speaker is the most important communication skill.	T	F
6. John, who is paralyzed, views the world differently.	T	F
7. How we perceive the world as a child does not change as we get older.	T	F
8. Active listening means being able to hear well in a group.	T	F
9. Violence on television may influence how children perceive the world.	T	F
10. Receiving messages accurately influences your relationships.	T	F

Learning Activities

- ☐ Read “Verbal Communication” in Chapter 5 of the textbook. page 70
- ☐ Read “Non-Verbal Communication” in Chapter 5 of the textbook. page 71
- ☐ Read “Communication Methods” in Chapter 5 of the textbook. page 73.
- ☐ Read “Communication Barriers” in Chapter 5 in the textbook. page 76
- ☐ Read “The Effect of Culture on Communication” in Chapter 12 in the textbook.
- ☐ Read “Communication in Aboriginal, Chinese, and Middle Eastern Cultures” in the Learner Guide.
- ☐ Complete “Multiple Choice” questions 20 to 26 in Chapter 12 in the workbook.

Articles

Communication in Aboriginal, Chinese, and Middle Eastern Cultures

Culture is a system of shared ideas and meanings which people use to interpret the world and to pattern their behaviour. Because people from different cultures perceive the world differently, their behaviour in certain situations will differ. These cultural differences can cause misunderstandings.

Culture also influences communication. Gestures and other non-verbal methods of communication will not mean the same in every culture. A common saying in one language may be interpreted differently in another culture.

Some people believe that anyone who chooses to live in Canada should be familiar with mainstream Canadian culture. However, it is difficult to learn how to communicate fluently in a new culture, and the learning process takes many years.

A large portion of Canada's population comes from Aboriginal, Chinese, or Middle Eastern cultural backgrounds. In order to communicate effectively with these individuals, it is important to be aware of their cultural differences.

Aboriginal Culture

In recent years, the Aboriginal way of speaking English has been recognized as a distinct dialect. Aboriginal people are more sensitive to the tone, volume, and pitch of a message and may focus more on **how** something is said, rather than on **what** is said. For example, saying "Come with me to the dining room" in a loud, impatient tone of voice may get a different response than if you were to give the same message clearly but softly.

An Aboriginal person may pronounce words differently. For example, she may pronounce "that" as "dat" or "there" as "dare." She may use verbs differently. For example, "I go, you go, he go" or "I goes, you goes, he goes" instead of "I go, you go, he goes."

Communication differences are also noticeable in wait times, silence, and listening. In Western culture, it is appropriate to respond to a comment directly after the message is spoken. Aboriginal speakers pause for four or five seconds, as silence indicates respect and thoughtfulness. Western cultures use frequent eye contact and verbal indicators such as "Yes," "I see," "Um-hmm" as part of the active listening process. For some First Nation cultures, these behaviours are perceived as rude.

Time is also perceived differently. Western society sees time as very linear, with the present moment as an anchor point. For Aboriginal people, time stretches, loops forward and back, and past and future are both present in this time. In Western culture, being on time for a meeting is valued and being late or leaving a meeting early is viewed as disrespectful. This is not the case in Aboriginal societies.

Chinese Culture

Chinese people often speak English in a higher tone because this is how they speak their own language. A higher tone of English suggests to Westerners that the speaker is being quarrelsome or is irritated.

In Western societies, people are addressed according to their gender or marital status (e.g., Mr. or Mrs.). In Chinese society, people are addressed by their surname with their tile or occupation (e.g., Principal Wang or Doctor Li).

Unlike people in Western society, Chinese people seldom compliment family members in front of others. They are polite rather than honest, while Westerners tend to be frank and direct. Another difference is in what can be complimented. A Western male may compliment a female on her good looks. In the Chinese culture, praising a man on his wife's looks is regarded as indecent, and even a taboo. When responding to compliments, Westerners tend to accept the compliment by saying "Thank you!" In contrast, Chinese people generally say something that implies he or she is not worthy of the praise in order to show modesty. Modesty is considered a traditional virtue.

Westerners place a higher value on privacy. Some topics are considered to be private, and it is impolite to mention them. For example, asking others about their age, especially a woman's age, is regarded as impolite in Western cultures. Besides age, other sensitive topics include income, marital status, and religion. Asking questions about one of these topics is not considered impolite in the Chinese culture.

Middle Eastern Culture

The Middle East encompasses many countries, and cultural as well as communication practices in these countries vary. Understanding the general expectations of behaviour in these countries is one way of relating appropriately with people from Middle Eastern cultures.

Modesty in the way a person dresses is of great concern to many people from Middle Eastern cultures (e.g., covering a woman's face, wearing long sleeves, and long skirts or pants). Hand-holding and other public displays of affection between people of opposite genders are frowned upon. This is the case even for married couples.

Many people from Middle Eastern countries are Muslim. Muslims use the left hand for bodily hygiene, so the left hand is considered unclean. Shaking hands or handing over an item with one's left hand is an insult. It is common for people to take their food from a common plate in the centre of the table using their right hand instead of a spoon or fork.

In many Middle Eastern countries, grouping the thumb and fingers together, and shaking it up and down, fingers pointing upwards, indicates "wait." In Iran, the "thumbs-up" gesture is considered an insult. Displaying the sole of one's foot, touching somebody with one's shoe, or positioning yourself so your back is facing another person is considered rude.

Responding to anger or a serious situation with light laughter or a smile is common in many Middle Eastern countries. Westerners can easily misunderstand this behaviour, but it is not meant to show a lack of understanding or empathy.

Arabian people do not share the concept of “personal space” that Westerners have. It is considered offensive to step or lean away while talking to an Arab. Arabs keep open doors and emphasize relationships among friends. They do not share the Western concept of time.

Canada is multicultural. It is unrealistic to expect that you will know all the cultural practices of people living in Canada. What is more important is that you approach your clients with openness, caring, and sensitivity. You need to recognize that cultural differences influence how we communicate and behave. Remember that even when people come from very different cultures, our basic needs are the same.

Learning Activities

- ☐ Read “Communication Styles” in the Learner Guide.
- ☐ Complete “A. Questionnaire: What is Your Communication Style?” in the Learner Guide.
- ☐ Complete “B. Lab Activity: Assertive Communication Strategies” in the Learner Guide.

Articles

Communication Styles

Three communication styles are passive, aggressive, and assertive. Passive and aggressive communication styles often cause problems in relationships. To build a healthy relationship, you must learn to be an assertive communicator.

Aggressive Communication

The aggressive communicator has low self-esteem. Usually this has been caused by past physical or emotional abuse, unhealed emotional wounds, and feelings of powerlessness.

An aggressive communication style involves manipulation and domination. This means the individual tries to control other people by using guilt, anger, or humiliation.

The following are characteristics of an aggressive communicator:

- Feelings, opinions, and needs are expressed in a way that violates the rights of others.
- Blame, attack, or criticism of others is common.
- Speech is loud, demanding, threatening, and rude.
- Active listening is not used, and others are commonly interrupted.

Aggressive communicators become alienated or isolated from others. They cause others to fear or hate them.

Passive Communication

The passive communicator also has low self-esteem. Usually this is caused by feelings of unworthiness.

A passive communication style involves avoiding confrontation at all costs. This means the individual does not talk much, questions even less, and actually does very little. The passive communicator has learned that it is safer not to react and better to disappear than to stand up and be noticed.

The following are **characteristics of a passive communicator**:

- Avoids expressions of opinions, feelings, or needs
- Does not respond during hurtful situations
- Allows grievances and annoyances to mount and then responds in an explosive outburst
- Feels shame, guilt, and confusion after outbursts
- Speaks softly or apologetically with poor eye-contact and slumped body posture

Passive communicators are unable to mature because real issues are never addressed.

Assertive Communication

The assertive communicator has high self-esteem and communicates confidently without games or manipulation. This is the most effective form of communication.

Assertive communicators work hard to create mutually satisfying solutions. Assertive communication can strengthen your relationships, reduce stress from conflict, and provide you with social support when you are facing difficult times.

The following are **characteristics of an assertive communicator**:

- Clearly states opinions, feelings, and needs
- Is aware of limits and refuses to be pushed or manipulated
- Listens actively without interrupting and with good eye-contact and relaxed body posture
- Speaks in a calm and clear tone of voice

An assertive style of communication allows you to take care of yourself and is fundamental for good mental health and healthy relationships. However, this is the communication style that is used the least.

Becoming an Assertive Communicator

If someone has behaved inappropriately, provide a factual description of his or her behaviour rather than labelling or judging.

Your friend is late for a meeting.

Do not say: “You are so rude-you’re always late!”

Instead, say: “We were supposed to meet at ten.”

Use “I” messages. Starting a sentence with “You” sounds like a judgment or attack. Starting a sentence with “I” shows ownership of your reaction and makes the message about how you are feeling.

You talk to your friend about being late.

Do not say: “You’re almost always late!”

Instead, say: “I feel like you don’t value our friendship when you are late.”

Other tips for becoming an assertive communicator include these:

- Be confident. Stand up straight, look people in the eye, and relax.
- Use a firm but pleasant tone.
- Don’t assume you understand what the other person is saying. Listen actively and ask questions.

Exercises

A. Questionnaire: What Is Your Communication Style?

Read the following scenarios and indicate which statement describes your communication style.

1. Mrs. Smith lives in a continuing-care centre. She has arthritis and sometimes experiences a lot of pain on movement. She usually refuses to take a bath. It is her bath day. When you approach her about bathing she says, "I don't want a bath today." How would you respond?
    a. "Are you in pain? Is this why you don't want a bath?"
    b. "Okay, you don't need to bathe today."
    c. "It is your bath day; you have to have a bath today."
2. Your supervisor asks you to work an extra day. You have plans on the day she asks you to work. How would you respond?
    a. "I am sorry, but I have plans that day."
    b. "Okay, I'll work."
    c. "No. You always ask me to work. I have a life, you know."
3. The son of one of your clients yells at you because his mother's sweater is missing. How would you respond?
    a. "I understand that you are upset but please don't yell at me. She may have left it in the dining room. I'll go look."
    b. "I'm sorry. I'll go look for her sweater."
    c. "Don't yell at me. I can't help it if your mother can't keep track of her sweater."
4. After working for a few hours, you feel ill and want to go home. When you approach your supervisor, she says, "Can't you work until the end of your shift?" How would you respond?
    a. "I would really like to finish my shift, but I am not feeling well. I need to go home."
    b. "Okay, I'll stay."
    c. "I told you I'm not feeling well. I am going home."
5. During a team meeting, the supervisor says, "Instead of working as one team for the unit, we are going to divide into two teams. I think this will be a more effective way of working." How do you respond?
    a. "I'm willing to try the two-team idea."
    b. You don't respond.
    c. "Why can't you leave things the way they are?"

Add up all the times you answered a., then all the times you answered b., then all the times you answered c.

- Assertive communicators will find that they answer "a" most frequently.
- Passive communicators will find that they answer "b" most frequently.
- Aggressive communicators will find that they answer "c" most frequently.

B. Lab Activity: Assertive Communication Strategies

This lab activity provides you with the opportunity to practise an assertive communication style.

Choose a partner. In each of the following scenarios, one of the partners responds to the scenario in three different ways by using a passive, aggressive, and assertive communication style. This partner does not tell the other partner which communication style he or she is using. Listen to the responses and answer the questions after the scenario.

Scenario 1

You are providing care for Mrs. Reynolds, who is dying. Her family is visiting. You hear a few of your team members laughing and joking in the hallway. They are very noisy and are disturbing your client and her family. You approach your team members to ask them to be quiet. What do you say?

Partner 1: Respond using passive, aggressive, and assertive communication styles. After each response, ask your partner which communication style you are using.

Partner 2: Identify the correct communication style.

1. What were the differences among the three communication styles?
2. How were you able to identify the communication style used?
3. Which communication style was the least effective?
4. Which communication style was the most effective?

Scenario 2

Mrs. Bright, who lives at home, asks you to drive her to the drugstore to pick up her prescription. This is not an appropriate request. How do you respond?

Partner 1: Respond using passive, aggressive, and assertive communication styles. After each response, ask your partner which communication style you are using.

Partner 2: Identify the correct communication style.

1. What were the differences among the three communication styles?
2. How were you able to identify the communication style used?
3. Which communication style was the least effective?
4. Which communication style was the most effective?

Scenario 3

Your teammate, who is supposed to help you with morning care, arrives to work late. She is often late, and you are frustrated. What do you say?

Partner 1: Respond using passive, aggressive, and assertive communication styles. After each response, ask your partner which communication style you are using.

Partner 2: Identify the correct communication style.

1. What were the differences among the three communication styles?
2. How were you able to identify the communication style used?
3. Which communication style was the least effective?
4. Which communication style was the most effective?

Scenario 4

Mr. Bellows is a continuing-care resident who has dementia. You find him looking through another resident's belongings. When you try to take him back to his room, he becomes upset and doesn't want to go with you. How do you respond?

Partner 1: Respond using passive, aggressive, and assertive communication styles. After each response, ask your partner which communication style you are using.

Partner 2: Identify the correct communication style.

1. What were the differences among the three communication styles?
2. How were you able to identify the communication style used?
3. Which communication style was the least effective?
4. Which communication style was the most effective?

Return to the first scenario. Switch roles; repeat the activity and discussion questions.

Learning Activities

- ☐ Read "Misinterpreting Telephone Messages" in the Learner Guide.
- ☐ Complete "A. True and False: Telephone Skills" in the Learner Guide.
- ☐ Read "The 'Hearback' Method" in the Learner Guide.
- ☐ Complete "B. Lab Activity: Telephone Conversations" in the Learner Guide.

Articles

Misinterpreting Telephone Messages

You may be required to answer the telephone where you work. Be aware of your facility's policy regarding what information you can provide over the telephone. Confidentiality is a concern when providing information over the telephone. Your supervisor or other health-care professional is probably the person who should provide information about a client.

Good Telephone Etiquette

The person answering the telephone must be efficient, confident, and capable of inspiring confidence in the caller.

The following are features of good telephone etiquette:

- Answer the telephone promptly and use a pleasant greeting (e.g., "Good morning").
- Answer the telephone according to your facility's policy (e.g., "Unit 43; Mary, Care Companion speaking").
- Offer assistance, because the caller needs something. ("How may I help you?")
- If you have to put the caller on hold, ask permission first. ("May I put you on hold for a minute?")
- Don't put the caller on hold too long. After a few minutes, ask the caller whether he or she wants to continue to hold or call back. ("Do you want to continue to hold, or can I take a message?") Keep in mind that the universal telephone irritation is a silent line. One minute can seem like a long time to the caller.
- If you need to take a message, be sure to include the date and time of call, name of caller, telephone number where caller can be reached, and your name. Remember to deliver the message to the appropriate person.

It is not appropriate to use the telephone at your place of work for personal calls. Use a pay telephone or your personal cellphone. Tell your family to call your cellphone if it is important that they talk to you. If you do not have a cellphone, instruct the family to call you at work only if there is an emergency.

How to Avoid Misinterpreting Telephone Messages

The speed, clarity, and tone of your voice affect how the caller interprets your message. Speaking too fast creates barriers and confusion. The caller may find it difficult to understand what you are saying. Slow down and think about how you are going to answer any questions. Avoid mumbling, speak clearly

and loudly, but do not shout. Your tone should be pleasant, friendly, and interested. If your voice is high pitched, heavily accented, or grating, lower your tone and speak slowly.

When making telephone calls, be prepared to tell the person who answers the reason for your call. Remember that the person who answers was not expecting your call and may be busy with another

task. Speak on the telephone as you wish to be spoken to.

Listening is very important during telephone conversations. Since you are unable to view non-verbal communication such as posture, gestures, and eye contact, interpretation of the caller's message is more challenging. Your mind should be focused on what the caller is saying. Listen to the tone of the caller's voice. Does the caller sound frustrated or angry? If you don't understand what the caller is saying, ask questions. Remember to use the strategies previously discussed about how to communicate effectively, such as clarification and paraphrasing.

Exercises

A. True and False: Telephone Skills

Read each statement and then circle T for true or F for false.

1. A smile can be heard in your voice.	T	F
2. Proper telephone etiquette improves communication.	T	F
3. Speak quickly so that the caller doesn't have to wait too long.	T	F
4. Personal calls should be made on your own cellphone.	T	F
5. Hang up if the caller is rude.	T	F
6. Putting someone on hold for over five minutes is appropriate.	T	F
7. Stay focused to avoid misinterpreting telephone messages.	T	F
8. Non-verbal communication is important when on the telephone.	T	F
9. It is important to answer all the caller's questions.	T	F
10. Calls about the client's health should be referred to the supervisor or other health-care professional.	T	F

Articles

The "Hearback" Method

Hearing a message correctly from a team member or a client is critical, especially in emergency situations. The "**hearback**" method is one way of ensuring that the message was heard correctly. This method requires the receiver to read back the message. An example of the hearback method being used is during a plane's takeoff and landing. The readback/hearback process is used between controllers and pilots during this time. A controller's hearback of the pilot's readback is intended to ensure that the pilot **got the message right.** It also offers help to ensure that the controller **gave the message right**.

Another method of making sure the receiver got the message correctly is by organizing the message to ensure that the important information is provided. In health care, the Situation-Background Assessment-Recommendation (SBAR) format for communication uses this approach. The SBAR technique provides a framework for communication between members of the health-care team about a client's condition.

S - Situation -What's going on (5-10 seconds)

B - Background - Brief, pertinent history; relevant context

A - Assessment - What I think; conclusion

R - Recommendation - What I need and in what time frame

Here is an example of how you would use this approach.

For the past four days, you have been assigned to apply ointment to Mrs. Knott's rash. You notice when you apply the ointment that the rash has spread since yesterday, and there are scratch marks and spots of blood. You report these findings to your supervisor or other health-care professional using the SBAR technique.

S – Situation - I am concerned about Mrs. Knott's rash.

B – Background - Mrs. Knott has a rash on her abdomen. I have been applying ointment for the past four days. The rash has spread since yesterday and there are scratch marks and spots of blood.

A - Assessment - Mrs. Knott says the rash is itchy and she has been scratching her abdomen, causing the rash to bleed.

R - Recommendation- I need you to look at the rash sometime this morning.

The SBAR format helps to ensure that information about the client is complete and reduces the possibility of missed data. It provides an easy and focused framework for what information will be communicated and how it will be communicated. This format standardizes communication between health-care providers.

Exercises

B. Lab Activity: Telephone Conversations

Review your facility's policies about telephone communication. What information can be provided over the telephone? How should you answer the telephone? Are there any other policies regarding telephone conversations?

This activity requires two people and provides you with practice at communicating over the telephone. One person will play the role of the person who calls a continuing-care centre. The other person will play the role of a care companion who answers the telephone.

Scenario 1

The telephone rings and the care companion answers it. The caller wants to know the condition of one of the clients living in your facility. The caller is quite insistent about getting information about the client. The caller doesn't want to be put on hold but finally agrees to leave a message. After the conversation, discuss the following questions.

1. Did the care companion follow proper telephone etiquette? Provide examples.
2. What is your facility's policy about giving information regarding clients over the telephone?
3. How would you respond if the caller refused to be put on hold and would not leave a message?
4. At your place of work, who is the person you would give the message to?

Scenario 2

The telephone rings at lunchtime. The care companion answers the telephone. The caller is a physician; he wants to leave a medication order. He is quite insistent about leaving the order because he will be busy with clients in the afternoon. The nurse is at lunch. After the conversation, discuss the following questions.

1. Did the care companion follow proper telephone etiquette? Provide examples.
2. What is your facility's policy about taking doctors' orders over the telephone?
3. How would you ensure that the physician's telephone call is returned as soon as possible?

Scenario 3

The telephone rings and the care companion answers it. The caller is a team member who had a car accident on her way to work. She is calling to say she will be late. She starts to cry over the telephone because the car accident was her fault, and her car is severely damaged. After the conversation, discuss the following questions.

1. Did the care companion follow proper telephone etiquette? Provide examples.
2. What effective communication techniques did the care companion use? Provide examples.
3. How did the care companion show the team member support? Provide examples.

Return to the first scenario. Switch roles; repeat the activity and discussion questions.

Learning Activities

- ☐ Read "Applying the 'ICARE' Model to Communication" in the Learner Guide.
- ☐ Complete the questions following "A. Case Study: Applying the 'ICARE' Model" in the Learner Guide.

 Articles

Applying the "ICARE" Model to Communication

Each time you learn new theory in this program you should ask yourself, "How can I use this information to become a skilled CC?" One way you can do this is to take the information you have learned and apply it to the "ICARE" model.

C- In order to give compassionate care to a client, it is important that you be able to develop a helping relationship with him or her. To do this, you will need to develop effective communication skills. These communication skills will allow you to identify the client's needs, provide the most appropriate service, and deliver supportive, compassionate care. You will also get to know the client and understand individual and cultural differences.

As an effective communicator, you need to recognize the importance of verbal and non-verbal communication, and how perception, communication barriers, and culture influence communication. You also need to practise active listening so that you not only hear but also understand the client's message. You must be able to send an organized message and present it in a logical manner so that it is not misunderstood or misinterpreted.

In addition, you must develop an assertive style of communication. This allows you not only to give compassionate care to the client, but also to take care of yourself. Taking care of yourself is fundamental for your physical and mental health, and for developing healthy relationships.

A - Accurate observations are vital when communicating. Observing how your client communicates is just as important as listening to what he or she is saying. What you are observing is your client's non-verbal communication. This includes body language, gestures, facial expression, and touch. Clients express their emotions, attitudes, and personality through non-verbal communication. All clients' non-verbal communications (e.g., the gestures they make, the way they sit, how fast or how loud they talk, how close they stand, how much eye contact they make) send strong messages.

The ability to interpret non-verbal communication requires accurate observations. It is important to determine whether what your clients are saying matches their non-verbal communication.

For example, you ask your client whether he wants to go for a walk.

He says "Okay, I'll go for a walk."

But you observe that he doesn't maintain eye contact, slouches lower in the chair, and winces when he moves his leg. What he is saying does not match your observations of his non-verbal communication. If you care about his well-being, you will question him further about your observations. The ability to observe and understand non-verbal communication is a powerful tool that will help you connect with your clients.

R - Always report and record in a timely manner. Report and record any specific care needs or concerns of your client based on information you have gathered through communication. Recording and reporting is a form of communication that provides other team members with essential information about the client. When you report or record the needs or concerns of your clients, you are ensuring that your client will receive the most appropriate care. When you report or record your clients' care needs or concerns in a timely manner, you are making sure that they receive prompt care.

E - Ensure client comfort and safety. This is your first obligation to the client. Through effective communication, you are able to identify the comfort and safety needs of your clients. If you are unable to meet a client's comfort and safety needs, then you can communicate effectively to ensure that these needs are met by the appropriate team member.

Care Companion Curriculum

Course 2 - Module 2:

Communication Impairments and Related Strategies

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 2: Communication Impairments and Related Strategies

Introduction

You may care for clients who have speech or language disorders, hearing problems or vision problems. These disorders or problems can create barriers to communication. It is important that you learn to communicate effectively with clients who have these common types of impairments. Communication aids and strategies are available to assist you.

In this module, you will learn about speech and language disorders, ear disorders and hearing problems, and eye disorders and vision problems. You will explore communication aids and strategies to promote the helping relationship with clients who have these impairments.

Remember that a competent health-care worker needs to communicate effectively to provide quality client care.

General Learning Outcomes

1. Examine physical factors related to speech and language that create barriers to effective communication.
2. Examine communication aids and strategies that promote the helping relationship with clients who have speech and language disorders.
3. Examine physical factors related to hearing that create barriers to effective communication.
4. Examine communication aids and strategies that promote the helping relationship with clients who have ear disorders and hearing problems.
5. Examine physical factors related to eye disorders, and vision problems that create barriers to effective communication.
6. Examine communication aids and strategies that promote the helping relationship with clients who have eye disorders and vision problems.
7. Examine the CC role and responsibilities when applying the “ICARE” model during communications with clients who have communication impairments.

Glossary

Impairment	Occurs when there is a partial or complete loss of the ability of a body part to function normally.
Language disorder	Occurs when the client has trouble understanding others or sharing thoughts, ideas, and feelings completely.
Speech disorder	Occurs when the client is unable to create sounds correctly or fluently when speaking, or has problems with his or her voice.
Voluntary muscles	The muscles used to move the body; can be finely controlled movements (e.g., legs, arms, eyes).

Learning Activities

- ☐ Review the "Key Terms" in Chapter 39 in the textbook. Page 903
- ☐ Review the glossary terms in this module of the Learner Guide.
- ☐ Read "Speech and Language Disorders" in the Learner Guide.
- ☐ Read "Emotional Effects of Speech and Language Disorders" in Chapter 39 in the textbook. Page 904
- ☐ Read "Aphasia" in Chapter 39 in the textbook. Page 903
- ☐ Read "Apraxia of Speech" in Chapter 39 in the textbook. Page 904
- ☐ Read "Dysarthria" in Chapter 39 in the textbook. Page 904
- ☐ Complete "A. Matching: Speech and Language Disorders" in the Learner Guide

🕮 Articles

Speech and Language Disorders

When clients have a speech or language disorder, they have problems speaking or understanding language. You will read about these disorders in the textbook. The names of some of these disorders are **aphasia, apraxia,** and **dysarthria**. Speech and language disorders are the result of an injury or problem that occurs in the brain's communication centre.

The following are conditions that cause speech or language disorders:

- **Amyotrophic lateral sclerosis** (ALS), sometimes called Lou Gehrig's disease, is a disease of the brain that attacks the nerve cells that control voluntary muscles. ALS first affects the client's ability to speak loudly and clearly. Eventually the client will not be able to speak.
- **Dementia** is related to memory loss and the ability to think. A common example is **Alzheimer's disease**. Clients who have dementia have difficulty communicating with others.
- **Huntington's disease** is a disorder of the brain that causes problems with movement, thinking, and behaviour. Speech and swallowing problems occur because of muscle weakness. Clients with Huntington's disease can have many problems related to communicating, including dysarthria, apraxia, and talking too fast or too slowly.
- **Laryngeal cancer** is a cancer that occurs in the voice box. This disease may cause the client's voice to change or become hoarse.
- **Oral cancer** is a tumour in any part of the oral cavity (e.g., lips, upper or lower jaw, tongue, gums, cheeks, and throat). This type of cancer affects speech and swallowing. Depending on the location and size of the growth, the cancer may limit movement of the lips, resulting in unclear sounds.
- **Right hemisphere brain damage** is damage to the right side of the brain. The brain is made up of two sides, or hemispheres. The left side of the brain controls language. The right side of the brain controls thinking. Damage to the right side of the brain may cause problems with memory, attention, and reasoning. The client with this disorder has problems understanding non-verbal cues, may say inappropriate things, or may talk at the wrong time.
- A **stroke** occurs when the blood flow to the brain is stopped because of a clogged artery or when there is bleeding into the brain. A stroke deprives the brain of oxygen, causing brain cells to die. When brain cells die, the body functions they control are damaged or lost. After a stroke, some clients experience language deficits (e.g., aphasia) that impair their ability to communicate. Other communication problems include switching topics, difficulty taking turns in conversation, using an inappropriate tone of voice, unclear speech, or speaking too softly to be heard.
- **Traumatic brain injury** occurs when the brain is damaged following an injury (e.g., blow to the head, foreign object enters the brain). These types of injuries may cause a skull fracture, blood clot, laceration, bruise, or swelling of the brain. Clients with a brain injury often have problems thinking or communicating. When trying to communicate, these clients often have difficulty taking turns in conversation, maintaining a topic of conversation, using an appropriate tone of voice or responding to facial expressions and body language.

It is important to be aware of the conditions that cause communication problems. You also need to be familiar with the different types of language or speech disorders. This information will help you communicate effectively with your clients.

Exercises

A. Matching: Speech and Language Disorders

Match the following terms:

1.	_____ Hoarse voice	a.	The client does not use the correct word when asking for something.
2.	_____ ALS	b.	The client had a stroke and does not understand what you are saying.
3.	_____ Apraxia	c.	The client has cancer of the voice box and has voice changes.
4.	_____ Receptive aphasia	d.	The client has lost the ability to speak following a traumatic head injury.
5.	_____ Expressive aphasia	e.	The client is unable to move his mouth to speak due to oral cancer.
6.	_____ Huntington's	f.	This disease causes the client to speak softly.
7.	_____ Aphasia	f.	This disease causes the client to speak too quickly.

Learning Activities

- ☐ Read "Communicating with Clients" in Chapter 39 in the textbook. Page 906-907
- ☐ Study Box 39-2 "Guidelines for Communicating with Clients With Speech and Language Disorders" in Chapter 39 in the textbook. Page 909
- ☐ Read "Treatment for Speech and Language Disorders" in Chapter 39 in the textbook
- ☐ Read "Ear Disorders" in Chapter 40 in the textbook. Page 913
- ☐ Read "Effects of Hearing Impairment" in Chapter 40 in the textbook. Page 915
- ☐ Read "Communicating with Clients Who Have Ear Disorders and Hearing Problems" in the Learner Guide.
- ☐ Complete "A. True and False: Communicating with Clients" in the Learner Guide.

Articles

Communicating With Clients Who Have Ear Disorders and Hearing Problems

Hearing disorders cause changes in the ability of the ear to function properly. The ear sends messages to the client's brain that allows the client to hear sounds. Clients with a hearing impairment lose their ability to detect or understand sound.

Hearing problems can affect the communication process. The client with a hearing impairment may not hear your message or may misunderstand your message. You may need to speak differently to a client with a hearing impairment.

The following strategies will improve your ability to speak clearly with a client with a hearing impairment:

- Be aware of your voice. A very loud voice can be distressing and sometimes painful to the client wearing a hearing aid.
- Shouting at a client with a hearing impairment will not help.
- Do not drop the volume of your voice at the end of a sentence.
- Avoid chewing or covering your mouth. Keep your hands away from your mouth while speaking.
- Wait until the person with a hearing loss can see you before you speak.
- Repeat your statement if it is not understood and try to say it in another way.
- Pronounce words without distorting your speech. Some words can be difficult to understand (e.g., meet vs. beet, shoe vs. chew, and few vs. view).
- Speaking slightly slower may help.
- Non-verbal communication is very important.

The client with a hearing impairment may have difficulty speaking. You need to practise active listening skills when communicating with a client who has a hearing impairment.

Remember that hearing problems can have an impact on the emotional, physical, and social well-being of your client. Untreated, hearing loss can lead to depression, dissatisfaction with life, and withdrawal from social activities.

Exercises

A. True and False: Communicating with Clients

Read each statement and then circle T for true or F for false.

1. Clients with a hearing problem may misunderstand your message.	T	F
2. Speaking loudly can cause pain to a client with a hearing aid.	T	F
3. Speak quickly when talking to a client with a hearing problem.	T	F
4. Clients with a hearing problem may watch your lips.	T	F
5. Yelling at a client with a hearing impairment helps make your message clear.	T	F
6. Non-verbal communication may help the client understand your message.	T	F
7. Clients with a hearing problem do not think clearly.	T	F
8. Clients with a hearing problem may withdraw from social activities.	T	F

Learning Activities

- ☐ Read “Caring for Clients with Hearing Impairment” in Chapter 40 in the textbook. p.917
- ☐ Read “Aids for People with Hearing Loss” in Chapter 40 in the textbook. p.915
- ☐ Read “Complications with Hearing Aid Devices” in the Learner Guide.

Articles

Complications With Hearing Aid Devices

Hearing aids are used to enhance the volume of sound heard by the client. Various complications can occur with the utilization of hearing aids involving technical hitches such as whistling sounds, intermittent volume, and distorted sounds. The CC should utilize the troubleshooting techniques outlined in “Box 37-1” in the textbook. It is important to note that if complications persist following these interventions, a trained professional hearing aid practitioner should be consulted to identify and resolve the issue.

Learning Activities

- ☐ Read “Eye Disorders and Vision Impairment” in Chapter 40 in the textbook. p.918
- ☐ Read “Effects of Vision Impairment” in Chapter 40 in the textbook. p.921
- ☐ Read “Caring for Clients with Vision Loss” in Chapter 40 in the textbook. p.923
- ☐ Study Box 37-3 “Guidelines for Caring for Clients with Vision Loss” in Chapter 40 in the textbook. p. 924
- ☐ Read “Vision Aids” in Chapter 40 in the textbook. p.921
- ☐ Read “Applying the ‘ICARE’ Model to Clients with Communication Impairments” in the Learner Guide.
- ☐ Read “Providing Compassionate Care: Communicating with Clients With Speech and Language Disorders” in Chapter 39 in the textbook. p.907
- ☐ Read “Providing Compassionate Care: Clients with Severe Hearing Loss or Vision Loss” in Chapter 40 in the textbook. page 914
- ☐ Complete “A. Case Study: Applying the ‘ICARE’ Model” in the Learner Guide.

🕮 Articles

Applying the “ICARE” Model to Clients with Communication Impairments

One question that you should ask yourself each time you learn new theory in this program is “How can I use this information to become a skilled CC?” One way is to take the information you have learned and apply it to the “ICARE” model.

C - Information in your textbook describes how you can provide compassionate care for clients with speech and language disorders and for clients with a hearing or vision loss.

A - Accurate observations are vital when communicating. Clients with a speech disorder have problems speaking. Clients with a hearing loss may have difficulty speaking. Observations of the non-verbal communication of these clients may help you understand their message. The ability to observe and understand non-verbal communication is a powerful tool that will help you connect with your clients.

R - Always report and record in a timely manner. Report and record any communication changes in the client. Changes in how the client speaks, or in the client’s ability to hear or see, may indicate a health problem. Recording or reporting provides team members with information about the client that they need. When you report or record the needs or concerns of your clients, you are ensuring that your clients will receive the most appropriate care.

E- Ensure client comfort and safety. Information in your textbook describes how you can ensure the safety of clients with speech and language disorders and with clients with a hearing or vision loss.

Exercises

A. Case Study: Applying the "ICARE" Model

Mr. Peters has just been admitted to the continuing-care centre where you work. Four months ago he had a stroke and now has problems walking and speaking. While assisting him with morning care, you notice that he seems to understand what you say but he has difficulty speaking. His speech is slurred and some of his words are jumbled. He becomes very upset when you don't understand what he is saying. You ask him whether he wants a piece of paper and a pencil. He nods his head, yes, and writes down his message.

Select the answer that demonstrates application of the "ICARE" model.

1. How would you demonstrate compassionate care in this situation?
    a. Ignore what he is saying.
    b. Pretend that you don't hear him.
    c. Tell him that you understand that he must be frustrated.
    d. Tell him to speak louder.

2. What do you observe about Mr. Peters?
    a. He becomes upset when you don't understand what he says.
    b. His speech is slurred, so maybe he is drinking alcohol.
    c. His words are jumbled, so maybe he isn't thinking clearly.
    d. He becomes upset too easily.

3. What do you report to your supervisor about Mr. Peters?
    a. Mr. Peters is rude and angry.
    b. Mr. Peters should stay in his room.
    c. Mr. Peters can communicate by writing.
    d. Mr. Peters speaks in a funny way.

4. How do you meet Mr. Peters' safety and comfort needs?
    a. Mr. Peters can't communicate, so he doesn't have any needs.
    b. You take time to explain procedures to Mr. Peters.
    c. You tell Mr. Peters to pound on the floor when he needs help.
    d. You speak loudly so that Mr. Peters will understand you.

Module Review

1. Which of the following conditions defines receptive aphasia?
    a. Inability to hear
    b. Inability to move the muscles of the mouth
    c. Difficulty understanding what is said
    d. Muscle weakness causing speech problems

2. How can you help the client express himself?
    a. Ask him questions about a word he can't recall.
    b. Tell him to speak louder.
    c. Tell him to draw a picture.
    d. Tell him that you don't understand.

3. What is a sign that your client has a hearing problem?
    a. She refuses to speak.
    b. She speaks too loudly.
    c. She jumbles words.
    d. She forgets your name.

4. How can you help your client hear you?
    a. Turn off the television.
    b. Yell in his ear.
    c. Use sign language.
    d. Speak slowly and softly.

5. Which of the following is an aid that helps the blind client to read?
    a. Glasses
    b. Artificial eye
    c. Contact lenses
    d. Braille

6. How do you alert a blind person that you have entered her room?
    a. Touch her shoulder.
    b. Turn on the light.
    c. Ring the doorbell.
    d. Tell her your name.

7. What do you do if a client with impaired communication suddenly starts to avoid other residents?
    a. Tell your supervisor.
    b. Bring other residents into the client's room.
    c. Take the client to social events.
    d. Ignore it, as it is normal behaviour.

Care Companion Curriculum

Course 2 - Module 3:

Dealing with Problems and Conflict

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

In the health-care field, conflict is common because health care is about people, and emotions are often involved. Clients are often hurting, confused, and frightened and their family members may feel sad or helpless. Because of the physical and emotional demands of the work, you can become stressed. You can have a conflict with a client, a family member, or another team member. There are communication strategies, such as constructive feedback, that can prevent or help you manage conflict.

In this module, the concepts of conflict, criticism, and constructive feedback will be described. Strategies that promote a healthy work environment will be explored. You will have the opportunity of giving constructive feedback using the THANCS model.

Remember that a competent health-care worker needs to be able to resolve conflict to provide quality client care.

General Learning Outcomes

1. Examine the concept of conflict and conflict management.
2. Explain the concept of feedback to promote a healthy working environment.
3. Outline the THANCS model for giving constructive feedback.
4. Describe how to accept feedback from others.

Glossary

Conflict	A disagreement between people that can sometimes lead to a fight or argument.
Constructive feedback	Giving specific information about a person's current behaviour in order to make him/her aware of it so he or she can either continue or modify the behaviour.
Criticism	A negative and judgmental comment made by an individual to another person.
Demoralize	To damage the confidence or morale of another.
Feedback	Information about the result of an event or activity that will influence that event or activity in the present or future.

Learning Activities

- ☐ Read "Dealing with Conflict" in Chapter 7 in the textbook. p.112
- ☐ Read "The Importance of Resolving Conflict" in the Learner Guide.
- ☐ Study "Box 9-7: Managing Conflict" in Chapter 7 in the textbook. p.114
- ☐ Complete "A. True and False: Resolving Conflict" in the Learner Guide.

Articles

The Importance of Resolving Conflict

Conflict in the workplace is common. It occurs when clients, family members or health-care workers have a difference of opinion or are not getting what they need or want and are seeking their own self interest. Conflict affects the quality of client care and can be destructive to your relationships with clients, their families, or another team member.

Conflict is often unavoidable and can be destructive when it:

- Takes attention away from the quality of client care
- Damages an individual's confidence or self-esteem
- Separates people into groups, reducing co-operation
- Increases or sharpens differences
- Leads to irresponsible and harmful behaviour, such as fighting or name-calling

Many people avoid dealing with conflict and control their anger or just go along with what the other person wants. They think that by dealing with a conflict, they are creating one, so they simply keep quiet when upset. This isn't a healthy strategy. Unresolved conflict can lead to resentment in the relationship. Conflict can quickly turn into a personal dislike.

Conflict can be prevented, minimized, or resolved. It is important to take a positive approach to conflict resolution. You need to be courteous and non-confrontational and focus on the issue rather than on the individual. Listen carefully and explore facts, issues, and possible solutions.

Resolving conflict successfully solves the problem and can be beneficial. You can benefit from resolving conflict by:

- Increasing your understanding or awareness of the situation. You learn how to achieve your goals without undermining the goals of other people.
- Improving the relationships within your team. Resolving conflict with other team members can result in stronger group cohesion and mutual respect.
- Improving self-awareness. Conflict forces you to examine your goals in close detail and helps you to understand the things that are most important to you.

There is no magical solution when you are dealing with conflict. However, having a good understanding of the nature of conflict will help you to deal with it confidently. As a health-care worker, your role is to bring the best knowledge and strategies to address conflict in a productive, respectful, and positive manner.

Exercises

A. True and False: Resolving Conflict

Read each statement about resolving conflict with a team member and then circle T for true or F for false.

1. Arrange to speak privately with that person.	T	F
2. Ask your supervisor for help before approaching the person.	T	F
3. Offer the other person advice.	T	F
4. When speaking with the other person, focus on the area of conflict.	T	F
5. Be specific about what you think the problem is about.	T	F
6. Tell the person how angry you are.	T	F
7. Listen to what the other person is saying.	T	F
8. Resolve the conflict as soon as it occurs.	T	F

Learning Activities

- ☐ Read “Criticism or Constructive Feedback” in the Learner Guide.
- ☐ Read “Constructive Feedback Is Positive” in the Learner Guide.
- ☐ Complete “A. Questions: Criticism or Constructive Feedback” in the Learner Guide.

Articles

Criticism or Constructive Feedback

Environmental hazards can be defined as anything in the environment that can cause risk of accident or injury. Hazards within the environment can include loud noise, bright or dim lighting, poor indoor air quality, poor water quality, and poor ergonomics.

We often confuse feedback with criticism. This may be because our experience with feedback has had more to do with what we've done wrong than what we've done right or how we could do better. Feedback should not be viewed as a personal assault or a list of errors, mistakes, or mishaps. There is a difference between criticism and constructive feedback.

Criticism involves:

- Blame or accusation
- Not being helpful
- Being judgmental, insulting, or humiliating
- Being personal, alienating others
- Undermining the self-esteem of the receiver
- Leaving the issue unresolved

Constructive feedback is:

- Given with the goal of improvement
- Timely, honest, respectful
- Clear, issue-specific
- Objective
- Supportive, motivating
- Action-oriented
- Solution-oriented

Constructive feedback is not the same as praise, which is a favourable judgment. Praise is general and vague, focused on the person, and based on opinions or feelings. Constructive feedback provides encouragement, support, corrective measures, and direction. Constructive feedback is information specific, issue-focused, and based on observations. It invites individuals receiving the feedback to share their perspective or give a response.

Constructive feedback can be work-related. It can be positive or negative. Positive feedback is about work, or an activity well done. Negative feedback is about an effort that needs improvement. Negative feedback doesn't indicate a poor performance, but rather a performance in which the outcomes could be better. Constructive feedback is delivered in a respectful way with the expectation that the individual will improve.

Constructive Feedback Is Positive

Constructive feedback contributes to a positive outcome, a better process or improved behaviours by providing timely, honest, and useful comments and suggestions. In the working environment, constructive feedback is important to the ongoing development and growth of the health-care worker. Constructive feedback provides positive reinforcement and acknowledgment for jobs well done, as well as ideas or instructions on doing jobs better.

Learning how to give or receive constructive feedback is a learned communication skill that can be achieved through thought and planning. Constructive feedback shows respect for people you work with and tells them that their time, their work, and their commitment are valued.

Instead of upsetting someone with criticism or blame, you can give feedback in a positive, constructive way. You can also give constructive feedback to encourage those individuals who lack confidence or skills. Constructive feedback helps you to improve how you provide care so that clients receive the best possible quality care. This type of communication promotes a healthy work environment for staff as well as clients.

Exercises

A. Questions: Criticism or Constructive Feedback

Indicate with an x the following statements that are an example of constructive feedback.

1. _____ You need to get to work on time! You're always late, and other staff members are doing your work as well as their own.
2. _____ I have noticed that you are often late for work; being on time is important so that the workload is fair.
3. _____ I have had reported to me that you are doing a good job.
4. _____ I have had reported to me that you are doing a good job; you take time to listen to the residents.
5. _____ You are doing that wrong; you shouldn't lift Mrs. Smith like that.
6. _____ I have noticed that when you lift, you don't bend your knees; you need to bend your knees so you don't hurt your back.
7. _____ You are too quiet in team meetings. Don't you have something to contribute?
8. _____ I have noticed that you are quiet during team meetings. I know that the team would value your observations about client care.

Learning Activities

- ☐ Read "THANCS Model" in the Learner Guide.
- ☐ Complete the Lab Skills Procedure "Using the THANCS Model" in the Learner Guide.
- ☐ Complete "A. True and False: Using the THANCS Model" in the Learner Guide.

Articles

THANCS Model

Giving constructive feedback is a learned communication skill. You can learn how to give constructive feedback through thought and planning. One way to give constructive feedback is by using the THANCS model.

The THANCS model means the following:

Timely
Helpful
Appropriate
Never labelling/demoralizing/shouting
Collaborative and culturally sensitive
Specific

Timely

Constructive feedback is most useful immediately following the experience. It is given as close as possible to when the incident occurs so that the events are fresh in everyone's minds.

Example: If a co-worker makes a rude comment to you while you are serving breakfast to clients, do not wait until the end of the day or the next day to speak to her about it. Instead, find a quiet moment in a private setting and make a statement such as "When you told me I was slow and clumsy in front of the clients I felt very embarrassed."

Helpful

Constructive feedback is given so that the people receiving the feedback can continue with, control, or change their behaviours. The purpose of constructive feedback is to help the person improve and grow. When you just express appreciation, you are giving praise. Giving constructive feedback about why you are expressing appreciation is more helpful.

Example: If you notice a co-worker has not been signing the bath temperature log, you might say, "Jane, I notice that you have been taking the bath water temperature but forgetting to record it. Our health and safety auditor will be checking the book to make sure that the temperatures are recorded. Do you need me to show you how to record the temperatures?"

Appropriate

Constructive feedback that is appropriate is based on observable behaviour and not assumed motives or intents. Observations are factual and nonjudgmental. Observations are what you see occur; interpretations are your opinion of what you see occur. Provide feedback about what you've noticed, not what you think of it.

Example: A specific, factual, and potentially helpful statement to a co-worker might sound like this. “Jeff, I have noticed that for the last three mornings you have gone on first coffee break even though you were assigned to the second and third breaks. Is there a reason you need to go on first break?”

Never Labelling/Demoralizing/Shouting

Constructive feedback is not about labelling individuals or undermining their confidence. Be respectful and sincere. How you say something often carries more weight than what you have to say. Sincerity shows that you mean what you say and that you respect the individual. Never shout; always speak calmly.

In negative feedback situations, express concern that communicates a sense of importance and caring. Speaking in anger, frustration or disappointment tends to suggest criticism. The purpose of negative feedback is to create awareness that can lead to correction or improvement in performance.

Example:

Incorrect: “You always give sloppy care to the residents and leave the work area in a total mess. I am fed up with having to do my own work and yours too.”

Correct: “Liza, you seem to be having trouble getting through your client assignment and keeping up with all the cleaning tasks. I don’t mind helping sometimes but I can’t do extra work all the time. Perhaps you should talk to the supervisor for some tips on organizing your time.”

Collaborative and Culturally Sensitive

Constructive feedback that is collaborative means that the individual receiving the feedback has an opportunity to provide his or her viewpoint. The individual receiving the feedback may have a different perspective or reason for his or her behaviour.

Individuals from different cultures have values, beliefs, and ways of life that influence their thinking, decisions, and actions. Providing culturally sensitive feedback means that you remember that the individual may think differently than you. It is important that you listen as the other person might see the problem in a different way. It could be that although you each have a different point of view, neither of you is wrong.

If the feedback is about a conflict between you and another person, talk about ways to settle the conflict that will meet both of your needs. Keep an open mind and be willing to change. Be willing to say you’re sorry, forgive, and move on. Keep the conflict only between you and the other(s) involved. Don’t ask others to take sides. Do not talk to others about the conflict.

Example: “Juan, you seem to have a relaxed attitude toward how long a supper break you take, and I like to be exactly on time. What can we do to make it easier to work together?”

Specific

Constructive feedback is specific and based on an individual's performance. Starting with an "I" message will help you to be issue-focused and specific. Be direct when delivering your message and get to the point. Both negative and positive feedback should be given in a straightforward manner.

Example: When you try to talk to me about your date with your boyfriend while we are giving client care I feel uncomfortable. I think we should save these personal conversations for coffee break or after work."

Think about and plan what you are going to say. A strategy (e.g., the THANCS model) for delivering your message will assist you when you are giving constructive feedback.

Exercises

A. Lab Activity: Using the THANCS Model

This activity gives you an opportunity to use the THANCS model.

Choose a partner. One person gives constructive feedback using the THANCS model about the following issues, and then the second person responds to the feedback.

1. You are working with Donna, a team member, who seems to disappear whenever you need help transferring a client to a chair or back to bed. You often have to find someone from the other team to help you.

2. You are assigned to help orientate Mary, a new care companion, to the unit's morning routine. You notice that Mary learns very quickly, is very friendly, and listens to the residents' concerns.

3. Mrs. White, a client whom you visit at home, often asks you to do tasks that are not approved by your supervisor, such as shopping, banking, and cleaning. When you refuse, she tells you that you are lazy and stupid. Your supervisor has told Mrs. White that these activities are the responsibility of her family. She has also talked to Mrs. White about her disrespectful comments. Your supervisor has suggested that you need to tell Mrs. White how you feel.

4. You work in a continuing-care centre. You have a very good working relationship with Mrs. Jones, a resident who is always friendly with you and other team members. You notice that Mrs. Jones is often rude and sarcastic with other residents. She tells them that she has a university education and had an important position in the government, so they should listen to what she says. One day you find her crying in her room because another resident told her that everyone hated her. Mrs. Jones asks you for your opinion.

After the conversation is over, discuss the following questions:

1. Did the person giving constructive feedback follow the THANCS model? Provide examples.
2. How did the person giving the feedback feel during the process?
3. How did the person receiving the feedback feel during the process?
4. Is the THANCS model an effective strategy for giving constructive feedback? Give reasons why this model is or is not effective.

Switch roles and repeat the activity and discussion questions.

B. True and False: Using the THANCS Model

Read each statement and then circle T for true or F for false.

1. Provide constructive feedback as soon as possible after the event.	T	F
2. Constructive feedback is the same as praise.	T	F
3. Constructive feedback is only given by your supervisor.	T	F
4. Constructive feedback helps the other person change behaviour.	T	F
5. Constructive feedback is about another person's observable behaviour.	T	F
6. Constructive feedback is your opinion of an event.	T	F
7. Giving constructive feedback when you are angry is not effective.	T	F
8. Constructive feedback tells other people that they are wrong.	T	F
9. Negative feedback can be constructive.	T	F
10. Starting with an "I" message helps you to be issue-focused and specific.	T	F

Learning Activities

- ☐ Read "Feedback Is Helpful" in the Learner Guide.
- ☐ Read "Accepting Feedback" in the Learner Guide.
- ☐ Complete "A. Lab Activity: Receiving Feedback" in the Learner Guide.
- ☐ Complete "B. Question: Receiving Feedback" in the Learner Guide.

Articles

Feedback Is Helpful

Feedback helps you in a variety of ways. Feedback is like a mirror in which you can see what you do well and what you need to improve. It helps you evaluate your performance in your personal and professional life.

Feedback in your personal life helps you to discover what is important to you. It helps you to improve and strive to be better. Feedback helps you develop or maintain supportive and caring relationships with family and friends.

In your professional life, feedback helps you understand the expectations of your supervisor or teammates and whether you are meeting these expectations. By providing feedback, your supervisor is being proactive in identifying and addressing problems with your work. Feedback shows you what you need to do to improve your knowledge and skills.

Feedback can help you do the following:

- Feel more confident
- Become motivated and inspired
- Be a skilled communicator
- Overcome personal barriers
- Reduce conflict

Feedback gives you the motivation to work to the best of your ability. Feedback helps you to provide quality care to your clients. It helps you to develop positive, supportive relationships.

Accepting Feedback

The purpose of feedback is to gather information about your behaviour or performance in order to improve it. Feedback is valuable information that you can use for your learning and continued development as a person.

When you first receive feedback, you may have a tendency to deny it. You may become defensive or angry and try to justify your behaviour or performance. This type of behaviour gets in the way of your appreciation of the information you are being given. Accept the feedback; assess its value and the consequences of ignoring it or using it to improve.

Consider the following steps when receiving feedback:

1. Don’t shy away from constructive feedback; welcome it.
2. Ask for examples and clarify points that are unclear.
3. Summarize the feedback to make sure that you understand.

4. Evaluate the feedback before responding.
5. Discuss strategies to help you improve.
6. Set goals and make a plan to implement.
7. Ask for feedback regularly about your progress.

Don't wait to receive feedback- ask for it. Ask for feedback about how you can improve, as well as what you are doing well. Consider feedback as an opportunity for growth rather than a threat or criticism.

Exercises

A. Lab Activity: Receiving Feedback

This activity gives you an opportunity to receive feedback.

Choose a partner and follow the instructions outlined in this scenario.

1. The first partner is a supervisor who approaches the second partner with the following feedback.
    a. Mrs. Black has complained to me that you are often in a hurry and hurt her when transferring, bathing or dressing her. I realize that Mrs. Black has arthritis and tends to be slow. I understand that you are busy and trying to get your work done on time. But please be more careful.
    b. The person receiving the feedback becomes angry and denies this type of behaviour. She says Mrs. Black is always complaining.
    c. The supervisor tries to calm the second partner.
    d. Continue with this conversation for a few minutes.

2. Repeat this scenario, but this time the person receiving the feedback follows these steps for receiving feedback.
    a. Ask for examples and clarify points that are unclear.
    b. Summarize the feedback to make sure that you understand.
    c. Evaluate the feedback before responding.
    d. Discuss strategies to help you improve.
    e. Set goals and make a plan to implement.

3. The person receiving the feedback asks the supervisor for feedback about what she or he does well. The supervisor gives her or him positive feedback; for example, "is friendly," "work is completed on time," "offers to help others," "is on time," etc.
   After the conversation is over, discuss the following questions:
    a. How did the person receiving the feedback feel during the first conversation?
    b. How did the person giving the feedback feel during the first conversation?
    c. What differences did the person receiving the feedback notice when the scenario was repeated?
    d. What was the most helpful step during the process for receiving the feedback? Why was this step helpful?

e. What differences did the person giving the feedback notice when the scenario was repeated?
f. How did the person receiving the feedback feel when she or he asked for positive feedback?
Was it difficult to ask for positive feedback?
g. How did the person giving the feedback feel when asked for positive feedback?

4. Switch roles and repeat the activities and discussion questions.

B. Question: Criticism or Constructive Feedback

1. Indicate with an x the following statements that are an example of constructive feedback.

During your yearly work evaluation, your supervisor comments on your performance for the past year. The following are examples of her feedback.

a. _____ I have a record of your sick days. You have phoned in sick 12 days in the past year.

b. _____ I have noticed that you are friendly with the residents, but you tend to spend too much time talking and do not always get your work done.

c. _____ I have been told that you are critical of other team members' work.

2. Indicate with an x the statements that show that you consider her feedback as an opportunity for growth.

a. _____ I am allowed two sick days a month.

b. _____ I know that I spend a lot of time talking with residents. From now on, I will focus on getting my work done first.

c. _____ The people on my team are so lazy. I am just trying to get them to do what they are assigned.

d. _____ I know that I have been sick a lot this past year, but now that I am on new medications, my sick time will be decreased.

e. _____ I become so frustrated when my teammates aren't doing their assignment. I would like your help in how I can provide constructive feedback.

f. _____ I thought that you wanted us to be friendly with the residents, but I can ignore them if you want.

Module Review

Multiple-Choice Practice Questions

1. Which of the following situations can cause conflict?
    a. You are given feedback about your performance at work.
    b. You are criticized by your supervisor.
    c. You are praised for work well done.
    d. Your client appreciates your help.

2. What happens when a conflict is unresolved?
    a. The quality of client care decreases.
    b. Team spirit is strengthened.
    c. The workplace is a positive environment.
    d. You work at improving your skills.

3. What is the benefit of resolving a conflict?
    a. You become angry and resentful because your supervisor was critical.
    b. You don't want to go to work, so you call in sick.
    c. Your understanding or awareness of the situation is improved.
    d. You stop talking to certain team members with whom you are angry.

4. Which of the following statements is an example of constructive feedback?
    a. In my opinion, you are a good worker.
    b. I noticed that you are a good worker.
    c. You need to work harder. You take too many breaks.
    d. I noticed that you are a good worker. You are thorough and organized.

5. Which of the following statements is most accurate about criticism and constructive feedback?
    a. Criticism is helpful but constructive feedback isn't.
    b. Constructive feedback is meant to hurt your feelings.
    c. Criticism can help you improve your work skills.
    d. Constructive feedback helps you to improve your work skills.

6. Which of the following statements best describes praise?
    a. Praise is vague and based on opinions or feelings.
    b. Praise helps you improve your performance.
    c. Praise is more effective than negative constructive feedback.
    d. Praise is an observation that makes you feel good.

7. Why does the THANCS model help you to give constructive feedback?
    a. It means you are giving thanks for someone's efforts.
    b. It is a strategy that helps you to organize and plan the feedback you give.
    c. It gives you rules about how to tell someone she is wrong.
    d. It means thanks for resolving the conflict.

8. You are trying to resolve a conflict with Tom, but he has a different view of the situation. What do you do?
    a. You tell Tom that he is wrong.
    b. You tell Tom that he needs to change his view.
    c. You try to resolve the conflict so that both your needs are met.
    d. You ask Tom to tell you that he is sorry and will change his behaviour.

9. How can receiving feedback help you?
    a. It can cause you to deny your performance.
    b. It can increase your resentment.
    c. It can improve your confidence.
    d. It can make you angry.

10. Which of the following statements best describes negative feedback?
    a. Negative feedback means a poor performance.
    b. Negative feedback helps you improve.
    c. Negative feedback is about what you do well.
    d. Negative feedback is the same as criticism.

Care Companion Curriculum

Course 2 - Module 4: Documentation

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 4: Documentation

Introduction

Documentation is any written or electronically produced information that describes the client's status, and the care and services provided to that client. Documentation is the means by which you communicate your observations, actions, and outcomes of these actions for clients. It is an accurate account of what occurred and when it occurred. A client chart is a collection of significant facts on a client's health history and includes all client care provided by a team of health-care professionals. The chart is a legal document and the health-care worker who writes or records on any part of the client's documents is legally responsible for what has been written.

In this module, the purpose of the client chart, different types of documents, different methods of charting, and the type of information that is documented in a client's chart will be examined. The best practice principles of documentation and your role and responsibilities when charting will be explored. You will be given the opportunity of charting using the DATA method.

Remember that a competent health-care worker needs to be able to communicate effectively about the client's health status and care provided by documenting in the client chart.

General Learning Outcomes

1. Examine the purpose of the client chart.
2. Examine the best practice principles of documentation.
3. Examine the role and responsibilities of the CC when applying the "ICARE" model to documentation.

Glossary

Act	Legal document that outlines laws or rules.
Data	A collection of facts from which conclusions may be drawn.
Chronological	Arranged in order of time of occurrence.
Public body	Local, provincial, and federal governments, including agencies or departments within these governments; educational or health-care agencies, facilities, or departments.
Privacy	Individuals have the right to determine when, how, and to what extent personal information about them will be released.

Learning Activities

- ☐ Read “Verbal Reporting” in Chapter 14 in the textbook. p.209
- ☐ Read “Confidentiality” in Chapter 14 in the textbook. p.221
- ☐ Complete “A. Questions: Confidentiality and Privacy” in the Learner Guide.
- ☐ Read “Documents Used in Charts” in Chapter 14 in the textbook. p.212

Exercises

A. Questions: Confidentiality and Privacy

Indicate with an x the statements that indicate that you are maintaining the confidentiality and privacy of your clients.

1. _____ You are in an elevator when your supervisor asks you about a client. Since the other individuals are health-care workers from another floor in the facility, you can answer her question.

2. _____ You answer the phone, and a family member asks how her mother is doing. You ask your supervisor to take the call.

3. _____ Your client’s doctor stops you in the client’s room and asks whether the ulcer on your client’s leg is still draining. Since he is part of the health-care team and you have just changed the dressing, you answer his question.

4. _____ Your client’s neighbour stops you on the street and asks you how the client is doing. You tell the neighbour that your client is doing much better since his blood sugar is under better control.

5. _____ You are doing a home visit and come out of your client’s bedroom to find his son reading the client’s chart. You let him finish reading since he is family.

6. _____ During a team meeting in the nursing office, you provide examples of your client’s behaviour that you think are different.

Learning Activities

- ☐ Read “Box 14-7: Guidelines: Recording in Writing” in Chapter 8 in the textbook. p.218
- ☐ Read “Box 14-8: 24-Hour Clock” in Chapter 14 in the textbook. p.219
- ☐ Read “Box 14-9: Examples of Progress Notes Written in Different Formats” in Chapter 8 in the textbook. p.219
- ☐ Read “Documentation” in Chapter 14 in the textbook. p.215 □ Read “Medical Terminology” in the Learner Guide.
- ☐ Read “Abbreviations” in the Learner Guide.
- ☐ Read “Narrative Charting” In the Learner Guide.
- ☐ Read “Your Role in the Care Planning Process” in Chapter 8 in the textbook.
- ☐ Read “Best Practices of Narrative Charting” In the Learner Guide. □ Complete “A. Matching: Charting” in the Learner Guide.
- ☐ Read “The DATA Method of Charting” in the Learner Guide.
- ☐ Read “Documentation Policies” in the Learner Guide.
- ☐ Complete “B. Lab Activity: Using the DATA Method of Charting” in the Learner Guide

🕮 Articles

Medical Terminology

Medical and health-care personnel often use a special vocabulary of medical terms based on Greek and Latin. These terms provide members of the health-care team with a very precise way to communicate important information. You may have read or heard about health issues and may already be familiar with many medical terms such as arthritis, hepatitis, or anemia. It is important to become familiar with the medical terminology and abbreviations used at your agency.

Common Terms

The following chart contains a number of important terms that you will hear and read about in health care settings. If you do not know the correct medical terminology, describe your observations using common terms.

Medical Term	Common Term
Abrasion	Scrape
Acute	Rapid onset of symptoms or an injury caused by an accident
Anemia	Low oxygen in the blood
Anorexia	Low oxygen in the blood
Anterior	Lack of appetite
Anuria	Front
Chronic	No urine
Clammy	Long-lasting and persistent
Sweaty	Sweaty
Coccyx	Tailbone
Constrict	Get smaller
Copious	Large amount
Cyanosis	Blueish discolouration
Defecation	Bowel movement
Diaphoresis	Profuse sweating
Distended	Bloated
Diarrhea	Frequent or watery stools
Dyspnea	Difficulty breathing
Edema	Swelling
Emaciated	Thin, wasted
Emesis	Vomit
Erythocyte	Red blood cells
Feces	Bowel movement; stool
Flatus	Gas
Flushed	Red
Halitosis	Bad breath
Hematemesis	Blood in vomit
Hematoma	Bruise
Hematuria	Blood in urine
Hemiplegia	Paralysis of one side of the body
Hemoptysis	Blood in sputum
Hypertension	High blood pressure
Hypotension	Low blood pressure

Medical Term	Common Term
Hyperglycemia	High blood sugar
Hypoglycemia	Low blood sugar
Incontinence	Voiding and defecating without control
Jaundice	Yellowness of the skin and the whites of the eyes
Leukocyte	White blood cell
Lumbar area (area between the ribs and lower back)	Vertebrae between the thorax and sacrum (lower back)
Micturate	Void
Mottled	Irregular discolouration
Mucus	Slimy substance
Necrotic	Dead
Nocturia	Voiding at night
Objective	Factual; can be observed
Paralysis	Inability to move
Paraplegia	Paralysis of the legs and lower body
Polyuria	Frequent voiding
Posterior	Back
Productive	Producing
Profuse	Large amount
Protruding	Sticking out
Purulent	Containing pus
Quadriplegia	Paralysis of arms, trunk, and legs
Radiating	Moving outward from the centre
Sacrum (lower back)	Five fused vertebrae at the base of the spine
Scant	Small amount
Spasmodic	Occurring in waves
Spastic	Having spasms
Stool	Solid body waste
Subjective	Experienced by client
Tender	Painful
Thoracic area	Spine at lung area or chest
Urine	Liquid body waste
Void	Pass water; urinate

Abbreviations

Abbreviations are brief or shortened forms of words or phrases. They may used in order to save time and space when writing. It is very important you only use acceptable abbreviations outlined by your agency policy. Most agencies do not allow for abbreviations to be used, but you may see them in some documentation and on the client's chart. If you are unsure about whether a particular abbreviation is acceptable, write out the word in full. These are some examples of abbreviations that you might see in the health-care environment.

You will not be tested on these abbreviations. They are provided for your reference only.

Term	Meaning	Term	Meaning
AAT	Activity as tolerated	N/A	Not applicable
a.c.	Before meals	NB	Note well
ad lib	As desired	NG	Nasogastric
ADL	Activities of daily living	NKA	No known allergies
AIDS/HIV	Acquired immune deficiency syndrome / Human immunodeficiency virus	NPO	Nothing by mouth
amt	Amount	02	Oxygen
BDL	Behaviours of daily living	OT	Occupational therapy
bid	Twice a day	p.c.	After meals
BM	Bowel movement	NOK	Next of kin
BP	Blood pressure	po	By mouth
BRP	Bathroom privileges	prn	As needed
BR	Bed rest	PT	Physiotherapy
C & S	Culture and sensitivity	PVD	Peripheral vascular disease
c/o	Complains of	q	Every
CA	Cancer or carcinoma	q2h	Every two hours
CBC	Complete blood count	q2d	Every two days
CBR	Complete bed rest	qui	Four times a day
CDA	Canadian Diabetic Association	qs	Quantity sufficient
CHF	Congestive heart failure	R	Right
cm	Centimetre	ROM	Range of motion
CNS	Central nervous system	SLP	Speech language pathologist
COPD	Chronic obstructive pulmonary disease	RN	Registered nurse
d/c	Discontinue	RPN	Registered psychiatric nurse

Term	Meaning	Term	Meaning
DAT	Diet as tolerated	SOB	Shortness of breath
Dr	Doctor	stat	Immediately
DNR	Do not resuscitate	SW	Social worker
E.S.R.	Erythrocyte sedimentary rate	tid	Three times a day
GERD	Gastrointestinal reflux disorder	TLC	Tender loving care
H20	Water	TPR	Temperature, pulse, and respiration
HOB	Head of bed	VS	Vital signs
h (hr)	Hour	w/c	Wheelchair
hs	Bedtime; hour of sleep	wt	Weight
ht	Height	>	Greater than
I&O	Intake and output	<	Less than
IM	Intramuscularly	~	Approximately
IV	Intravenous	#	Fracture
Kg	Kilogram	↑	Increase
L	Left	⌐	Change
LMP	Last menstrual period	↓	Decrease
LPN	Licensed practical nurse	c	With
ml/ml	Millilitre	s̶	Without
MWF	Monday, Wednesday, Friday		

Narrative Charting

In narrative charting, you document client events that occur in chronological order throughout the shift. This type of charting is a method in which your interventions, and the impact of these interventions on the client, are recorded. Narrative charting may stand alone, or it may accompany other types of charting such as flow sheets and checklists. Routine care and treatments are often documented on flow sheets, leaving the significant findings and specific client problems for the narrative notes.

Narrative charting is not as easy or efficient to use as flow sheets or checklists because you must write everything out, rather than simply checking boxes next to descriptions of the services provided. Charting errors can occur.

Narrative charting is effective when documenting complications, a new diagnosis, or other unexpected events. These notes provide information about the progress of the client and contain information related to client problems and nursing interventions.

Best Practices of Narrative Charting

The following is a list of best practices that you should use when narrative charting:

1. Charting should be consistent with your employer's written policies.
2. Chart chronologically at the time of the event or interaction, or as soon as possible afterward.
3. Chart factual information that is objective and descriptive: what is seen, heard, felt, and smelled.
4. Chart exactly what the client says, using his or her words.
   Example: The client stated, "I have a headache."
5. Chart subjective information that is reported to you by the client and cannot be observed by others.
6. Start a sentence with a capital letter and end it with a period.
7. All entries should include the date and time and be signed appropriately with your name and designation. The time column should reflect the exact time you are charting. The narrative notes will reflect the time the event happened.
   Time entry example: July 10, 2010, 1415 client was found on the floor beside her bed at 1330...
   Signature example: J. Harris CC
8. Records should be clear, legible, accurate, and in black ink.
9. Use metric units of measurement.
10. Use approved terminology, abbreviations, and spelling.
11. Avoid empty lines and spaces: draw a single line through unused space in a document, including any space before and after your signature/designation, so that others are unable to document within your signature.
12. Put the client's statements in quotation marks.
13. Do not erase, black out, or use white-out on errors. The CC should draw a line through the error and write "mistaken entry" or "error" above it with his or her initial on each side of the notation. The correction should follow immediately.
    Example: Client refused ~~lunch~~ supper *initials*
14. Late entries. In the column(s) for date and time, put the current date and time. In the progress notes, write "late entry" for the event you want to chart.
    Example: March 7, 2010. Late entry for March 6, 2010. Client was accompanied by her daughter to a dental appointment.
15. When you have reported observations to a specific person, write exactly who it was reported to.
    Example: Reported the client's output to Hazel Beefeater RN at 0715.
16. Never chart what another health-care worker has done or said. This is third-party charting and is illegal.
    Example: If a client has fallen and sustained a cut to his head, you describe the fall, when it happened, what you did, and who you reported it to. If the nurse assesses the cut and applies a dressing, do not record the information about the nurse's actions. It is up to the nurse to record his or her assessment and follow-up.

Exercises

A. Matching: Charting

Match the following terms:

1.	_____ Objective data	a.	Information reported to you from the client; e.g., pain
2.	_____ Nausea	b.	Documenting client events that occur in chronological order
3.	_____ Narrative charting	c.	Information that the client tells you; e.g., a symptom
4.	_____ Symptom	d.	Information about the client that you can see; e.g., a sign
5.	_____ Subjective Data	e.	Objective data; something you see
6.	_____ Jaundice	f.	Recording your observations or the care that you have given the client
7.	_____ Document	f.	Something the client told you

Articles

The DATA Method of Charting

The DATA method of charting is one way of organizing information about a client in your charting. Organizing the information that you are going to chart allows the person reading the chart to find pertinent information quickly.

The DATA method of charting means the following:

- **D**escription of the event or interaction
- **A**ccurately record using subjective and objective information
- **T**imely manner
- **A**ction, including follow-up actions taken for the client

Description of the Event or Interaction

Describe specific findings and observations of an event or interaction. Describe any changes in the client's condition. Avoid words such as "good," "normal," "adequate," "improving," "better," "worse," or 11sufficient."

For example:

- Don't write that a client is in "good condition." What does this mean? Instead, describe an event. "The client walked the length of the hall today." Or describe an interaction. The client said, "I feel better today. I am no longer dizzy."
- Don't write "Client feeling better today." State your observations of the client. "The client transferred from the bed to the chair independently. He ate his entire breakfast."

Accurately Record Using Subjective and Objective Information

Subjective information is what you get from the client. It is what the client tells you and cannot be directly observed by others. Subjective information is also termed "symptoms" (e.g., a client's complaint of pain or nausea).

Objective information is obtained by using your five senses: what is seen, heard, felt, and smelled (e.g., the client's face is flushed; the client's breathing is laboured). It is not what is supposed, concluded, or assumed. Objective information can also be obtained through measurements (e.g., an elevated temperature of 38.9 degrees C or a urine output of 50 ml).

Timely Manner

It is important that you chart as soon as possible after the occurrence of an event or interaction. The client's chart should provide up-to-date information about the client's condition and response to a new treatment. Never chart a procedure or treatment until after its completion.

Action, Including Follow-Up Measures

Chart your observations or client complaints of pain or other symptoms, any action taken in response to the symptom, and the client's response to the action.

For example:

- "The client's temperature decreased from 38.4°C to 37.5°C following medication given by the RN."
- "Following application of warm compresses, the client stated the aching in his knees decreased."
- "Client's decreased temperature reported to John Brown LPN @ 2215."

Documentation Policies

Most health-care agencies have documentation policies. These policies provide guidelines for you to follow as you chart the nursing care you provide. Agency policies usually include the following information:

- A description of the charting method
- How often you are expected to chart
- A list of acceptable abbreviations
- How to store, transmit, and retain client information

Remember that the client's chart is a legal document and, as such, can be used as evidence in a court of law. Your best legal protection is to make sure that your documentation follows the employer's policies and procedures. If you follow your facility's guidelines on documentation, you are more likely to provide accurate documentation, and that results in better client care.

Role and Responsibility Alert! Remember that in the eyes of the law, if something is not charted, it is not done.

Exercises

B. Lab Activity: Using the DATA Method of Charting

Choose a partner. Each person completes the following activities. When you have completed Activity 1, compare what each of you has written and discuss the following questions about this activity.

Activity 1

Correct the following statements using the DATA method of charting. You can add information to describe the event or interaction.

1. The client had a good night.
2. The client was up and about with no complaints.
3. The client appeared restless.
4. The client's temperature has improved.
5. The client has dementia because she gets lost and can't remember what time it is.

Discussion Questions

1. What was the problem with the charting in each of the statements?
2. What was missing - subjective or objective information? Give examples.
3. What information did you add? Give examples.

Activity 2

Practise documenting the following information about Mr. Smith, using the DATA method of charting.

When you have completed Activity 2, compare what each of you has written and discuss the following questions about this activity.

Time: 0730
Your client, Mr. Smith, is an 86-year-old resident in a continuing-care centre. He does not want to get out of bed today. He says that he aches all over and is tired. His face is red, and he is sweating. You feel his head, which is warm. His temperature is 38.4°C.

Time: 0830
At breakfast, Mr. Smith does not eat but drinks his orange juice.

Time: 0900
You help Mr. Smith with personal and oral hygiene.

Time: 1000
You go into Mr. Smith's room and notice that he has vomited his orange juice and there is yellow fluid on his bedding. When you are changing his bed, Mr. Smith says that he needs to go to the bathroom. He is unsteady and needs help to the bathroom. He has diarrhea and passes a large amount of gas. He complains of stomach cramps. You get him settled in bed again. He is pale and his skin is cool to the touch.

Time: 1230
Mr. Smith does not eat his lunch. He says he has been drinking water. He said the diarrhea returned twice more, but he has no stomach cramps. He is still nauseated. He appears flushed. His temperature is 38.2°C.

Time: 1400
You check on Mr. Smith. He is sleeping.

Discussion Questions

1. When would you report to your supervisor about Mr. Smith?
2. What information would you report about Mr. Smith?
3. What would you chart about each event?
4. What information would you chart about Mr. Smith?
5. Write an example of how you would describe one of the events or interactions with Mr. Smith.
6. Write an example of how you would describe subjective information regarding one of the events or interactions with Mr. Smith.
7. Write and example of how you would describe objective information regarding one of the events or interactions with Mr. Smith.
8. Give an example of an action and follow-up measure from the information about Mr. Smith.
9. Did you follow the best practices for narrative charting? Why or why not?

Activity 3

Mrs. Campbell has rheumatoid arthritis and requires assistance with her meals due to decreased fine motor movement in her hands. You have noticed that since she has required assistance with feeding, her food intake has declined by more than one-half. She informs you that she no longer has an appetite, and she states, "I just want you to leave me alone." Mrs. Campbell no longer socializes with the other residents in the long-term care facility at mealtimes as she used to. As soon as the meal is over, she requests to be brought back to her room.

Discussion Questions

1. What information do you feel is important to report to the nurse and record regarding the change with Mrs. Campbell? Why?
2. What actions might you take to assist with Mrs. Campbell's meals?
3. Why do you think Mrs. Campbell is no longer socializing with the other residents?
4. What do you think has affected Mrs. Campbell's appetite?
5. Identify what objective information you would include in your documentation
6. Identify what subjective information you would include in your documentation.

Learning Activities

- ☐ Read "Applying the 'ICARE' Model" in the Learner Guide.
- ☐ Complete "A. Case Study: Applying the 'ICARE' Model" in the Learner Guide.
- ☐ Review "Box-14-9: Examples of Progress Notes Written in Different Formats" in Chapter 14 in the textbook. Note in particular the section in the box on the third method, which is referred to as "Focus Charting (Data -Action -Response." This is referred to as the DAR method in the Skills Procedure in this module. p.219
- ☐ Complete the multiple-choice practice review questions.

Articles

Applying the "ICARE" Model

One question that you should ask yourself each time you learn new theory in this program is "How can I use this information to become a skilled CC?" One of the ways is to take the information that you have learned and apply it to the "ICARE" model.

C - When you maintain your clients' privacy you are demonstrating that you care about your clients. You are protecting the personal information of your clients. You are not gossiping about or telling others information about your clients that they want kept private. Client confidentiality is a legal responsibility mandated by the Freedom of Information and Protection of Privacy Act, and the Health Information Act of Ontario.

A - Accurate observations are vital when documenting. When you document your observations about an event or interaction, you are informing other team members about that client. What you document provides team members with information about the client that they need to plan and provide safe and appropriate care. Subjective and objective data that you chart may be used when planning client care. Information that you chart may guide changes in treatments or medications. Make sure that what you document is accurate and factual.

R - Always report and record in a timely manner. Information that you report about a client is the same information that you chart about that client. You can report your observations about an event or interaction by using the DATA method. For example, when reporting to your supervisor, describe the event or interaction using subjective and objective information. Make sure that you report what you have done and how the client responded. When you report or record the needs or concerns of your clients you are ensuring that your client will receive the most appropriate care.

E - Ensure client comfort and safety. This is your first obligation. Through effective documentation, you are able to identify the comfort and safety needs of your clients. If you are unable to meet the comfort and safety needs of your clients, then, through effective documentation, you are able to make sure that these needs are met by the appropriate team member.

Exercises

A. Case Study: Applying the "ICARE" Model

Your client, Mr. Smith, is an 86-year-old resident in a continuing-care centre. He does not want to get out of bed today. He says he aches all over and is tired. His face is red, and he is sweating. His skin feels hot. His temperature is 38.4°C.

Later in the morning, you go into Mr. Smith's room and notice that he has vomited and there is a yellow fluid on his bedding. He needs to go to the bathroom. When you are changing his bed, Mr. Smith says he needs to go to the bathroom. He feels weak and is unsteady on his feet. He has diarrhea and passes a large amount of gas while on the toilet. He complains of stomach cramps. Once finished toileting and providing personal care and oral hygiene, you settle him back to bed.

Select the answer that demonstrates application of the ICARE Model.

1. Another client, Mr. Jones, asks you why Mr. Smith is not at lunch. How would you demonstrate compassionate care in this situation?
    a. You say Mr. Smith has diarrhea.
    b. You say Mr. Smith has the flu.
    c. You say Mr. Smith has a temperature.
    d. You say Mr. Smith doesn't feel well.

2. Which of the following statements is an example of an objective observation?
    a. His temperature is 38.4 C.
    b. He feels weak.
    c. He aches all over.
    d. He is tired.

3. Which of the following statements is an example of a subjective observation?
    a. His face is red.
    b. He aches all over.
    c. His skin feels hot.
    d. He vomited his juice.

4. What do you report about Mr. Smith?
    a. Mr. Smith is being lazy; he doesn't want to eat.
    b. Mr. Smith threw up and made a mess of the bed.
    c. Mr. Smith refuses to eat breakfast and lunch.
    d. Mr. Smith aches all over, is tired, has a flushed face, T 38.4C, has loose stool, and is vomiting.

5. How do you meet Mr. Smith's comfort need?
    a. You report to the supervisor about Mr. Smith's changing health status.
    b. You help Mr. Smith to the bathroom.
    c. You bring Mr. Smith his meals.
    d. You tell everyone he is sick.

6. How do you meet Mr. Smith's safety need?
    a. You document that you changed Mr. Smith's bed.
    b. You document that Mr. Smith isn't eating, so he doesn't need a tray in his room.
    c. You document that Mr. Smith is weak and needs help to the washroom.
    d. You help Mr. Smith wash and help with his oral hygiene.

Module Review

Multiple-Choice Practice Questions

1. What are the characteristics of appropriate documentation?
    a. Factual, objective, non-judgmental information
    b. Subjective, judgmental, abbreviated information
    c. Complete and subjective information that follows nursing process
    d. Short, succinct, judgmental information

2. How is a mistake corrected in documentation?
    a. Use white-out and initial
    b. Erase
    c. Recopy
    d. Put a line through the mistake and initial

3. What is the best description of appropriate narrative charting?
    a. Information describing the care provided by other team members
    b. A precise description of the client's condition and care provided
    c. Care that wasn't completed
    d. Conversations between the client and his roommate

4. When is an entry into the narrative chart required?
    a. Whenever there is an observed change the client's condition
    b. When the doctor gives an order
    c. When the family visits
    d. Before going off shift

5. Which of the following actions is an example of appropriate charting when a client's behaviour has changed?
    a. You do nothing. That is the supervisor's responsibility.
    b. You chart "The client's behaviour has changed."
    c. You chart "The client must have dementia because he is forgetful."
    d. You chart "The client is pacing in his room. The client is alone but is talking to someone."

6. Which of the following statements is an example of an objective observation?
    a. "Her lips are blue."
    b. "She is not getting enough oxygen."
    c. "She says she can't breathe."
    d. "The nurse measured her oxygen levels."

7. What type of information do you document on the narrative form in the client chart?
    a. Client care that you have provided; e.g., oral hygiene
    b. The client's temperature, pulse, and respirations
    c. Outine treatment; e.g., dressing change
    d. A change in the client's health status

8. Why is it important that you report and then chart in a timely manner?
    a. So you don't forget what to chart
    b. To keep the health-care team informed
    c. Because the supervisor told you to
    d. So you can go home early

Care Companion Curriculum

Course 3:

Aging & Chronic Illness

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

Course 3: 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 3 - Module 1:

Body Systems and Function

Learner Guide

Goshenite
SENIORS SERVICES INC.

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 lntegumentary 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 3 - Module 2:

Human Growth and Development

Learner Guide

Goshenite
SENIORS SERVICES INC.

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. p.305
- ☐ Read “Middle Adulthood (40 to 65 Years)” in Chapter 18 in the textbook. p.315
- ☐ Read “Late Adulthood (65 Years and Older)” in Chapter 18 in the textbook. p. 316
- ☐ Read “Psychosocial Health” in Chapter 12 in the textbook. p.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 assists 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 3 - Module 3:

Healthy Aging and Independence

Learner Guide

Goshenite
SENIORS SERVICES INC.

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. lntegumentary 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	Keenness 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 aged 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
2. _____ 78 years
3. _____ 92 years
4. _____ 83 years
5. _____ 65 years

a. Young-old
b. Middle-old
c. Old-old

Learning Activities

- ☐ Study Box 21-2 11 Physical Changes That May Occur During the Aging Process" in 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. p.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 3 - Module 4:
Chronic Conditions

Learner Guide

Goshenite
SENIORS SERVICES INC.

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 papercut.
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 3 - Module 5:
Assistive Devices

Learner Guide

Goshenite
SENIORS SERVICES INC.

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).

Care Companion Curriculum

Course 4:

Providing Client Care and Comfort

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

Course 4: Providing Client Care and Comfort

During this course, you will learn the basic care skills that will allow you to give safe and efficient care to your clients. Providing personal grooming and hygiene care to your clients is an intimate and highly personal experience. During the theory and lab elements of this course, you will learn to approach this care in a professional and compassionate manner.

Safe lifting and transferring techniques are important for client comfort and safety as well as staff comfort and safety. Opportunities to practise safe lifting, transferring, and client positioning will be provided for in both lab and practicum settings.

Many of the clients you will be providing care for are unable to control their bladder and bowels; as a result, they use adult incontinence briefs. Other clients are unable to reach the toilet or commode on their own. Your will be taught a professional, caring, and compassionate approach to assisting clients with their elimination needs.

Mealtimes are a traditional time for friends and families to gather and enjoy both good food and good company. This course will teach the principles of safely assisting clients to eat as well as guidelines for creating a safe, clean, and socially inviting dining environment.

Throughout this course, you will be using the Provincial Curriculum Learner Guide, the Lab and Practicum Skills Checklist and your Mosby's Canadian Textbook for Support Workers, 3rd Edition, the accompanying workbook, and skills DVDs.

Read, learn, practise, and enjoy.

Care Companion Curriculum

Course 4 - Module 1:

Client Grooming and Personal Hygiene

Learner Guide

Goshenite
SENIORS SERVICES INC.

Introduction

Module 1: Client Grooming

This module will give you the opportunity to practise the skills of basic care that clients require. Most of us care for ourselves without giving it much thought. There will be times, though, when your clients will be in a very different situation and unable to care for their personal hygiene and grooming. It is important to realize that to help your clients with their grooming and hygiene tasks, you must understand the appropriate way to help. You do not want to cause more discomfort or injury. You will have to be gentle and supportive of the clients' feelings.

In all the skills presented, you will be able to apply your knowledge and follow best practice principles. The information follows the "ICARE" model, which encourages you to recognize that a skill does not stand alone but is always part of meeting both the physical and emotional needs of the client.

General Learning Outcomes

1. Examine best practices related to client grooming and personal hygiene.
2. Examine the CC role and responsibilities when applying the "ICARE" model to grooming and personal hygiene.
3. Demonstrate best practice principles of grooming and personal hygiene.

Specific Learning Outcomes

a. Observe the client from head to toe while assisting with grooming and personal hygiene.
b. Demonstrate the ability to encourage self-care in clients related to grooming and personal hygiene.
c. Provide skin care.
d. Provide appropriate oral care procedures for conscious and unconscious clients.
e. Provide denture care.
f. Provide hair care.
g. Document and report observations and care provided.

Articles

Providing Basic Skin Care

Providing basic skin care is important for both physical and mental health. Healthy skin provides protection and contributes to a sense of well-being. The CC provides care that keeps skin clean, dry, and moisturized.

Learning Activities

- ☐ Read “Oral Hygiene” in Chapter 3O in the textbook, page 613.
- ☐ Read “Denture Care” in Chapter 3O, page 623.
- ☐ Read “Brushing teeth” in textbook, page 615.
- ☐ Read “Hair Care” in the textbook, page 652-653.
- ☐ Read “Safe Makeup Application” in the Learner Guide.
- ☐ Safe Makeup Application

Makeup choice is very individual and can contribute to a sense of self-worth. Respecting a client’s personal preferences and assisting with makeup application that is age-appropriate (don’t overdo it!) is part of the CC role. The client will appreciate a mirror to assist with or observe the makeup routine. Client makeup should be clearly labelled with the client’s name to prevent cross-contamination that could result with the sharing of items. The CC needs to remember that facial skin can be sensitive to creams and lotions, and only the moisturizers indicated in the care plan should be used for each client.

Glossary

Grooming	Brushing hair
Personal Hygiene	Hand washing, face washing, makeup application, oral care including brushing teeth or dentures

Articles

Applying the "ICARE" Model to Client Grooming

C - Grooming and personal hygiene are areas of our lives that we manage independently and privately unless some misfortune comes our way. We take care of our grooming and hygiene when we want and how we want. Compassionate care recognizes that a client is experiencing a great sense of loss of independence in a very private area of his life. His misfortune has caused him to now become dependent on a caregiver with matters he had not previously shared with others. The caring CC recognizes this loss and makes every effort to maintain client dignity by letting the client know that his need for assistance does not mean that he has less value or worth as a person. The caring CC sees the client as a whole person when assisting with care and does not focus just on the tasks. The professional CC will not allow facial expressions to reveal that she is upset by odours or body image abnormalities.

Neither will the CC make comments that imply or state that the client is "too much work" or "too large" for her to manage.

The caring CC will encourage independence by allowing the client to do as much on her own as possible, even though it may take longer. The CC takes cues from the client when it is appropriate to provide further assistance. The caring CC encourages the preferences (style of hair, clothing) of the client and the choice of products used for grooming (lotions, soaps, makeup). All personal items of the client are treated with care and respect.

The caring CC will ensure that the client is properly groomed, and his hygiene is taken care of so that he appears well-kept and nicely groomed. A female client will have her makeup applied appropriately and a favourite cologne of her choice applied. Mouth care is provided so the client does not suffer halitosis or a sore mouth from improper oral care. Eyes are cleansed and kept free of dried discharge.

The caring CC ensures privacy by knocking before entering, keeping doors and curtains closed, and keeping the client covered as much as possible during personal care. Client privacy is also maintained by using a respectful volume when speaking with a client and never discussing the person's needs in front of other clients or visitors.

Finally, the caring CC ensures safety during grooming by performing hand hygiene before and after care for each client. This regular hand washing shows respect for your client's health and safety. Good handwashing shows your client that you are willing to take the time necessary to keep her body and environment clean. Safety also includes the CC keeping her nails short, not wearing rings that could cause skin tears or scratches and using equipment that is in good working order. The CC also ensures that client clothing and footwear are the correct size for safe movement and mobility.

Clients who receive compassionate caring will feel appreciated for who they are and valued for their strengths.

A - The private and personal nature of grooming means that the CC is one of only a few people each day who can observe anything unusual. The provision of daily mouth care allows for observation of anything unusual related to the teeth, dentures, tongue, mucous membranes or lips. When providing facial and hair care, the observation of unusual discharge or swelling related to the eyes, ears, nose, and scalp can be made.

R - When reporting and recording about hygiene, lesions or discoloration, the colour, size, and exact location of what has been observed must be included. It must also be noted whether the area was open, or any drainage was observed. These elements are all important so that staff on the following shifts can observe whether any changes are occurring.

E - Clients feel an increased sense of value and self-worth when they feel clean, well-groomed, and free of odour.

When compassionate care is provided in a supportive environment the client's anxiety about relying on others for personal care is decreased. The call bell will be left in reaching distance when the CC leaves the client. Ensuring that the call bell is in place provides comfort to the client, telling her that the CC cares about her and will be there to assist as needed. When the CC ensures the comfort, support, and safety of the client in assisting with personal hygiene and grooming, the client will be able to feel a sense of well-being and self- worth.

Care Companion Curriculum

Course 4 - Module 2:
Assisting at Mealtime

Learner Guide

Goshenite
SENIORS SERVICES INC.

Applying the "ICARE" Model to Assisting at Mealtime

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 assisting the client at mealtime, the CC follows his/her roles and responsibilities.

C - Compassionate caring related to assisting the client at mealtime is a role that the CC performs. Through compassionate caring, the CC attempts to ensure the client's safety at mealtime. The CC:

- Follows direction from nursing or dietary staff
- Identifies the signs of dysphagia
- Performs the strategies to prevent the client from aspirating drinks and foods
- Respects that the client has food preferences
- Serves hot food hot and cold food cold
- Provides the client with drinks and foods that have the ordered texture modification
- Provides the client with special eating utensils
- Encourages the client to be independent at mealtime
- Opens containers and packages that the client cannot manage
- Assists clients with hand hygiene before and after meals
- Offers mouth care before and after meals
- Ensures that dentures are in place as required before meals

A - Accurate observations by the CC determine whether the client is safe at mealtime. The CC:

- Observes the drinks and food for the client's food preference
- Observes the food at mealtimes for the correct texture modification
- Observes the food at mealtimes for any special diet requirements
- Observes the client's oral intake
- Observes for signs of dysphagia
- Observes correct food temperature

R - Report and record is the responsibility of the CC to ensure that the client is safe at mealtime. The CC:

- Follows the special diet requirements
- Follows the food texture modification requirements
- Notifies the regulated health-care professional in charge of any signs of dysphagia or concerns and questions regarding the client's safety at mealtime
- Accurately documents signs of dysphagia
- Accurately documents ordered intake and output

E - Ensuring client comfort, support, and safety is accomplished through different methods to protect the client at mealtime. The CC:

- Keeps the client sitting upright for at least 30 minutes after each meal
- Performs oral care on the client after each meal

Lab Skills Procedures

Lab Skills Procedure: Observing and Performing Safe Feeding Techniques

Action	Reason
1. Check the client's care plan for instructions regarding type of diet that the client is to receive, food allergies, food preferences, and level of food texture modification.	• Ensures that safe care is given to the correct client
2. Perform hand hygiene.	• Reduces the transmission of microorganisms
3. Prepare the client by assisting her into a sitting position.	• Ensures client comfort and safety
4. Prepare food according to the needs of the client.	• Ensures that the client's needs are met
5. Encourage client independence, but if assistance with feeding is required, offer food in the order that the client requests.	• Promotes client dignity
6. Allow time for the client to chew and swallow.	• Ensures client comfort and safety
7. When feeding, alternate between offering drinks and food.	• Prevents aspiration • Promotes oral intake
8. If the client is on thickened fluids, use a spoon correctly when feeding a drink.	• Removes any contamination of hands as the result of the procedure
9. Wipe the client's face if spills occur.	• Ensures client comfort and safety
10. Observe for signs of dysphagia while the client is eating	• Ensures that accurate observations are noted
11. Notice how much food and fluid the client has consumed during the meal.	• Ensures that accurate observations are noted
12. Keep the client in an upright sitting position for at least 30 minutes after a meal.	• Promotes digestion and prevents aspiration
13. Perform oral care after the meal.	• Promotes client comfort
14. Report and record observations according to agency policy.	• Ensures effective communication with the health-care team

Lab Skills Procedure: Modifying the Texture of Fluids

Action	Reason
1. Read the care plan to determine whether the client requires fluid texture modification.	• Provides the client with correct fluid texture modification
2. Follow directions on thickening chart when modifying fluid texture.	• Creates the correct texture of fluid
3. Wait at least 5 minutes after adding thickener before serving the fluid to the client. Be sure to follow the directions on the packaging.	• Ensures that the fluid has stopped thickening and the desired texture of the fluid has been achieved • Not all thickeners will thicken at the same speed.
4. Feed thickened fluid with a spoon.	• Promotes oral intake

Care Companion Curriculum

Course 4 - Module 3:
Light Housekeeping

Learner Guide

Goshenite
SENIORS SERVICES INC.

Washing Linens and Clothing

Soiled laundry refers to linens or clothes that have urine, feces, vomit, or blood present. Soiled laundry should be handled as little as possible to prevent the spread of germs. Before touching soiled laundry, the CC should wear waterproof gloves for protection from body fluids. To minimize touching soiled laundry, do not sort the clothes until after they are cleaned. Hold soiled linen away from your uniform and clothes and place it directly into the soiled laundry hamper. Do not place it on floors or other surfaces.

Washing clothes in hot water cleans the clothes and decreases the risk for spreading germs. When clothes are to be washed in hot water, they should be washed with a detergent in water at least 71°C (160 ° F) for 25 minutes. For drying clothes, high heat is recommended to further decrease the number of harmful germs. Read the drying instructions on each garment's label. Use caution when using high water and drying temperatures.

If cold water is used for washing soiled clothing, then bleach should be used with the detergent. Very soiled clothing needs to be soaked in lukewarm water and stains scrubbed out by hand. Bleach should not be needed in every load if the laundry is done in a person's own home. Always read instructions on bleach and detergent bottles to see how much is required. Always read clothing washing labels to ensure that it is safe to use bleach on an article of clothing. All client clothing must be handled in a respectful manner.

Wear gloves for washing heavily soiled linens and clothes and wash your hands.

Light Housekeeping

Different clients will have different standards of neatness and cleanliness. One way to handle different standards is to show respect for the client by asking the client where he or she would like the items to be put. Consult clients prior to putting items away or moving them as the client may want the items where they are.

The CC performs only the housekeeping tasks identified on the care plan. In order to encourage and maintain an independent client, never do chores that the client can do.

Safety tips associated with cleaning include:

- Keeping all chemical products out of sight and out of reach of children in a secure cupboard
- Closing the caps on cleaning product containers, even if you are only setting them down for a moment
- Storing household cleaners in their original containers and making sure there are labels on all of them
- Always reading the label before using a specific cleaner
- Asking for help if you are unsure about the instructions on the label
- Never mixing cleaners together, because some mixtures can produce harmful gases
- Opening windows to let in fresh air when cleaning, to prevent poor air quality
- Wearing rubber gloves to protect yourself from chemicals and bacteria when using strong cleaners or when small areas of human waste are present

Tasks associated with the bathroom include:

- Cleaning the sink and counters - Use hot soapy water with a capful of bleach or disinfecting household cleaning solution such as Lysol. Use a clean cloth and clean countertops and sinks by wiping thoroughly in all surface areas.
- Cleaning mirrors
- Cleaning and disinfecting toilets and tubs - Using proper cleaning solutions, wipe all surface thoroughly including the rim and base of the toilet.
- Changing the towels
- Cleaning the floor by sweeping and vacuuming before washing with a mop or by hand
- Removing the garbage - Clean and wipe out the garbage can before replacing the bag.
- Vacuuming rugs and mats thoroughly

Tasks associated with the kitchen include:

- Washing and drying dishes before putting them away
- Cleaning the sink after washing the dishes
- Cleaning counters and walls behind the counter
- Cleaning the tops of the fridge and stove
- Cleaning the kitchen floor by sweeping or vacuuming it before washing it with a mop
- Removing old garbage and putting a new garbage bag into the bin

Tasks associated with the bedroom or living room include:

- Picking up any garbage on the floor
- Changing bedding covers
- Dusting furniture and electronic equipment
- Removing accumulated household garbage or other waste
- Making the bed

Care Companion Curriculum

Course 5:

Special Activities for the Diverse Clients

Learner Guide

Goshenite
SENIORS SERVICES INC.

Care Companion Curriculum

Course 5 - Module 1:

Caring for Clients with a Diagnosis of Dementia

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 3: Caring for Clients with a Diagnosis of Dementia

Introduction

Dementia is a disease that affects not only the clients who receive the diagnosis, but also their families, friends, and caregivers. Dementia is a collection of disease processes that slowly destroys the brain. It can result in significant memory loss, loss of judgment, and loss of speech, muscle control, and other normal body functions. Those who have been diagnosed with dementia require care by family and health-care professionals to meet physical, social, and emotional needs. This module prepares the CC to provide quality care for clients who have been diagnosed with dementia.

As you progress through Part 1 of this module, you will learn to explore your own feelings towards aging and dementia. You will become familiar with causes, signs, and stages of dementia, as well as strategies to provide a high quality of life for clients who have this diagnosis.

Dementia is a disease that occurs in the brain and nervous system. The effects are seen in every part of the affected person's life - getting dressed in the morning, talking with family, driving to get groceries, paying bills, cooking meals, and talking on the phone. Common, everyday tasks become more difficult to complete as the brain and nervous system are slowly destroyed.

Dementia has multiple causes, and every person diagnosed with dementia is affected differently. Changes to memory and personality occur, and the person who was once independent and vibrant becomes dependent, has difficulties communicating, and suffers significant memory loss.

In Part 2, you will learn how the brain and nervous system work, and how the body and mind are impacted by dementia. Causes, types, and stages of dementia are described. Altered responses or behaviours and various strategies to manage these responses are outlined. Most importantly, caring for the client diagnosed with dementia requires an understanding of who they are as a person. Strategies to maintain the personhood of the client are outlined for the CC to provide quality care and to promote quality of life for the client diagnosed with dementia.

Communication is important when caring for others. If someone is feeling sad, he can share his emotions with another person. If someone is sick, he can tell another how he is and get the help he needs. Communication is impaired in clients who have been diagnosed with dementia. It may be that the client can't find the right word to say or can no longer read and write. The client may be unable to verbalize at all or may misinterpret another's words or actions. The client may not be able to tell her caregivers she is experiencing hunger, discomfort, fatigue or pain. An important part of caring for clients diagnosed with dementia is learning how to communicate with them.

It is through communication that the CC can provide care that acknowledges personhood, builds a trusting relationship, and promotes quality of life in clients diagnosed with dementia.

Safety is an ongoing concern for the families and caregivers of clients with dementia. There are many ways to create a safe environment while the client is still living at home. Although the priority is to keep the client safe, maintaining the client's sense of autonomy is also of great importance.

Continuing to live at home has many advantages for clients with dementia. It provides them with a sense of comfort, and they are less prone to confusion because they are familiar with their surroundings. It is necessary to take safety precautions throughout the home so they can live in their homes safely as the disease progresses. Focusing on the clients' abilities will go far in maintaining their sense of autonomy and self-worth.

The family is usually the main support system for the client with dementia. Many times, it is the spouse or other family member who first notices the signs and symptoms of dementia in the client. It is the family who accompanies the client to doctor's appointments, makes arrangements to care for the clients in their own homes, or moves in with the client to provide care. Many family members take on the role of primary caregiver and require support in learning about dementia and strategies to best provide care for their loved one.

Whether the client is living at home, receiving home care or is admitted to a continuing-care facility, the family is the constant that the client relies on for emotional and social support. The family knows the client's history, personality, and preferences. Sharing this knowledge with the health-care team contributes to plans to provide individualized care which recognizes the personhood of the client.

Supporting the family is also part of the CC role. Family members often become strained when caring for clients with dementia. Many family members become extremely stressed, exhausted, and overburdened as the primary caregiver. The grieving process begins for the client and family members upon diagnosis of dementia and lasts throughout the progression of the disease.

General Learning Outcomes

1. Examine personal feelings and experiences as they relate to aging and dementia care.
2. Examine best practices for care strategies to manage altered responses and maintain person hood in clients with dementia.
3. Examine the CC role and responsibilities when applying the "ICARE" model to caring for clients diagnosed with dementia and who are experiencing altered responses.

Section 1

Determine your beliefs about aging.

Learning Activities

- ☐ Read “Feelings Do Matter” in the Learner Guide.
- ☐ Read “Beliefs About Aging” in the Learner Guide.
- ☐ Complete “A. Reflection Questions: Understanding Your Beliefs About Aging” in the Learner Guide.

🕮 Articles

Feelings Do Matter

Caring for clients diagnosed with dementia requires knowledge, skill, empathy, willingness, and patience. To promote a high quality of life for the client, the CC must understand that each interaction with the client has a purpose-to calm, to help, to include, and to keep safe.

To care for clients who have been diagnosed with dementia, and their families, the CC needs to understand how they themselves feel about aging and dementia. Exploring personal feelings - and understanding how your feelings affect your attitude and, therefore, your ability to provide care - is an important step towards providing care with empathy.

This unit looks at exploring personal feelings and attitudes towards aging and dementia. It is the hope that by understanding your own feelings and attitudes, you can have greater empathy, ability, and willingness to provide care for those who have been diagnosed with dementia.

You may be wondering what all of this has to do with being an CC who cares for clients with dementia. Health-care workers need to understand their own views of aging to care for those who are older and have health needs. Personal beliefs and attitudes toward aging affect the quality of care that is given. For example, studies have found that a caregiver who holds a negative view of aging is more likely to provide care that is of poor quality. The more positive the attitude towards dementia, the more likely that the caregiver will provide care that is of a higher quality-focusing on the individual needs of the client, enhancing client satisfaction, and promoting the client’s health and well-being.

Caring for an older population of people effectively means understanding personal feelings and attitudes towards those who are older and aging. It is through this self-exploration that you can then understand how to best provide care for a client diagnosed with dementia.

Exercises

A. Reflection Questions: Understanding Your Beliefs About Aging

Answer each of the questions below. There is no right or wrong answer. Each question will help you to determine your own attitude towards aging.

1. How old are you now? How old do you feel?
2. Think of the following activities: dancing, football, knitting, making dinner, playing an instrument, landscaping a garden, playing bingo, getting together with friends for coffee, reading poetry, public speaking. Which of these do you consider to be activities for the “old” or “young”?
3. What types of activities did you see your grandparents or older family members doing when you were growing up?
4. Describe a personal experience with someone you considered to be old. What were your feelings toward that person?
5. Think of some television shows or movies you have seen. How has this influenced your attitude towards aging?
6. Considering the positive and negative stereotypes of aging, do you consider your attitudes towards aging to be positive or negative?
7. What can you do to make your attitudes towards aging more positive?

When a person is diagnosed with dementia, some family and friends are uncertain how to act. Some are unsure how to handle the different behaviours that the person exhibits. People can become frightened as the person they know so well behaves in ways that are socially unacceptable. Family or friends may stop associating with the person if the behaviours cause embarrassment or the person becomes aggressive towards them.

Caregivers need to explore and understand their feelings and attitudes towards dementia. But, to provide care that is compassionate and to contribute to the client’s quality of life, caring for clients diagnosed with dementia requires an understanding of what they are experiencing at every moment.

As an CC, providing care that promotes quality of life requires an understanding of personal beliefs towards aging and dementia, a willingness to learn about dementia, and an understanding of how those who have been diagnosed with dementia are experiencing it.

Changes in Memory and Learning with Aging

Knowing that there are changes to the brain with the aging process, one can expect that as people age, there will be changes to memory, problem-solving, attention, and the ability to learn new information. The following table describes changes to memory, attention, and learning that happen with the normal aging process.

Short-term memory	There is a decline in working memory. Working memory is active when a person receives information and must "hold on" to the information for a short amount of time. For example, if someone tells you her phone number and you have to remember it because you don't have a paper and pen to write it down, you are using working memory. Working memory only works for a short amount of time and can hold only a limited amount of information.
Long-term memory	There is a decline in **episodic memory,** which is the type of memory for events that occur at a specific place and time. (For example, remembering where you put your car keys, or parked your car at the mall.) It is also the memory used when remembering to take medications, lock the door, and turn off the curling iron. There is a decline in **temporal memory.** Temporal memory helps us to recall the order in which events occurred. For example, remembering which day you went grocery shopping, to the dentist, and visited your best friend is using temporal memory.
Attention	It becomes more difficult to focus on a task when there are distractions around. For example: When talking to another person, it becomes more difficult to filter out background noises such as other conversations, music or loud sounds, and it is easier to become distracted. When attention is lost, the person needs to re-focus and start the conversation again.
Learning new information	Learning is a process that occurs throughout the lifespan. Aging does not affect the ability to learn new information, but it can take longer than in childhood or younger adulthood. The advantage of learning at an older age is the number of life experiences and amount of knowledge that have already been learned. An older learner knows how to incorporate new information into his life more readily than a child does. An older person also has the knowledge and experience to share and teach others. Recalling information and teaching others helps to reinforce existing knowledge in the brain, making it easier to remember and retrieve this specific information.

Promoting Memory Function Through Mental Exercise

Performing mental exercises and learning new skills helps to promote brain and memory function and can help to slow down the effects of aging on the brain. There are a number of activities that one can do to maintain and promote memory function, and to create new memory and learning pathways. Research has shown that older people who pursue new learning and participate in regular mental exercise are mentally and physically healthier and have lower incidences of developing dementia.

For day-to-day functioning, the following activities are helpful:

- Make a list of tasks to do.
- Follow a daily routine and keep a calendar updated with appointments and meetings.
- Keep items such as car keys in a specific place.
- Keep active. Include exercise as part of a daily routine.

When travelling or meeting new people, the following activities help you remember specific details:

- Look for landmarks when arriving at a destination.
- When meeting somebody new, repeat his or her name a few times, or associate the person's name with something about that person (e.g., Carol with the blue shirt; James with the long beard).

The following activities can help to keep the memory active and sharp:

- Crossword puzzles, as they require use of long-term memory, and keep the mind actively thinking and remembering
- Board games such as chess, checkers or dominoes as they require active use of memory
- Reading, as it promotes imagination and creativity
- Playing musical instruments, as this requires long-term memory, and creates new mental pathways when learning an instrument

Learning Activities

☐ Read "Causes of Dementia" in the Learner Guide.

☐ Read "Comparing Depression, Delirium, and Dementia" in the Learner Guide.

Articles

Causes of Dementia

There are many known causes of dementia, and others which are currently being researched by scientists. Understanding how dementia occurs helps us all to develop ways to maintain healthy lifestyles to prevent illness and promote health.

Dementia is caused by various medical disorders that cause damage to the brain and nervous system. Some of these disorders include:

- Parkinson's disease (loss of the production of a neurotransmitter, dopamine, which interrupts transmission of nerve messages and leads to degeneration of nerves in the brain)
- Multiple sclerosis (a disease affecting the myelin sheath, slowing down electrical signals in the brain and spinal cord)
- Huntington's disease (a disease in which neurons in the brain degenerate)
- Cerebral vascular accidents, or strokes (a blood clot in the brain that inhibits oxygenated blood from entering brain tissue, causing cell death)

Research has found that exposure to chemicals such as fertilizers also leads to dementia. Prolonged substance abuse (such as illegal drugs or alcohol) can cause damage to the brain which can cause dementia.

Infections that affect the brain can also cause dementia. Infection from syphilis or HIV, both sexually transmitted diseases, can lead to dementia if the brain is affected by the infection.

Other causes can be related to nutrition. A lack of Vitamin 812 or general malnutrition can starve the brain and nervous system of the nutrients it needs to function properly and can cause dementia.

Comparing Reversible and Non-Reversible Dementias

Reversible Dementias

Reversible dementias are not true dementias. Reversible dementias are signs and symptoms that mimic or copy dementia. The symptoms develop as a response to other conditions that are happening to the body. Once the cause is treated, the signs and symptoms that look like dementia disappear

Causes of Reversible Dementias

There are many causes of reversible dementias. It is important to find out the cause of the symptoms to determine whether the person truly has dementia, or whether the person has other medical conditions that can be treated.

Medication reactions - These are the most common causes of reversible dementia. Some medications react with another medication or have side effects that cause dementia-like symptoms. When the medication is stopped, the side effects usually disappear.

Head injury - An injury to the head causing swelling to the brain or causing the person to become unconscious often leads to changes in behaviour. The person can have memory deficits, become aggressive, and become disoriented. As the injury heals, the symptoms decrease. Repeated head injuries can lead to permanent injury, which can develop into dementia.

Alcohol or drug use - The use of alcohol or drugs can cause symptoms that mimic dementia, which are often reversed once the alcohol or drug has been metabolized and excreted by the body. However, long term use of alcohol or drugs can lead to permanent dementia.

Dehydration - Keeping the body hydrated is essential for proper maintenance, electrolyte balance, and to maintain body temperature. A hydrated body maintains blood pressure, delivers nutrients to cells of the body, and rids the body of wastes. Dehydration can disrupt the balance the body requires to function, and symptoms of disorientation and confusion can result.

Electrolyte imbalance - The body's electrolytes (sodium, potassium, chloride, and bicarbonate) must be balanced for the body to function properly. Numerous medical conditions including dehydration, flu, and kidney disease can disturb the balance of electrolytes in the body. A disruption to the body's levels of electrolytes, especially sodium and potassium, can cause symptoms of disorientation and confusion. Restoring electrolyte balance, usually through the infusion of intravenous fluids, reverses the symptoms.

Diet and nutrition imbalances - Malnutrition, which means a deficiency in one or more vital nutrients, can lead to symptoms of dementia. Those who have a vitamin B imbalance often develop signs of dementia which can become permanent if not treated.

Infections - Infections that affect the central nervous system or infections that cause high fever can create disorientation to time and place, or hallucinations where one sees or hears things that aren't really present. Treating the fever will reduce the symptoms.

Brain tumours - A tumour growing in the brain can cause pressure on different areas of the brain, or cause fluid to accumulate, which can lead to changes in behaviours and memory. Removal of the tumour often reverses the symptoms.

Depression - Along with symptoms of depression (low motivation, feelings of sadness, helplessness) there can be memory loss, the inability to concentrate, and the inability to care for oneself. Because depression can be a long-term illness, it can be mistaken for dementia. Treatment of depression takes several weeks to months, so symptoms that mimic dementia can last for long periods of time.

Hormone dysfunction - Hypothyroidism (low levels of thyroid hormone secretion) or hypoglycemia (low blood sugar related to high insulin secretion) can cause signs and symptoms that may affect orientation and behaviour.

Environmental toxins- Exposure to toxins such as mercury or lead can cause dementia. Exposure over long periods to lead and mercury can cause damage to the nervous system and cause symptoms such as confusion, memory loss, and difficulties with attention.

Non-Reversible Dementias

Progressive dementias of the Alzheimer's type include:

- Alzheimer's disease
- Frontal temporal dementia (previously known as Pick's disease)
- Lewy body dementia
- Crutzfeldt-Jakob disease

Non-progressive non-reversible dementias include:

- Multi-infarct dementia
- Dementias caused by heavy metal exposure, such as occurs in mercury poisoning Korsakoff's syndrome, caused by lack of B-complex vitamins and linked to chronic alcoholism

Dementias secondary to neurological diseases often, but not always, diagnosed in individuals with:

- Multiple sclerosis
- Parkinson's disease
- Huntington's disease

The most common form of irreversible dementia is Alzheimer's disease. Alzheimer's disease is often described using seven progressive stages. Sometimes you may see it described in three stages -early, mid- and end-stage. Below is a chart outlining the seven stages of Alzheimer's disease.

Stage of Dementia	Description
Stage 1	There are no signs of memory loss or cognitive decline.
Stage 2	Memory loss is subtle; still able to carry out daily activities and participate in everyday social situations, but: • Forgets names or specific words during conversations
Stage 3 (Early-stage dementia)	Memory loss becomes more significant: • Unable to remember the names of new acquaintances • Misplaces objects frequently • Performance in daily tasks declines (e.g., cooking and driving)
Stage 4 (Early-stage dementia)	Decline in cognitive function becomes more obvious: • Cannot remember current or recent events • Unable to perform more complex math skills such as counting backwards; can have difficulty managing money • Unable to organize or plan activities • Withdraws from social activities because it becomes more difficult to participate in meaningful conversations
Stage 5 (Moderate-stage dementia)	Considerable gaps in memory and cognitive functioning: • Cannot remember current address or phone number • Disoriented to day, week, month or season • Becomes easily lost in unfamiliar surroundings • Needs assistance with choosing appropriate clothing for cold weather or special occasions • Confuses family members (for example, mistakes grandson for son)
Stage 6 (Moderate-stage dementia)	Forgetfulness and deteriorating cognitive function become more severe: • Personality changes are significant (suspicious; paranoid; repetitive behaviour) • Requires assistance with managing activities of daily living (eating, dressing, bathing, and toileting) • Wandering is common; becomes lost easily even in a familiar setting
Stage 7 (Late-stage dementia)	Inability to respond to the environment: • Cannot communicate verbally • Cannot control motor movements • Requires complete assistance with all activities of daily living • Loses ability to use muscles, and becomes unable to walk, sit, or hold up head without significant support

Identify strategies to help clients cope with memory loss.

Learning Activities

☐ Read “Strategies to Help Clients Cope with Memory Loss” in the Learner Guide.

 Articles

Strategies to Help Clients Cope with Memory Loss

Memory loss is frightening. We rely on our memory to function in everyday tasks, to communicate, to work, and to play. Memory loss creates stress, both for the person experiencing it and for family members or caregivers watching it happen. Very often, the person denies having any memory loss to others, but can feel ashamed, scared, and out of control. Sometimes, the client experiencing memory loss will blame others for “changing the plan” or “not telling me” of an event to try to hide her memory loss.

Memory loss in dementia cannot be avoided. As caregivers, it is important to recognize when memory loss is worsening, and provide care that maintains the client’s dignity, builds confidence, and maintains independence.

Helping clients to cope with their memory loss can occur in a variety of ways. Depending on the memory loss and how the client is reacting, you can help in a number of ways. The following list contains strategies to help a client who is experiencing memory loss to cope:

- Ensure that the client’s safety is not compromised. For example, if the client is forgetting to turn off the stove, then it may be necessary to use a safety switch to prevent the oven from heating up.
- Ensure that calendars are updated, and clocks are set to the correct time.
- Keep the client’s room or home organized.
- Label items so the client can find them easily.
- Establish and maintain the client’s routine for morning care, for daily activities and meals, and for taking medications.
- Provide a calm, quiet environment.
- When noticing that the client is experiencing memory loss, deal with any issues one at a time, using a non-judgmental approach. For example, diverting the client to another activity often helps to redirect his behaviour and responses.
- Communicate with the client using simple phrases and one-step directions.
- Face the client when speaking with her.
- Maintain eye contact during conversations.
- Focus on the current situation, and do not ask the client to “remember” when something happened.

- Do not argue with the client. This can lead to an altered response that can be difficult to manage.
- Give the client time to respond when asking questions or during a conversation. It may take more time for the client to find the right words.

Strategies may have to change as the client has more significant memory loss, or memory is affected by fatigue or illness. Assisting the client to cope with memory loss helps him maintain quality of life.

Learning Activities

☐ Read "Personhood and Strategies to Maintain Personhood" in the Learner Guide.

☐ Complete "A. Questionnaire: Understanding Personhood" in the Learner Guide.

Articles

Personhood and Strategies to Maintain Personhood

Have you ever asked for something that you needed, and were ignored? Have you ever felt left out in a group of people? Did you ever receive help that really wasn't helpful at all? Did you become frustrated or angry, or feel disrespected? How did you react?

If you have experienced any of these situations, your personhood was not acknowledged or respected.

Personhood is a concept that describes the value, respect, and recognition that each individual should receive because he/she is human -with feelings, emotions, and unique qualities that make that person an individual. Respecting someone's personhood contributes to his value as a person, his self-esteem, his ability to trust others and be trusted, and to maintain his dignity.

Personhood is built by participating in meaningful life experiences. There are many factors that contribute to personhood. Some of these include:

- Gender
- Culture and religious beliefs
- Lifestyle
- Beliefs and values
- Hobbies and interests
- Temperament

Personhood is an extremely important concept to understand when caring for clients who have been diagnosed with dementia. Dementia does not take away one's personhood. Dementia alters the brain's ability to function, but it does not interfere with the need to feel unique, respected, and valued. A client diagnosed with dementia still has the ability to participate in life experiences that are meaningful. She may need assistance in initiating, experiencing or interpreting the experience. You may need to tailor the experience to make it meaningful for her as an individual.

Providing care that acknowledges personhood in a client diagnosed with dementia has been shown to reduce episodes of agitation and aggression, improve sleeping patterns, and maintain self-esteem.

Maintaining Personhood in a Client Diagnosed with Dementia

Clients diagnosed with dementia still respond to people, circumstances, and their environment. How they interpret conversations, circumstances, and their environment can be inaccurate because of the effects of dementia. Helping these clients to accurately interpret their interactions and the responses they receive puts clients at ease and helps them to respond in an appropriate manner. This also contributes to their participation in life experiences.

Although dementia changes a person's behaviours and, in a sense, personality, there are still ways to maintain personhood when caring for a client diagnosed with dementia. These strategies include:

- Learn about the client's history by having her describe personal mementoes and pictures, or through personal histories from family and friends or written sources.
- Call clients by the name they prefer to be called by. For example, if Mrs. Ableman prefers to be called "Margaret," then use that name.
- Engage clients in one-to-one conversations when walking, during personal care or at mealtimes.
- Include clients in small-group conversations during mealtimes.
- Provide choices.
- Allow clients to complete tasks independently or with minimal assistance.
- Have someone the client trusts perform physical care.
- Include the client in activities that recognize his culture or religious background.
- Listen to the client's words and emotions. If the client is unable to use correct words, or cannot
- speak at all, do your best to translate the words and emotions in a meaningful way.
- Acknowledge and respect the client's word when she says "No."
- Respond to the client using empathy.

Treating the client as an individual, and providing care with empathy, permits the client diagnosed with dementia to continue living a meaningful life.

As dementia progresses, altered responses may become more severe, disappear, or new ones may begin. Strategies to manage an altered response can change and new strategies have to be tried. Providing a safe environment, anticipating client needs, being creative with solutions, and sharing your knowledge with other members of the health-care team are the most effective ways to manage altered responses in clients diagnosed with dementia.

Wandering	• Learn patterns of wandering for each client and share the information with other staff or family members.
	• Ensure client safety:
	  • Make sure that the client is mobile enough to walk for longer distances (mobility, ability to walk long distances).
	  • Provide an open space to encourage safe wandering (long hallways, outdoor paths) while being supervised.
	  • Place chairs along hallways or walkways to provide opportunities for rest. For clients who wander into unsafe areas, placing a dark mat, dark tape on the floor or mirrors on the wall can create a perceptual barrier and prevent the client from wandering into a specific area or out of a door.
	• Encourage wandering during daytime hours to promote sleep at night.
	• Music may limit the wandering to an area for a period of time. If the client
	• enjoys the music, he is likely to stay in an area where he can hear it.
	• Regular exercise may decrease wandering.
	• Encourage the client to speak and listen to what she has to say. Distract the client by involving him in an activity he enjoys.

Hallucinations and delusions	• Accept the hallucination or delusion as the client's reality, and do not attempt to convince the client the hallucination or delusion is not real. • Distract the client from the hallucination or delusion by redirecting her to an activity. • If the hallucination or delusion brings pleasant emotions to the client, do not try to redirect her.
Agitation and restlessness	• Listen to the client if he is expressing his frustrations. • Determine causes that trigger agitation and restlessness, and try to eliminate or decrease them. • Be aware of your response to the client's restlessness. Stay calm and reassure the client that you are there to help and comfort him. • When the client has become calmer, redirect to an activity that maintains his calm response.
Aggression and combativeness	• Be aware of your response to the client's restlessness. Stay calm and reassure the client that you are there to help and comfort her. • Determine causes that trigger agitation and restlessness, and try to decrease or eliminate them.

Screaming	• Determine whether the client is experiencing pain and implement care strategies to relieve pain:
	  • Reposition client.
	  • Keep client comfortable (i.e., not too warm or cold).
	• Distract the client:
	  • Play music the client enjoys and that calms him.
	  • Participate in conversations with the client about his interests, hobbies, family or traditions, and holidays.

Socially unacceptable sexual behaviours	• Bathing or pericare should be provided by a caregiver of the same gender as the client. • Distract the client with other activities. • In a matter-of-fact way, set boundaries with the client. If the client is touching the caregiver inappropriately, gently move hands and distract with conversation.
Repetitive behaviours	• Consider ways to comfort and provide security to the client. • If the repetition is an action, try to provide an activity that addresses the action (e.g., if wringing hands, try to provide an activity that the client can do with her hands such as sorting items or folding socks or hand towels).
Hoarding	• Remove only unnecessary items and leave the remainder of items in a safe place (i.e., out of the way of walking paths, stoves or heaters). Removing all items can cause the client to become scared or upset that his items are missing. • Engage the client in recreation and social activities to distract him from hoarding. • Ensure that the client has enough to eat at meals and snacks.
Catastrophic reactions	• Allow the client more personal space during the altered response. • Keep your hands at your sides when approaching the client. • Speak calmly and slowly, giving the client time to understand that you are trying to help. • Find out what the client needs or what caused the reaction. • Do not touch the client until she has become calmer. • Use touch to reassure and comfort her.

Sexuality and Dementia

Individuals with dementia often have an increased desire for physical contact. As the dementia progresses, the client may no longer recognize his or her spouse and may seek to fulfill his or her sexual desires with other individuals. This can lead to confusion and emotional distress for the client's spouse. Clients with dementia may no longer have an understanding of appropriate and safe sexual behaviour; they may have great difficulty understanding safe personal boundaries and are therefore at a greater risk of contracting sexually transmitted infections and diseases. It is important for the CC to be aware that elderly clients may still be sexually active. Age does not protect clients from sexually transmitted infections or diseases.

Learning Activities

☐ Read "Connecting Through Communication" in the Learner Guide.

☐ Read "Environmental Conditions and the Communication Climate" in the Learner Guide.

Articles

Connecting Through Communication

Communication is the vital link that connects one person to another. Through speech, actions, facial expressions, body movements, inflections and touch, messages are communicated from one person to another. Verbal communication transfers messages through spoken words. Non-verbal communication sends messages through the tone of the words, touch, and body language.

Communication is important when caring for others. If someone is feeling sad, he can share his emotions with another person. If someone is sick, he can tell another how he is and get the help he needs.

Communication is impaired in clients who have been diagnosed with dementia. It may be that the client can't find the right word to say or can no longer read and write. The client may be unable to verbalize at all or may misinterpret another's words or actions. The client may not be able to tell her caregivers she is experiencing hunger, discomfort, fatigue or pain. An important part of caring for clients diagnosed with dementia is learning how to communicate with them.

This topic explores various factors that affect communication and verbal and non-verbal strategies for communicating with clients diagnosed with dementia. Opportunities to share communication are described through techniques such as validation and reminiscence.

It is through communication that the CC can provide care that acknowledges personhood, builds a trusting relationship, and promotes quality of life in clients diagnosed with dementia.

Environmental Conditions and the Communication Climate

A communication climate is an environment that supports successful communication. A successful communication occurs when one person (the sender) sends a message, and the message was received (by the receiver) and interpreted as it was intended. We often assume that the messages we send are communicated in a clear manner. But there can be various situations that influence the messages we send to and receive from others. These include:

- Noise levels that may influence the clarity of the message
- Facial expressions or body language that may not match the meaning of the words
- The sender may not feel comfortable sending the message.
- The receiver may not interpret the message correctly.
- The sender or receiver may not understand the language the other is using.

During communication, it is the responsibility for both the sender and the receiver of messages to ensure that the message was sent and received correctly.

Creating a Supportive Communication Climate

When providing care, communication is a part of every interaction between a client and caregiver. Challenges arise when the client cannot understand messages from others or cannot send messages effectively. This is the case for clients diagnosed with dementia. The brain loses the ability to process information, and this affects the message that is sent and received. For example, the client may be unable to express anger verbally, and instead shouts out noises and becomes physically aggressive, or a client who has not understood directions on how to get to the bathroom may wander off in the opposite direction.

There are a number of ways to create an environment that supports a positive communication climate. The following principles should be followed with each interaction between the CC and a client with dementia:

- Acknowledge the client's personhood and sense of worth.
- Engage the client in social interactions, even when performing tasks.
- Ensure that there is two-way communication; both the CC and the client are senders and receivers of messages.
- Maintain a sense of caring and empathy during all verbal and non-verbal communications.
- Allow enough time for the communication exchange of messages to occur.

The Surrounding Physical Environment

The physical environment can greatly affect the effectiveness of communication. When communicating, take a look and listen for distractions that may be interfering with communication. Some common distractions are:

- Large groups of people
- Loud conversations
- Loud televisions or radios
- Excessive activity in the area
- Lighting that is too dark or too bright
- Ringing telephones or intercoms
- Loud appliances such as blenders, vacuums or industrial floor cleaners

Learning Activities

☐ Read "Capturing the Client's Focus During Communication" in the Learner Guide.

Articles

Capturing the Client's Focus During Communication

Communication is an integral part of caregiving. Caring for a client with dementia requires constant attention to anticipate the client's needs and recognize the client's responses, both verbal and nonverbal, to his surroundings.

It can be difficult to gain the attention of clients with dementia. Their thoughts can be preoccupied with memories of the past, and they may have difficulties understanding the present world and environment they are living in. During conversations, clients may lose their train of thought. This can make it challenging to get and maintain the attention of clients to provide care.

When starting an interaction with a client, there are several methods that support a successful interaction. The following strategies can be used to put the client at ease for a communication interaction:

- Approach the client from the front so she is alerted to your presence.
- Be aware of the client's non-verbal messages that may indicate her feelings and level of comfort. For example, the client's posture and body language can indicate that she is fatigued, experiencing discomfort or pain, or that she is agitated or content.
- Give a smile or a nod to the client as a sign you are ready to speak.
- Address the client by his preferred name.
- Use greetings that are well-known to the client. For example, "Hello" or "Good morning" are common greetings that can initiate conversations and gain the client's attention.
- Acknowledge the client's current feelings. For example, if the client is smiling, her emotion should be recognized by saying something like "You look very happy right now." If the client is tearful, an appropriate comment would be, "I am sorry to see you are feeling sad." This type of response acknowledges the client's personhood and opens the opportunity for the client to express emotions, both verbally and non-verbally.
- Maintain a confident and friendly demeanour during all interactions.
- Maintain eye contact during all conversations. Direct eye contact holds the attention of the client, making him less likely to be distracted by the surrounding environment.
- When giving directions, use simple phrases with one direction only. For example, instead of saying "Let's go down the hall to the dining room for breakfast," you can say, "Let's go for breakfast." It is simpler, making it easier for the client to understand and follow.

Following these strategies, the CC will have a greater chance of maintaining the client's focus during communications.

Learning Activities

- ☐ Read "Using Non-Verbal Communication Skills When Communicating with Clients with Dementia" in the Learner Guide.

Articles

Using Non-Verbal Communication Skills When Communicating with Clients with Dementia

Non-verbal communications are messages that are sent without using words. Body language, touch, the tone of one's voice, and facial expressions are all examples of non-verbal communication. Each of these conveys information to the client diagnosed with dementia.

Non-verbal cues are more subtle than the spoken word, but the message conveyed is considered dominant over the verbal message. Clients in the most advanced stages of dementia recognize the non-verbal behaviour of others over verbal messages. It has been found that as a client's ability to use meaningful words lessens, he becomes more intuitive and able to detect another's feelings. The client also experiences an increased sensitivity to the communication climate. The client senses when the caregiver is anxious or tense and, as a result, may react in a way that leads to altered responses such as agitation, screaming or aggression toward the caregiver.

Non-verbal language also helps the CC understand what message the client with dementia is trying to convey. Facial expressions in clients can indicate feelings of pain, anxiety, happiness or fear. Recognizing the value and impact of non-verbal communication will help to provide quality care for the client with dementia.

Aligning Body Language with Words

A client with dementia relies on non-verbal communication to interpret and convey messages. During communications with the client, the CC provides cues to confirm the message being said. For example, the statement, "Come with me" paired with the action of reaching a hand out towards the client cues the client to reach for the hand, even if the client is unable to understand the words that were spoken.

The client with dementia will also recognize mixed messages. For example, the same statement, "Come with me" followed by the action of walking past the client and not making eye contact may convey the message that the client is being ignored, or that the CC really doesn't want to care for the client at all.

The following strategies can be used to ensure that non-verbal communication is aligned with verbal statements:

- Face the client when speaking to him.
- Position yourself at eye level and maintain eye contact.
- Lean towards the client when speaking to her.
- Maintain a calm and soft tone when speaking.
- Ensure that the feelings expressed in your words match the words that are spoken.

Just as important as recognizing your own non-verbal communication is recognizing the non-verbal messages of the client. Monitor the client's facial expressions, tone of voice, posture, gait, touch, and behaviours to better understand the client's physical and emotional state. If the client does not want to talk to someone, he will avoid eye contact, fold his arms or fidget. If the client is willing to communicate, he will smile, lean closer to the speaker, and even reach out and touch the speaker. If the client is speaking random words that don't make sense, or is repeating words, listen for key words that may reveal the real message he is trying to communicate.

Using Touch to Convey a Message

Sensations from the skin are represented by a large area of the brain. For clients with dementia, this means there is more of a chance of making a connection through touch than other methods of communication. Touch is closely related to emotions. It can make a person feel comforted and loved. When providing care, touch can convey a sense of warmth, compassion, reassurance, affection, and trust. Touch has been shown to decrease feelings of anxiety, reduce feelings of confusion, decrease altered responses, and increase mutual understanding.

Touch is an effective way of communicating with a client in all stages of dementia. The following list provides examples of appropriate uses of touch when caring for clients with dementia:

- Hold the client's hand while walking or when sitting together. This provides a sense of comfort to the client.
- Stroke the client's back gently while sitting. A gentle touch promotes relaxation.
- Ask the client for a hug if the client appears anxious. Asking for a hug not only provides a benefit through touch, it reminds the client that she is needed and valued.

Non-verbal communication is an essential component of communication. When providing care, it is necessary to align verbal and non-verbal messages, so the client does not become confused or mistrust the intention of the caregiver. Through observation of the client's non-verbal messages, the caregiver can anticipate the client's needs and intervene when a client's response is escalating beyond the level of comfort. Touch is a human need and is an effective method of communicating with clients with dementia.

Learning Activities

- ☐ Read "Using Verbal Communication with Clients With Dementia" in the Learner Guide.
- ☐ Complete "A. Video: Communicating with Clients" in the Learner Guide.

Articles

Using Verbal Communication with Clients With Dementia

Verbal communication is the communication of messages through the spoken word.

Verbal communication can be difficult for clients with dementia. Many clients develop aphasia, losing the ability to speak, write, read or understand the spoken word. Verbal communication is a vital component in the communication process. Without it, a person is at risk of becoming isolated from others and becoming withdrawn from the world.

The CC can engage and encourage clients with dementia to participate in conversations. This acknowledges the client's need to socialize and stay connected with others, contributing to her self-confidence and self-worth. It is helpful to know the client's life history to make the conversation meaningful to the client. It also makes her feel valued and cared for.

When communicating a verbal message to a client with dementia, certain strategies will help to promote verbal interactions. Because verbal communication is difficult for many clients with dementia, the CC should follow the strategies below.

When delivering the message:

- Use simple, adult words and speak slowly.
- Be clear and concise.
- Give one-step directions to increase the likelihood of comprehension and cooperation.
- Limit choices to two options. Offering more choices becomes confusing for the client.
- Provide verbal cues to help the client think about a specific event.
- Encourage the client to interact by talking to him about his unique interests, hobbies, family life or jobs.
- Choose positive words, praising the client when appropriate.
- Avoid negative words such as **no, don't, stop** and **can't**. Such words are often said with a negative body language, and a voice tone that is sharp and louder than necessary. Negative words wear away at a client's self-confidence.
- Accept the client's words as they are received. Avoid confrontation, or correcting, interrupting or arguing with the client. Explanations as to what the client is doing "wrong" are not effective because the client often is unable to remember what was said or done. Confrontation is always accompanied by a similar body language, which can lead to the client becoming more confused, frustrated or angry.

When asking questions of the client:

- Ask appropriate questions, such as those requiring a Yes or No answer.
- Ask only one question at a time. If more than one question is asked, the client will not know which question to answer.
- Where possible, give a statement to the client instead of a question. Instead of saying, "Do you want to come and clean the table?" use a direct statement such as "Come with me and we will clean the table."

Verbal communication is difficult to isolate from non-verbal communication. The CC must always be aware of non-verbal behaviour during conversations with the client.

Exercises

A. Video: Communicating With Clients

Terra Nova films has developed a website for family caregivers. Short videos demonstrate the strategies, emotions, and challenges that family members go through when caring for their family members who have been diagnosed with Alzheimer's disease.

Go to the website at www.videocaregiving.org. Watch videos related to communicating with clients with dementia. Consider the following in each video:

1. Notice verbal responses of the caregivers and the clients
2. Notice nonverbal responses of the caregivers and the clients
3. Consider your verbal and nonverbal communication skills. What did you learn from watching this video?

Learning Activities

- ☐ Read "Communication Tools" in the Learner Guide.
- ☐ Complete "A. Case Study: Drawing Symbols" in the Learner Guide.

Articles

Communication Tools

Communication tools include any item that can be used to help the communication process. As dementia progresses, it becomes more difficult to include the client in care decisions. Maximizing the opportunities for communication keeps the client involved in his day-to day-care. Communication tools can assist clients to communicate their physical needs, emotions, opinions, and personal preferences regarding their care and well-being.

Communication tools can be used to connect an idea or verbal statement with an appropriate action. Often, a client with dementia can follow directions better or complete tasks with greater independence if there are cues that suggest what she should do. For example, if a client is asked to "sit down for dinner," she may know to sit down if she sees the chair. She will also better recognize the action of "eating dinner" if the table is set with a dinner plate, fork, and knife. These are all cues to the specific activity of eating.

Glasses and Hearing Aids

For clients using glasses and hearing aids, it is important that they are using them to assist their ability to communicate. Unfortunately, in clients with dementia, glasses and hearing aids can easily become misplaced and lost. Clients who have worn glasses and hearing aids for a long time will be more likely to use them daily. For example, if a client did not use a hearing aid until recently, as the dementia progresses, she will not remember that the hearing aid was prescribed and may not remember or agree to use it.

Show the Client

A simple tool is to point out items that you would like the client to use. For example, when taking the client to the toilet, point the toilet out to the client, while asking if the client needs to use it. Pairing a verbal statement with the object helps the client to associate what it is you are asking of them.

Labels and Pictures

Labels placed on drawers and cupboards cue the client to find items or put them away. For example, cupboard doors labelled with the word “cups” or “plates” or a picture of cups and plates cues the client to his whereabouts. The client can maintain a sense of independence because the visual cue guides him to find the cup and plate without assistance. Labels should be written in large enough print for the client to easily read. Another useful way to use labels and pictures is to place signs on the doors of the client’s room with his name. This sign can include a photograph to cue the client that the room is his. The bathroom is another helpful room to place a sign. Placing a “toilet” word or symbol cues clients to the proper area when looking for a bathroom. These signs are especially helpful when a client moves into a new environment such as from home to a facility, or from one room to another within the same facility.

Talking Mats

Developed in Scotland, “talking mats” is a communication tool consisting of a system of pictures and symbols on a mat that can be placed on a table or a lap. It has been used with clients in various stages of dementia to engage them in conversations about their feelings, preferences, and opinions. Various images with large print are given to the client, and he can use those images to choose options regarding his care. Symbols of faces are helpful in determining how the client is feeling. Engaging clients in this type of activity has been shown to improve quality of life because they can still communicate their care needs and emotions with clarity.

Learning Activities

- ☐ Read “Reminiscence Therapy” in the Learner Guide.
- ☐ Complete “A. Recollection Exercise: Sensory Memory” in the Learner Guide.
- ☐ Complete “B. Reflection Exercise: Reminiscence” in the Learner Guide.

Articles

Reminiscence Therapy

Reminiscence is the act of retrieving memories. Reminiscence therapy helps clients with dementia to remember common life events. Through the use of long-term memory, clients stay connected to others as they share life experiences and memories through visual aids, stories, music, aromas, flavours, and touch. Reminiscence therapy serves many purposes:

Encourages conversations and socialization by sharing stories about past life history and roles

- Maintains the client's self-identity while hearing others' life experiences
- Maintains the client's sense of intimacy when remembering important people in the person's life
- Maintains the client's sense of pride in past accomplishments
- Validates life experiences, hardships, and joyful moments
- Teaches others, especially family and caregivers, about the client's history

Many life events are experienced by most people, but each person experiences those events in a unique way. For example, most people have attended a wedding, but each person has had a different experience. Some may recall being the bride or groom, or being the bridesmaid for the first time, or watching their last child get married. Sharing these memories will bring about different experiences and a mixture of memories.

Using the Senses During Reminiscence

Memories are made through the senses. Think of memories of cooking in the kitchen. Who was the person in your family who did the most cooking? What was your favourite dish? What did it smell like? Did you get to help? Were your hands covered in flour or greasy from the butter? Could you hear the sizzle of meat or the shaking of spices? How did the food look while it was cooking, or when it was placed on the table for the meal? How did it taste on the first bite? Who was eating with you? From one statement, many memories are stimulated. And each memory will be unique to each person.

Using the senses helps clients with dementia to engage in the activity of reminiscence. When words cannot be understood, a visual image, sound, touch, scent or taste can stimulate memories of a life event. Very often, reminiscence therapy involves each of the senses, since it is difficult to isolate one sense from another in memory recall.

Whether involved in a reminiscence therapy group, or spending one-to-one time with a client, caregivers can share personal memories and ask questions related to each of the senses to find out more about the client's life history and engage them in quality interactions.

- **Visual triggers -** You are likely familiar with the phrase "A picture is worth a thousand words." Pictures have a way of triggering memories. For example, a picture of the first car you purchased may trigger memories of your friends, a date, and the circumstances surrounding your first speeding ticket. Many memories and conversations can stem from a visual image.

  Sources of visual triggers include personal photo albums, newspapers, magazines and books, invitations, and postcards.

- **Auditory triggers -** Auditory and visual memories are often closely related. For example, a picture of Elvis Presley may stimulate memories of lyrics to Blue Suede Shoes. Auditory triggers include various types of music, children's songs, church music, famous voices, poetry, famous speeches, and noises from machinery or animals.

  Sources of auditory triggers include CDs, DVDs and videotapes, cassette tapes or old record players.

- **Tactile triggers -** Touching and handling an object is another way to evoke memories. Objects bring memories of tasks and work done in the past. For example, a fishing rod triggers memories of fishing, and clients can demonstrate casting techniques. Tools can trigger memories of building toys, houses, or fixing vehicles.

  Tactile triggers are especially important in clients with visual deficits. Through touch, different textures and types of materials will encourage the client to participate in reminiscing.

  Sources of tactile triggers include household items, tools, metal, rocks, sand, dirt, plants and flowers, leather, plastic, and lace.

- **Taste and smell triggers -** The memories associated with taste and smells are closely related. For example, it is difficult to separate the smell of freshly baked bread or popcorn from its taste. During reminiscence, various scents can be placed in small jars or vials, and clients can identify them and share stories related to their memories. Actual food, food preparation, and recipes can be a way of triggering memories related to taste. Taste often triggers memories related to holidays and family gatherings.

  Sources of taste and smell triggers include spices, perfume, medicine, flowers, baked foods, and fruits and vegetables.

Encouraging Communication During Reminiscence

Reminiscence therapy sessions typically consist of small groups but can be equally effective in a one-to one setting. Reminiscence is centred on a specific theme and participation is encouraged for all members of the group. Appropriate themes for reminiscence include travel, gardening, radio shows, cooking, holidays, seasons, school, and work.

Each client will respond differently to his or her memories. Some will speak freely and openly about memories while others will remain silent. To encourage sharing of memories, caregivers can prompt the clients using the following strategies:

- Remain non-judgmental. Each client has his own memories unique to him.
- Listen to the client's words and monitor her non-verbal behaviours during reminiscence. If the reminiscence activity brings out an unpleasant memory, the CC can use validation therapy to help the client deal with the emotion and comfort the client.
- Ask general questions about the subject. For example, when showing a picture, do not ask about specific people in the photo, or who took the photo. Instead ask "What do you think is happening in this picture?" or "How do you feel when you look at this picture?" These types of questions trigger memories, and do not force the client to answer "correctly" about the specifics of the picture.
- Studies have shown that music and singing are among the most effective ways to reach a client who can no longer communicate through speech. Sing songs to the client such as lullabies, children's songs or Christmas carols during one-to-one interactions and periods of care.

Clients Who Benefit From Validation and Reminiscence Therapy

Validation and reminiscence techniques help to build empathy between caregivers and the client diagnosed with dementia. Both of these techniques build mutual trust and help caregivers and family members understand the client's feelings.

Clients in all stages of dementia benefit from validation and reminiscence therapy.

Clients who become preoccupied with looking for deceased parents, spouses, and absent children need emotional support to address feelings of loneliness and despair. Clients with dementia experiencing altered responses feel confused and unable to communicate their needs. Clients with advanced dementia withdraw into their long-term memories as they become incapable of dealing with the present day. These are the types of clients who benefit from both validation and reminiscence therapy.

Learning Activities

- ☐ Read "Safety at Home" in the Learner Guide.
- ☐ Complete "A. Case Study: Tim Forgets" in the Learner Guide.
- ☐ Complete "B. Video: Driving and Dementia - The Family's Experience" in the Learner Guide.

Articles

Safety at Home

The client with dementia and living at home poses a safety risk to himself and to others living in the same home. Clients with dementia present with symptoms that affect their safety including:

- lack of judgment, which can cause clients to forget how to use household items safely
- disorientation to time and place, which can mean a client can get lost in her own home or neighbourhood
- decreased depth perception, which can cause the client to fall
- sensory deficits, which can cause difficulties with vision, depth perception, smell, hearing, and temperature

Some hazards are easily identifiable, while others are hidden well by the client. Creating a safe environment in the home is a priority for the client's family and caregivers. Concern for the client's well being and safety is valid; however, doing so while maintaining the client's independence and autonomy has its challenges.

In many situations, clients do not admit to having memory loss. They devise stories and excuses to protect their dignity and self-esteem. Losing one's independence can be devastating, which is why clients can be so determined to maintain normalcy.

There can be many dangers in the home, and it is only by investigating room by room that you can find items or situations that can potentially harm the client. Four of the main risks will be described here: driving, cooking, medications, and bathing. Adaptations for each of these to promote client safety, independence, and autonomy will be presented.

Driving

Driving is one of the biggest concerns for families of clients with dementia. Driving is closely linked with independence, self-respect, autonomy, and mobility. Losing the ability to drive is considered a major loss of self-esteem, and can cause a decrease in self-worth, a loss of identity, and depression. For families, insisting that their loved one stop driving is the most difficult decision to make, next to making the choice to admit their relative to a continuing-care facility.

Cooking

One of the daily tasks many clients with dementia try to maintain is cooking. As memory and judgment deteriorate, clients are at risk for burns, scalds, and setting fires in the kitchen. Impaired judgment could cause the client to use water that is too hot, leave something flammable by a burner, or eat food that has spoiled. Short-term memory loss can mean the client forgets to turn the oven off. If a client has a poor sense of smell, they may not notice food is burning. These are just a few scenarios that are, unfortunately, more common in clients with dementia who live at home.

Learning Activities

☐ Read "Safety Strategies in Continuing-Care Facilities" in the Learner Guide.

Articles

Safety Strategies in Continuing-Care Facilities

The environment in a facility plays a considerable role in furthering the safety of its clients. Providing cues for orientation, space to move and wander, and allowing for personal choices contribute to the overall safety of all clients living in a continuing-care facility. Disorientation, noise and limitations can cause fear, anger, and altered responses that can jeopardize the safety of other clients. In continuing care facilities, numerous safety strategies are in place to keep the client safe while still promoting the client's abilities. Safety is considered in all areas-the clients' rooms, hallways, bathrooms, dining areas, living room, outdoors, and the overall environment.

Clients' Rooms

- Personalize the clients' rooms with their personal belongings, bedspread, photos, and mementos. Having their own personal space eases the client's anxiety.
- Place a sign on the client's door to help orientate him.

Hallways

- Hallways should be free from clutter. Use proper storage for equipment and institutional items.

Bathrooms

- Raised toilet seats help clients get on and off the toilet with ease.
- Bathing options such as showers, tubs with handheld shower handles, and specialized tubs provide a variety of safe bathing options.

Dining Areas and Living Room

- Furniture should be sturdy and at an appropriate height for standing, sitting down, and eating.
- Provide dinnerware that does not easily break and cutlery that does not have sharp knives.

Outdoors

- A secured outdoor area allows clients to walk freely, participate in gardening, and enjoy time outside with family and caregivers.
- Walking paths that start and end at the entrance to the facility help keep the client from getting lost.
- Benches along pathways for clients to sit provide opportunities to rest.
- Gardening boxes and flowerbeds at standing height make it easier for digging, weeding, planting, and picking.

Overall Environment

- Keep the environment calm and quiet.
- Lock hazardous equipment and cleaners away.
- Avoid a floor finish that gives off a glare. Clients may mistake it for water, which can cause them to fear walking or lose their balance.
- Use colour or painted murals to disguise various features in rooms such as doors, the junction between the wall and the floor, and rooms that contain medications or equipment.
- Furnish all rooms in a way that identifies the purpose of the room. For example, place a couch and loveseat in a living room area, and a dining table and hutch in a dining room.
- Cue the clients with signs and pictures to identify important rooms such as the bathroom, dining room and living room.
- Have large windows to see outdoors. Use window treatments that reduce glare as it can confuse the client.
- Ensure that unlocked doors to secure areas, such as outdoor gardens and pathways, are available for the client to walk freely.
- Have access to various activities such as books for reading and dolls for cuddling.
- Use night lights during the night-time hours and glare-free lighting during daytime hours.
- Use motion detectors and cameras to monitor areas that may be farther from the central rooms in the facility.

Learning Activities

☐ Read “Applying the ‘ICARE’ Model to Creating Safe Environments for Clients with Dementia” in the Learner Guide.

Articles

Applying the "ICARE" Model to Creating Safe Environments for Clients with Dementia

The "ICARE" model is used to provide quality care for clients with dementia. Within the context of safety and the environment, ICARE can help the CC ensure that the client is included in the plans for safety and quality care. The "I" in "ICARE" represents the CC in her role as a caregiver, and the care she provides to clients in various stages of dementia.

C - Compassionate care is vital when making changes to the client's home environment to maintain his safety. Adaptations to the home are not only for safety, but to preserve the client's abilities, sense of worth, and autonomy. Provide compassionate support when facets of the client's life, such as driving, are no longer permitted because of safety concerns. When possible, all adaptations should be discussed with the client and his family.

A - Accurate observations help to determine if there are safety risks present, and how to adapt the environment to make it safe for the client. Observing the client's appearance speaks volumes in how she is managing to care for herself in her home environment. Monitor her appearance, body odour, weight, appetite, level of orientation, and emotions. When observing the living environment, consider safety issues related to driving, cooking, medications, and bathing.

R - Report and record changes to the client's appearance or new patterns in his behaviour related to his environment and safety.

E - Ensure the comfort, support, and safety of clients in their own living environments. Clients have the right to live freely in their home environment and be safe. Encourage clients to participate in daily household activities such as food preparation, washing dishes, and folding laundry to maintain their sense of identity and personhood. With safety as the first priority, care can be provided that is safe and that promotes quality of life.

Care Companion Curriculum

Course 5 - Module 2:

Caring for Clients with a Mental Health Diagnosis

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 4: Caring for Clients with a Mental Health Diagnosis

Introduction

The issues of mental health affect us all. It is possible that at some time in our lives, each of us will have to deal with an episode of mental distress. This is an undeniable fact of life because everyone faces the death of a loved one, times of great disappointment, and times when life may not seem worth living.

These things will happen, but it is important to know that not everyone will develop a mental health disorder. Most people deal with everyday stresses and go on living life as usual. For those who become overwhelmed or are vulnerable through genetics, environment, education, or poverty, life can become very challenging.

In this module, you will find general information on the different mental health disorders commonly found in our society. There are many treatments available that are extremely helpful but, as you will see, having a diagnosis of a mental health disorder remains a struggle. Even today, the stigma of a mental health problem prevents many people from getting the help they need.

To work effectively as a care companion, it is important that you learn to acknowledge and accept your own views and stereotypes about mental health. By becoming educated and developing some understanding of the many challenges in the field of mental health, you will become a better caregiver.

The role of the care companion is an important one. You are the caregiver who will have the closest contact with the client. You will be the one who observes and learns firsthand about your clients and their problems. By understanding the interplay between mental health, physical health, and the effects of many other aspects of life, you will play a large role in aiding both the client and the health-care team as a whole.

Glossary

Affect	A word that describes a person's way of displaying or demonstrating his feelings, emotions, and moods.
Affective disorders	The mental health disorders that involve feelings, emotions, and moods.
Agitation	Physical restlessness associated with anxiety.
Anxiety	The uneasy feeling that all is not well; having fears and worries that may develop into a state that affects normal functioning.
Anxiety disorders	The mental illnesses in which anxiety and fear are the main symptoms.
Bipolar affective disorder	A mental health disorder characterized by periods of serious depression followed by periods of hyperactivity or "mania."
Compliance	The act of willingly doing what is asked of you in a specific way and at a specific time; for example, taking medications in the proper dose at the proper time every day as required.
Depression	Feelings of deep sadness, hopelessness, and/or worthlessness.
Delusion	A disturbance in what a person is thinking in which a false belief becomes a reality for that person.
Hallucinations	Seeing, smelling, hearing, or feeling things that are not present.
Major or clinical depression	The term used to describe a deep depression resulting from overwhelming, stressful events that impair one's ability to function.
Mental health	Being able to live life normally while coping with the challenges and stresses that occur as part of daily living.
Panic	An intense and sudden feeling of fear, anxiety, terror, or dread.
Paranoia	Extreme suspicion about a person or a situation.
Psychosis	A mental state in which perception of reality is impaired.
Reactive depression	A term used to describe normal reactions to the stresses of daily living such as grief, loss, sadness, and guilt.
Stereotyping	Classifying people according to certain characteristics that they possess that identify them as belonging to a specific group, such as a religion, culture, or ethnic group.

Learning Activities

☐ Read "The Continuum of Mental Health" in the Learner Guide.

Articles

The Continuum of Mental Health

It is difficult to define mental health and mental illness in concrete terms. A way to understand these concepts is by examining what is known as the "mental health continuum." An example of a mental health continuum is pictured below.

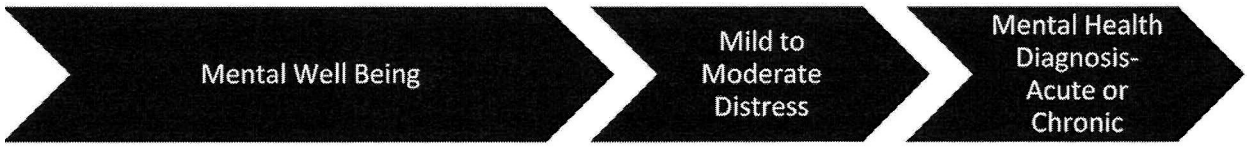


Figure 1. The mental-health continuum

Mental Health and Well-Being

When we experience mental health and well-being, we are able to cope with the everyday events that life presents us with such as studying for an exam, having a disagreement with a family member, caring for a child with a cold, or being temporarily short of money. Individuals in this part of the mental health continuum experience stress, anxiety, sadness, and anger. But they are able to call upon and use internal and external resources to deal with and solve problems as they arise. Most people will find themselves within the mental health and well-being portion of the mental-health continuum throughout most of their lives.

Mild to Moderate Distress

Individuals in this part of the continuum do not cope as well with everyday stress and challenges. A student may become ill at exam time and find himself unable to eat or sleep. This person may be unable to concentrate when reviewing notes and course materials and may end up quitting the course. He may quit the course or a job when things get rough. A parent may feel hopeless and helpless when a child is ill and blame herself for being a bad parent. When things get tough, a worker may quit his or her job.

For these people, minor disagreements with friends and family members may grow worse, with the result that they respond with angry outbursts, aggressive reactions, or feelings of despair. Attempts at problem solving may fail. Often the individual may need to turn to professionals such as a counsellor or physician for treatment of situational depression or general anxiety. The support of friends, family, and community resources is very important at these times, as is the ability to use some self-care strategies such as regular exercise, socializing, and relaxation techniques.

Mental Illness - Acute or Chronic

On the mental-health continuum, mental illness is found at the opposite end from mental health and well-being. Mental illness is characterized by prolonged changes in an individual's mood, thinking, or behaviours. A person with **an acute mental illness** is in a mental health crisis of sudden and short duration that responds well to treatment. A person with **a chronic mental illness** has an ongoing mental health disorder that requires ongoing treatment. This person's illness will get worse if therapy and medication are discontinued. Common mental illnesses are clinical depression, anxiety disorders, bi-polar disorder, and schizophrenia. Professional help is needed to treat mental illness and may include psychotherapy and medications. In addition, the support of friends and family as well as meaningful daily routines are of great importance.

Maintaining a Balance for Good Mental Health

The Canadian Mental Health Association defines mental health as having a balance in all aspects of our lives-the emotional, the physical, and the spiritual (Your Mental Health, 2009).

Each of us has a unique and special makeup that has been influenced by things such as our heritage, culture, and every life experience beginning the day we were born. Our thoughts, feelings, and actions are guided by all of these things. They are a primary influence on how we feel about ourselves and how we will react to the things that happen in our lives.

People who have good mental health feel anxiety, sadness, grief, and loneliness at some times in their lives. Being mentally healthy, they are still able to keep a stable mental outlook. In other words, they are able to handle life's stressful issues while continuing to function well at work, at home with their families, and in numerous other settings. They are able to maintain a balance in all aspects of their lives. But even for the mentally healthy, there may come a time when these stresses become increasingly difficult to manage, and some treatment may be necessary. These short-term episodes respond well to treatments, and the individual makes a complete recovery.

Unfortunately, some people may be unable to maintain the balance they need in their lives. They may progress to a point where their problems cannot be managed easily, and they may require hospitalization for treatment of a mental health disorder.

Learning Activities

- ☐ Read "Understanding Challenging Behaviours" in the Learner Guide.
- ☐ Read "The Safe Visit" in the Learner Guide.

Articles

Understanding Challenging Behaviours

In your work as a care companion, you will encounter clients with mental health disorders who display challenging behaviours. Challenging behaviours include paranoia, delusions, hallucinations, psychosis, severe depression, and panic attacks. A client with suicidal intent displays different types of challenging behaviours, and this will be discussed later in this module. Safety for everyone is an important goal.

The article in the text “Supporting Mr. Awondo” is an excellent case study portraying the challenging behaviour of a refugee who suffers from post traumatic stress disorder. Please read this informative piece. It will remind you that every behaviour has a reason.

The ABCDs of managing challenging behaviours can be found in Chapter 35 of the textbook. This theory can be applied to all manner of challenging situations and will be a good guideline when making assessments and decisions on how to proceed.

The Safe Visit

As a care companion, you may choose to work out in the community. This may require you to work alone while caring for clients in their own homes. You must make a safety plan as it is important to know what to do if something unexpected happens.

In the community setting, health-care providers often work alone in the client’s home. There will be protocols and guidelines in place from your employer that you will review and know before making any visits outside of a regulated facility. The client’s plan of care will guide you in the duties you are to perform.

Incidents that cause alarm for the health-care worker are rare, but safety is always a primary concern for both the client and the care companion. Here are some simple guidelines to follow when out in the community working alone.

1. Make sure that someone knows where you are going and how long you expect to be there.
2. Phone if there are any changes to your planned schedule.
3. Be sure you know where you are going and plan your route.
4. Be aware of weather forecasts and watch for weather events such as freezing rain, incoming snow storms, severe thunderstorms, and fog when planning a visit.
5. Be aware that circumstances and situations change. Do not take for granted that things remain the same for your client from visit to visit.

6. Respect your client's home, his personal space, and his wishes. Communicate in a friendly non-threatening manner. Remember, your non-verbal language (body language) is just as important as your verbal language.
7. Know what to do if a difficult and challenging situation develops. You will have specific guidelines from your employer, but also learn to rely on your instincts and use your common sense.
8. Report to your supervisor any problems or unusual situations immediately. Be prepared by becoming familiar with policies and procedures regarding such events. Document happenings as required.

Learning Activities

- ☐ Read "Depression and the Elderly Client" in the Learner Guide.
- ☐ Read "Supporting Clients with Major Depression" in Chapter 34 in the textbook. p.771
- ☐ Complete "A. Reflective Activity: Elements of Compassionate Care" in the Learner Guide.

🕮 Articles

Depression and the Elderly Client

Depression can affect anyone at any age. Elderly people are very prone to depression and may suffer for a long time before being diagnosed. Dementia may mask the signs and symptoms of depression.

Treatment of depression largely depends on the severity of the depression and may include psychotherapy, medications and, in extreme cases, electroconvulsive therapy. All care must be delivered in a kind, caring, and compassionate way.

Articles

Applying the "ICARE" Model to Care of Clients Diagnosed with a Mental Health Disorder

Remember the "ICARE" model.

- **C** Compassionate caring
- **A** Accurate observation
- **R** Report and record
- **E** Ensure client comfort, support, and safety

The "ICARE" model is at the very heart of the care that care companions give to their clients.

Compassionate Caring

As humans, and especially as caregivers, we are able to recognize and understand the suffering of others. The emotion that comes from this understanding is compassion. It is our compassion that gives us the desire to be helpful in any way we can.

Empathy is the ability to be aware of and sensitive to the thoughts and feelings of another person without actually having those thoughts and feelings ourselves. Empathy allows us to interact with people on a personal level while maintaining our own emotional distance.

Compassionate caring brings both compassion (recognition and understanding) and empathy (awareness and the ability to interact appropriately) together for the benefit of the client.

In compassionate caring, it is acceptable to just "be" as opposed to always be "doing." It is more difficult to simply "be there" than it is to "do something." You will find times when your presence alone is a great comfort to your client.

Practise the art of "being" by being:

- Respectful
- Caring
- Empathetic
- Open and non-judgmental
- Attentive

The reward will be a relationship built on trust and understanding. The client will find a place of safety brought about by your quiet caring.

Accurate Observations

In order to observe a client effectively, it is important for you to know what you are looking for. You should also know how to collect the needed information. By understanding and becoming familiar with the client care plan, you will feel prepared to carry out assignments and to make accurate observations.

The client care plan is the document that outlines the way treatment will be delivered for each individual client. The following information on care plans will help you understand their importance to everyone in the health-care setting. This written plan helps keep track of successes and failures during treatments and is discussed and updated regularly.

Observations to Be Made

The following list outlines some of the things that you will be expected to observe and report on:

- Physical changes concerning eating, sleeping, attention to personal hygiene, willingness to participate in activities, and willingness to communicate
- Emotional changes in mood and level of depression, outbursts of anger, fear, hallucinations, withdrawal, and confusion
- Interactions with staff, family, and friends
- Ability to function independently
- Ability to cope with stress
- Any other unusual outbursts or problems occurring during care

We make accurate observations using our senses, and these observations are guided by our knowledge. Reporting what we see happening is important. Being a good listener is also very important and is a good way to gather information. When we listen, we allow the client the freedom to talk. Information will come easier if the client is feeling safe and has confidence in you. An empathetic listener who does not interrupt is in a perfect place to learn a lot about the client.

Reporting and Recording Client Changes

The way reporting and recording of your observations is carried out will depend largely on the setting you are working in. Each facility will have policies and procedures that you will become familiar with and follow. You will have a supervisor to whom you will be responsible, and this person will be the one you will report to primarily.

The following questions may be helpful to consider when you are asked to give feedback.

1. **What did you see?**
   Know what you are expected to look for. What changes did you observe? If an outburst of any kind occurred, note exactly what happened, any known causes, how long it lasted, and what actions you took.

2. **What did you do?**
   Did you complete all that was asked of you? If not, why not? If at any time the support measures you are using are not working, you must let your supervisor know. Do not think that it is your fault if things are not working.

3. **What did you hear?**
   What did your client say that may or may not have been out of the ordinary? What, if anything, did you learn while listening to the client's account of what has been happening? Remember that it is important to use the client's own words when quoting any responses. Never add your own opinion or interpretation.

4. **What did you say?**
   How did you encourage the client? Did you ask open-ended questions to facilitate conversation? Did the client's family ask for additional information?

Ensuring the Client's Comfort, Support, and Safety

Ensuring the client's comfort, support, and safety is the goal of all care and is the responsibility of every team member.

By becoming familiar with the various mental health disorders and their signs and symptoms, you, as a care companion, will feel comfortable and prepared when asked to work with a mental health client.

Keep in mind the following helpful points while offering care and support:

1. You are part of a team. Follow the care plan.
2. Show your caring and concern by your actions-be respectful and considerate and have a positive attitude.
3. Listen carefully. This will validate your client.
4. Ensure a safe environment. Remove dangerous objects and ensure that things are in good repair.
5. Be encouraging and promote independence for the client.
6. Never criticize or be demeaning in any way.
7. Keep the routine as simple and free from stress as possible.
8. Be aware of signs and symptoms of deepening depression and suicidal intent.
9. Be aware of your role and responsibilities.
10. Do not blame yourself if a client becomes upset or acts out while in your care.

Privacy and Confidentiality - A Source of Safety

Every client has the right to privacy and confidentiality. This must be observed in all care settings and in itself offers a sense of safety and protection to the mental health client. Discuss your client only with the health-care team. Do not take for granted that information can be freely shared with all family members and friends. There may be circumstances that bring about the necessity for very strict rules and guidelines regarding the sharing of information. It is always best to refer inquiries from others to your supervisor.

Your Role as a Care Companion

Your role as a care companion is defined by your employer. You are expected to follow the care plan as it relates to your assigned duties. Your immediate supervisor will be responsible for reviewing your tasks with you and for collecting information from you at the end of the day. Document your observations as required by your place of employment.

Care Companion Curriculum

Course 5 - Module 3:

Assisting Clients with Physical Disabilities and Developmental Delays

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 3: Assisting Clients with Physical Disabilities and Developmental Delays

Introduction

Have you ever taken part in a discussion with a group of young parents talking about their youngsters? "Proud" takes on a whole new meaning as they expound upon the wonderful abilities and delightful behaviours of their offspring.

You hear comments like "My little Chris is way ahead of schedule. He was walking around the furniture at five months." "My little Mary sat up at four and a half months!"

Even when they are finding fault with some of their child's behaviours, they are really boasting. "My little Joey hardly ever sleeps. He runs from dawn to dusk!" What that really translates into is "Isn't he wonderful? He can just go and go. He is so healthy and full of energy!"

Now, think about the parents whose doctor has just informed them their child is developmentally delayed or has a physical disability.

For some parents, it will create a crisis that they think they cannot survive. How will they handle the increased burdens that this child will put on the family? Will the extra time he requires impact their life? Will their vacations have to be put on hold? How will they pay for the extra assistance that this child will need? What about the child himself? What will happen to him? What kind of a life will he have? How difficult will things be for him? For these parents, such a diagnosis may bring on an immense sense of loss, failure, guilt, and sadness.

Happily, many parents of these children, although initially distraught, will rally and bond with friends and family and learn to love and understand the special child they will be caring for. They will celebrate each milestone the child masters and revel in each new unexpected accomplishment. They will learn to embrace this child as the marvellous, precious person she is. And this child, in turn, may well enhance this family in ways they can't imagine.

This module will help you understand what it means to be physically disabled or developmentally delayed. It will help you understand the ways in which you can help families cope. Hopefully, it will help you attain a positive attitude that you can share with everyone when it comes to dealing with developmental delays and disabilities in the people we care for.

General Learning Outcomes

1. Integrate knowledge of human growth and development with the needs of clients with physical disabilities and developmental delays.
2. Examine best practices when assisting clients with physical disabilities and developmental delays.
3. Examine the CC role and responsibility when applying the "ICARE" model to clients with physical disabilities and developmental delays.

Normal development includes the accomplishment of specific skills:

The Aging Process in Developmentally Delayed Clients

Developmentally delayed children become developmentally delayed adults. Even as an adult, they will need support, assistance and, on occasion, special services.

It is difficult to imagine a 35-year-old man who spends his whole day happily colouring in a children's colouring book trying to manage in a typical mature adult's world. Think about the 80-year-old woman who is still caring for a fifty-five-year-old dependant son. This mother never dreamed that she would still have to dress or feed dinner to a son of that age. Imagine this same woman struggling to supervise and manage this son. The reality is that even after she is gone, her son will continue to need care for the rest of his life. This mother worries about who will look after him.

The causes of developmental disabilities can occur before birth, during birth and, for some, during an incident after birth. Many of these people require specialized long-term care. The caregivers in these long-term facilities must be specially trained in order to meet the needs of these extraordinary individuals.

Conditions that commonly involve developmental disabilities include Down syndrome, cerebral palsy, various forms of autism, spina bifida, and epilepsy. Fetal alcohol spectrum disorder is the most common preventable developmental disability.

It is thought that the life expectancy and age-related medical conditions of adults with developmental disabilities are generally similar to those of the general population. Exceptions are those people with severe levels of cognitive impairment, Down syndrome, cerebral palsy, or who have multiple disabilities. Sometimes, long-term medication use may bring about a higher risk of some secondary conditions and those, in turn, affect the length of time the person will live.

People with family members who are developmentally delayed have many great concerns.

- Where will this person live when he or she can no longer live at home? Any new residence must be suitable for him or her to move about in. It may have to be a place in which in-home support is offered and that has assistive devices and many other types of adaptations.
- How will the person attain a productive and meaningful life?
- How will the person pay for the services needed? Most are unemployed or have minimal income.
- How will the person manage a healthy-living lifestyle?

Physical Disability

A simple way to identify a physical disability is to say that it is any condition that prevents normal body movement and control. This impairment could result from a disorder in or injury to one of the major body systems.

- Neuromuscular system (affecting the nerves and muscles - e.g., stroke or Parkinson's disease)
- Musculoskeletal system (an orthopedic injury- e.g., loss of a limb)
- Cardiovascular system (a problem with the heart and circulation)
- Pulmonary system (a problem with the lungs and breathing)

The Aging Process with Physical Disabilities

The ability of a care companion to work with elderly people with physical disabilities means having a tremendous amount of "know-how," sensitivity, and patience. These clients may be facing visual and hearing difficulties, poor muscle control, weakness, fatigue, pain, and stiffness in their joints. Clients often have to rely on assistive devices such as canes, wheelchairs, lifts, and a host of other equipment to enable them to move through simple manoeuvres that able-bodied people take for granted. They depend on the care companion to guide them, remind them, and even orientate them constantly. Clients look to the caregiver for help with issues of proper nutrition, taking their required medication, and grooming and hygiene, as well as safety and continuing health issues.

Elderly clients with disabilities have suffered many losses. For some, it is a loss of dignity and independence. For others, it is a change in self-image, change in work, life, and routine. They worry about being a physical, emotional, and financial burden to their families. There is often great sadness and depression accompanying these adjustments. Some people show a frustrated reaction to life and all its trials and tribulations. Unfortunately, at times the caregiver might be the target of one of their angry outbursts. Other clients feel the stigma of being different or feel somehow flawed. Their self-esteem is poor. As their care companion, you will have many obstacles to deal with, and you must develop a mature sensitivity and set of skills from which to draw ideas.

Learning Disabilities

Some individuals are physically healthy and do not suffer from any sort of physical limitations. However, there are individuals who have another type of disability- a learning disability. A learning disability affects the way in which an individual learns and processes information. This can cause delays and setbacks for the otherwise healthy person in reaching certain milestones in life. An example of a learning disability would be dyslexia.

Learning Activities

- ☐ Read "Care Settings for Clients with Physical Disabilities and Developmental Delays" in the Learner Guide.
- ☐ Read "The Concept of Normalization" in the Learner Guide.
- ☐ Read "Acceptable Terms When Referring to Clients with Physical Disabilities and Developmental Delays" in the Learner Guide.
- ☐ Read "The Importance of Independence in Activities of Daily Living" in the Learner Guide.

Articles

Care Settings for Clients with Physical Disabilities and Developmental Delays

People with physical disabilities and developmental delays have complex needs, and often these needs vary from week to week. We work hard to restore the person's abilities and maintain the person at his highest possible level of physical, sociological, psychological, and economic functioning. That is, we try to look after the total person. We determine and attempt to maximize his strengths, rather than focusing on his disabilities. We do our utmost to prevent further complications for him. Self-care and management of activities of daily living is a major goal. Special rehabilitation programs such as those of cardiac, neurological, or respiratory regulation may be required. Promoting the person's acceptance of his condition, a positive attitude, and providing motivation are important concepts. We know that a feeling of success and satisfaction regarding his rehabilitation and support go a long way in determining the client's quality of life. You, as a caregiver, will play a key part in your client's environment.

There are many types of care settings to meet the needs of the diverse clients for whom you will provide care. Some clients will need extended hospital care and then be transferred to a long-term care unit. Others will be treated as outpatients and continue to live in their own homes under the watchful eyes of their family or support workers. Home-care agencies and day care programs also provide services. There are specialized centres for those who have conditions of blindness, hearing impairments, speech problems, are mentally challenged, or are physically disabled. (Note that not every type of setting is available in every community.)

People with special needs, including those with severe disabilities, can live successfully in single-family homes, a rental unit, apartments, or a condo. They can also live in a congregate living environment or an institutional setting. Personal traits such as the client's personality, health circumstances, and financial limitations may influence their choices. Conditions of physical accessibility, access to transportation, and safety also play a part in the client's options.

Remember- when caring for these clients, you may be the only visitor in this person's day or be the special visitor she looks forward to seeing. That smile you give her or the time you share with her often represents an immeasurable contribution to her life. You are often her link to the outside world. She looks to the care companion not only to help her with her physical needs, but to supply her with a sense of normalcy and of being a part of the world that extends beyond the room she lives in. Encourage your clients to take part in sporting activities, music appreciation, academic studies, and all the customary activities other people do. Even if they can't play sports, they can certainly watch and cheer!

Acceptable Terms When Referring to Clients with Physical Disabilities and Developmental Delays

Below are guidelines to help you make professional and politically correct choices when you use terms to describe and reflect concerns about people with disabilities. Though opinions may be diverse concerning some terms, these guidelines represent an up-to-date consensus among disability organizations.

- Put people first, not their disability. For example: Alice is a woman with arthritis, Dale is a child who is deaf, and Shirley is a person who has multiple sclerosis.
- Do not use generic labels for disability groups. Never refer to a group of people as "retarded." Instead, say "This is a group that lives with mental challenge issues."
- Emphasize abilities rather than limitations. For example: "Mary walks with crutches" rather than "Mary is crippled."
- **Do not focus on a person's disability. He or she is much more than their disability.**
- It is perfectly acceptable to offer assistance to a disabled person the same as you would to anyone else. However, please give them time to accept the offer before taking action.

A care companion once watched a man with advanced multiple sclerosis struggling to pick up a receipt book on his desk. Her first impulse was to take the book and place it in his hand. Thankfully, something stopped her, and she paused to ask him whether he needed help. "No," he replied. "Thank you anyway. Sorry about the time it takes me, but I have to do these things myself to maintain what strength I have in my hands." This was a good answer from him and a great lesson for the care companion.

- Do not portray successful people with disabilities as somehow being superhuman or superheroes when they accomplish goals. These people want to be seen and treated like anyone else. Also, we do not want to give false hope to people with disabilities. Not everyone can achieve to the same level.
- Try to show people with disabilities as being the active participants in society that they are. This helps to break down social, work, and environmental barriers and open lines of communication and equal opportunity.
- Never pretend that you know what a disabled person has said if you haven't understood him. Ask the person to repeat himself. Give him your attention and be patient. Do not finish sentences for him.
- A wheelchair or motorized scooter is a person's individual space. Leaning on the chair or the scooter or "catching a ride" on motorized equipment is an invasion of this person's space. Also, these vehicles are expensive and are not made to support two people.
- Always talk to the disabled person, not to the aide or companion with her. Can you imagine how you would feel if you were sitting in a restaurant and the server kept asking your friend about your order? This would be very frustrating and embarrassing and would make you feel invisible.
- When offering assistance to visually impaired people, never grasp their arm without warning. **Allow them to take your arm** while you verbally point out obstacles such as steps, curbs, or traffic lights before they are encountered. If the person has a guide dog, never try to pet or play with it. This is important work the dog is doing, and the dog should not be distracted by you.

The Importance of Independence in Activities of Daily Living

Can you imagine if for some reason, you were to suddenly lose the ability to do things for yourself? For most of us, giving up our independence is difficult to imagine. Just the thought of having to ask someone to help us to the bathroom, cut our meat, or hold a phone to our ear is beyond anything we can envision. To know we might live like that for our remaining days might be a very difficult thing to contemplate. The ability to hang on to whatever limited abilities we have might be paramount in our minds. Unfortunately, many people with disabilities have to depend on others to help them maintain those few abilities.

Now, think about this in relation to those people that you will be looking after. Maintaining their independence during activities of daily living is just as important to them as it would be to you. How can we help our clients to maintain their present abilities of ambulating, eating, dressing, grooming, and so on?

- It is important to have the client assume responsibility or at least take part in decisions concerning his care. This will help him feel that he still has some control over his life. He will be more co operative if the treatment program is one that he desires rather than something someone else thinks he should do.
- Be aware that the person may require specialized adaptations in the bathroom or throughout her living quarters to enhance her abilities. Consult with your supervisor and the occupational therapy department about any ideas that you have that would help promote her independence.
- Be sure that your client recognizes the difference between being independent and doing things that are unsafe.
- Emphasize and recognize the client's strengths and abilities. Everyone has strengths. Perhaps it is his cheery sense of humour, computer talent, or the ability to whistle a lively melody. Maybe he is an excellent storyteller or a good listener. Tune in to these strengths and promote an awareness of them in your client. We all like to think we are really good at something! This is especially important at a time when we have suffered losses of ability.
- Accept the normal variations in physical appearance and the activities that your client is capable of managing. She will search your face and expression to see how you are reacting to her. She will gain confidence from your acceptance and this in turn may give her the encouragement to tackle new ventures.
- Give your client time to talk about his feelings. **No one should ever be told how he should feel.** Allowing him to vent will be helpful for his emotional health and lead you to a better understanding of how he sees his life circumstances.
- In today's world of health-care workload expectations, it seems that everyone is always in a hurry. Interestingly, it can take someone with a brain injury well over an hour to eat his toast and egg at breakfast or twenty minutes or more to put on one sock. But what is truly important here is that **the person is allowed the time to do it for himself.** If he keeps trying, things may improve for him and, therefore, you will be working with him towards his independence. Yes, he will have days full of frustration, but there is also great satisfaction from success and progress. Don't rob your client of his independence by doing things he can do himself just to save time. On the other hand, recognize that he may have days when his own patience just runs out and you will have to step in and help. Encourage him with a smile and a hope for a better day tomorrow.

- Have awareness that there will be days when your client will need more help than usual due to illness, fatigue or the fact that she is just having a "down day." It is certainly not always wrong to do things for your client that you know she can do herself. Your basic common sense should alert you as to when you might need to step in and offer more support. Trust your instincts.
- Maintain your sense of humour and help your client to maintain his. Illness of any type can be stressful. Research shows laughter and a positive attitude to be most uplifting and healing. Laughter helps us feel both carefree and hopeful. Support your client with a little humour, fun, and true compassion. Show him that there is more to you than being the task master of his therapy, grooming, and work projects.

Learning Activities

☐ Read "Applying the 'ICARE' Model' When Caring for Clients with Physical Disabilities and Developmental Delays" in the Learner Guide.

🕮 Articles

Applying the "ICARE" Model When Caring for Clients with Physical Disabilities and Developmental Delays

C - Compassionate caring: Have you ever put in a really long hard day at work? When you are finally on your way home, you think, "I wonder whether my supervisor noticed how hard I worked today? It would have been really nice if someone on staff had remarked on it or even said thank you."

It is wonderful when, at the end of the day, someone acknowledges that we are worthy of praise. We all need a show of appreciation. Don't be afraid to compliment your fellow caregivers. They, too, are deserving of extra acknowledgment.

But now, think about the people with developmental delays and disabilities. They work hard at everything they do every single day of their lives. For some, even saying "Hello" in the morning requires great effort and concentration. Think about the 22-year-old man who was in a car accident. Look at the signs of exertion on his face as he shuffles his walker towards the breakfast table. His legs fling out of control and beads of sweat stand out on his forehead. He was in his third year of university when the accident happened. Then, there is the new mom over in the corner who suffered a stroke. She struggles endlessly to get a message out to staff through her message board, one letter at a time. Since her stroke, not only has she lost her ability to walk and speak, but she thinks constantly of her baby being cared for at home by her family. Even though she knows that she doesn't have the strength to hold him, her arms ache with the longing to do so.

Have you ever thought about the effort that it takes some of these people just to get through the day? Think about the obstacles they face and the courage it takes for some of them to carry on. These people, too, are working hard toward being independent, maintaining their dignity, and dealing with the everyday hardships they encounter. They need us to provide for their safety, allow them their privacy, and help them to continue.

But who thanks them for their efforts at the end of their long hard day? Who offers them appreciation for their untiring labour and struggles that are often unsuccessful and come nowhere near accomplishing what they set out to do? Imagine all that effort, and then... nothing!

Think about some of the things you would like to see take place if you were in this situation. What would you hope for from the people who offered you care? You know in your heart some of the things that you would need. Always consider what it must be like for your clients. Show them appreciation and compassion for everything they do.

Remember:

- Provide the principles of equality and fairness to all your clients. They should receive unbiased treatment and care.
- Make sure that every decision you make is in the best interest of your client - not one that will just make your day easier and faster. Review your decisions to determine how they address the person's health problems, emotional needs, and your own ethics.
- Try to support the client's family members and encourage their involvement in their loved one's life. This is important to the client's social and emotional well-being, as well as to the family.
- Keep professional boundaries in mind. Safeguard the client's confidentiality.
- Become aware of your own values and ethics about care.
- Emphasize the positive. Always stress what the person can do. Reinforce each small success. Offer praise for each accomplishment, no matter how small.
- Smile and bring some laughter into your client's day. Life is like a mirror. Smile and you usually are lucky enough to get a smile back!

A - Accurate observations: This may be the first time you have really taken the opportunity to think about the concerns of people with physical disabilities and developmental delays. It is also quite possibly the first time that you have had to think about the non-typical aspects of care provision for this segment of the population. There are many aspects to consider.

- Each one of these clients is an individual. Just as you are an individual with different needs, interests, and desires, so are these people you will be caring for.
- Progress is slow and laborious for many. Keep this in mind and cheer on their efforts. Sometimes you are the only cheering squad they have.
- They will need you to give more of yourself some days than others. Have patience and compassion; theirs is often a difficult course to manoeuvre. Offer emotional support, listen to problems, and allow them to express feelings. Watch for depression.

R - Report and record: Your observations and recordings are crucial to a client's progress. Observe carefully for any changes, both positive and negative. Other departments such as physiotherapy and occupational therapy count on you to provide information so they can intervene when necessary. Sometimes a simple comment about something you have observed will initiate a productive change in a care plan or the purchase of a helpful piece of equipment.

E - Ensure safety and comfort: Arrange the environment in ways that are visually appealing as well as easily manoeuvred in using a wheelchair, scooter, or walker. When outings are planned, plan ahead and make sure that the destination is handicap-accessible and has bathrooms and tables that will accommodate individuals with physical disabilities. Psychological and emotional safety is as important as physical safety. Activities should be age-appropriate and not cause embarrassment or emotional upheaval.

Care Companion Curriculum

Course 5 - Module 4:
End-of-Life Care

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 4: End-of-Life Care

Introduction

Care given to a client at the end of life is explored in this module. The CC is given the tools needed to identify the physical signs of dying and the holistic needs that require attention. Legal issues are addressed to equip the CC with the knowledge needed in caring for palliative clients. The CC role and responsibilities in providing care to palliative clients are also examined in this module.

General Learning Outcomes

1. Examine end-of-life care.
2. Examine the CC role and responsibilities in applying the "ICARE" model to end-of-life care.

Specific Learning Outcomes

- Describe the goals of end-of-life care.
- Identify physical signs of dying.
- Describe the holistic needs associated with end-of-life care.
- Use terminology related to end-of-life care.
- Describe the concept of compassionate caring for clients receiving end-of-life care and their families.
- Describe information to report and record as the client approaches death.
- Describe how to ensure client comfort, support, and safety during end-of-life care.

Learning Activities

- ☐ Read "Signs of Death" in Chapter 47 in the textbook.
- ☐ Read "Caring for a Client Who Is Dying" in Chapter 46 in the textbook. p.1065
- ☐ Read "Emotional, Social, Intellectual, and Spiritual Needs" in Chapter 47 in the textbook. p.1065-1066
- ☐ Study "Box 46-3: The Dying Person's Bill of Rights" in Chapter 47 in the textbook. p.1066
- ☐ Read "Comforting the Family" in Chapter 46 in the textbook. p.1067
- ☐ Complete "A Holistic Needs" in the Learner Guide.
- ☐ Read "Applying the 'ICARE' Model to End-of-Life Care, in the Learner Guide.
- ☐ Complete the exercises for Chapter 47, "Caring for a Client Who Is Dying", in the workbook.
- ☐ Complete multiple-choice practice questions at the end of this module.

Articles

Applying the "ICARE" Model to End-of-Life Care

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 end-of-life care, the CC roles and responsibilities are followed.

C - Compassionate caring of clients receiving end-of-life care and their families 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 or her care
- Provides choices to the client whenever possible
- Respects the client's choices
- Shows sensitivity towards the client's wishes
- Provides the client with care to meet his or her emotional, social, intellectual, and spiritual needs
- Provides the client with care to meet his or her physical needs
- Comforts the family throughout end-of-life care
- Explains care to the client before that care is performed
- Provides the client with privacy and confidentiality
- Identifies safety measures and promotes a safe environment
- Practises safety precautions at all times when a client is confined to bed
- Provides blankets for warmth
- Uses distraction methods to allow the client to get his or her mind off pain
- Avoids sudden movements when assisting with position changes or ambulation
- Handles the client gently
- Is aware of his or her own thoughts and feelings towards dying

A - Accurate observations are made by the CC as the client approaches death. The CC:

- Observes the client for sudden changes in level of consciousness
- Observes the client for decreasing ability to perform activities of daily living
- Observes the client's respiration pattern
- Observes the client for level of comfort

R - Reporting and recording are the responsibility of the CC as the client approaches death. The CC notifies the regulated health-care professional in charge:

- Of any changes in the client.

The CC also:

- Accurately documents any changes noticed in the client at all times

E - Ensuring client comfort, support, and safety is accomplished by various methods to support and comfort clients during end-of-life care. The CC:

- Provides family and friends privacy during their visit with the client
- Encourages the client to do things independently
- Encourages the client's family to allow client independence
- Promotes client safety by identifying potential safety risks associated with end-of-life care
- 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 independently
- Provides a quiet environment
- Ensures that the room lighting meets the client's request
- Keeps the room odour-free, organized, clean, and comfortable
- Ensures that the call bell is within reach of the client
- Provides blankets for warmth
- Provides soft music as a distraction method
- Ensures that family and friends are comfortable while visiting the client
- Follows up with the regulated health-care professional on client or family requests or concerns

Care Companion Curriculum

Course 5 - Module 5:

Meeting Care Needs at the Time of Death

Learner Guide

Goshenite
SENIORS SERVICES INC.

Module 5: Meeting Care Needs at the Time of Death

Introduction

In this module, the concepts of care of the body after death, strategies related to cultural and religious practices following death, grieving the loss of a client, and meeting care needs at time of death will be explored. Appropriate terminology related to end-of-life care will be defined.

This is a difficult time for the family. They will be grieving their loss. They will need your understanding of the grief process so that you can provide support following their loved one's death.

You will also experience grief following the client's death. Examine your feelings about the client's death and develop a support network. Co-workers may be part of your network since they understand what it means to lose a client.

Your responsibility to the client does not end with the client's death. Continue to treat the client with respect and dignity by providing privacy during post-mortem care and by following any cultural or religious practices. When providing post-mortem care, remember to follow infection prevention and control by following routine practices.

Remember that a competent health-care worker continues to provide quality client care even after the client's death.

General Learning Outcomes

1. Examine best practices while meeting care needs at time of death.
2. Examine the CC role and responsibility when applying the "ICARE" model to meeting client and family care needs at time of death.

Specific Learning Outcomes

7.1 Describe infection prevention and control (IPC) best practices related to care of the body after death.
7.2 Describe care strategies related to cultural and religious practices following death.
7.3 Describe the importance of grieving the loss of a client.
7.4 Use appropriate terminology related to end-of-life care.
7.5 Describe compassionate caring for meeting care needs at time of death.
7.6 Describe accurate observations to include when meeting care needs at time of death.
7.7 Describe reporting and recording client changes when meeting care needs at time of death.
7.8. Describe how to ensure client comfort, support, and safety when meeting care needs at time of death.

Learning Activities

- ☐ Read “Attitudes Toward Death” in Chapter 47 in the textbook. p.1058
- ☐ Read “What is Grief?” in Chapter 46 in the textbook
- ☐ Read Table 46-1 “Theories of the Grief Process” p.1061-1063
- ☐ Read “Applying the ‘I CARE’ Model” in the Learner Guide.
- ☐ Complete “A. Case Study: Applying the ‘I CARE’ Model” in the Learner Guide.

Applying the “ICARE” Model

One question that you should ask yourself each time that you learn new theory in this program is “How can I use this information to become a skilled CC?” One of the ways is to apply the information you have learned to the “ICARE” model.

C - It is important that you continue to give compassionate care to the client following his or her death. You can do this by treating the client’s body with respect and dignity. When you are providing post-mortem care, remember the client’s right to privacy. Follow any cultural or religious rituals requested by the family. You also need to provide compassionate care to the family. If they want to view the body, make sure that it has been cleaned, placed in a supine position, and eyes closed. Be supportive, show your genuine concern, use touch if appropriate, and allow for silence. Don’t be afraid to say, “I don’t know what to say.” Give the family privacy to be with their loved one.

A - Accurate observations are important at the time of death. If you are with the client when he or she dies, or if you find a client who has died, note the time. Observe what you need to do to ensure that the client’s body is prepared appropriately. Is the body soiled and needing to be cleaned? Do the client’s eyes need to be closed? Does the client’s mouth need to be closed? If the client’s family is present, observe whether they have any care needs. Do they need privacy? Do they need a comforting presence?

R - Always report and record in a timely manner. If you are with the client when he or she dies, or if you find a client who has died, report to your supervisor. When you have completed post-mortem care, report to the supervisor. Inform the supervisor if the family requires any support or information that you cannot provide.

E - At the time of death, ensure the client’s dignity, show respect, and provide privacy. If the family is present, ensure their comfort by providing them with support and privacy if needed. When you provide post-mortem care, ensure your safety and the safety of those around you by following routine practices.

References

College of Nurses of Ontario (2009, June) - http://www.cno.org/docs/prac/41043-restraints.pdf
Mosby’s Canadian Textbook for the Support Worker Fourth Canadian Edition 2018 http://www. elservier.com
Health Canada, Government of Canada Assistive Devices for Seniors Original: February 2007
Public Health Agency of Canada www.publichealth.gc.ca/seniors Original:2022

Goshenite

SENIORS SERVICES INC.