

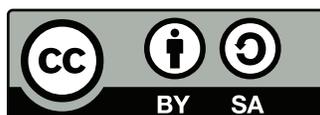
Health Care Assistant Program

PROVINCIAL CURRICULUM 2008



Ministry of
Advanced Education
and Labour Market
Development

Health Care Assistant Program: Provincial Curriculum Guide 2008
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Message from the Minister of Advanced Education and Labour Market Development



Resident care attendants and community health workers have an important contribution to make to the sustainability and efficiency of B.C.'s health-care system. The Ministry of Advanced Education and Labour Market Development is doing its part to meet the province's current and future demand for health-care workers. These workers provide front-line care in a variety of institutional and community settings including both home support agencies and residential care facilities.

The primary goal of the Province's new Health Care Assistant Program Provincial Curriculum Guide 2008 is to provide students with access to the training they need to be successful health-care workers. This new curriculum will help to ensure that the educational program is current and relevant to the complex and changing health care practice settings in which graduates will work. This curriculum is based on provincial practice standards and demonstrates government's commitment to helping meet the health human resource needs of the province by improving the standards and competencies for this important profession.

The program was developed through the Home Support / Resident Care Attendant Curriculum Project led by a partnership comprised of Vancouver Community College, the BC Career Colleges Association and the Provincial Home Support/Resident Care Attendant Articulation Committee.

This collaborative endeavour also demonstrates the strong commitment of B.C.'s post-secondary system to prepare graduates for successful careers as resident care attendants and community health workers – roles that are pivotal to meeting the health-care needs of British Columbians.

I want to wish you the best in your future in health care work and thank you for helping us meet the challenges in providing the best possible health care for all British Columbians in the 21st century.

Murray Coell
Minister of Advanced Education
and Labour Market Development

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Introduction

PROJECT DESCRIPTION

The Home Support/Resident Care Attendant (HS/RCA) Curriculum Project is a recent initiative, funded in the Fall of 2007 by the former Ministry of Advanced Education and implemented by the HS/RCA Programs Provincial Articulation Committee.

The BC Career Colleges Association (BCCCA) partnered with the HS/RCA Programs Provincial Articulation Committee on this project, giving it a strong public and private college collaborative focus. A Steering Committee, comprised of wide stakeholder representation from education and practice, provided leadership and advisement (Appendix II).

The project goal was to develop a provincial curriculum that would guide in the educational preparation of Community Health Workers (CHW), formerly Home Support Workers, and Resident Care Attendants (RCA) in British Columbia. The project outcome is the Health Care Assistant (HCA) Program Provincial Curriculum Guide. The HCA Program is designed to prepare graduates who are eligible to work as CHWs and RCAs, as front-line care providers, in a variety of community and institutional settings which include both home support agencies and residential care facilities.

HCA is the new program title that has replaced the original 1992 Curriculum Guide for the Home Support Attendant and RCA Programs. This change was recommended by the steering committee and endorsed by HS/RCA program educators across

British Columbia. Currently, there are many names used by employers to describe the CHW and RCA such as Home Support Worker, Resident Care Aide, Long Term Care Aide, Home Health Aide, Continuing Care Assistant, and Personal Care Aide. It creates challenges in terms of communication and education and does little to advance the general public's understanding of and appreciation for the nature of the work done by these practitioners.

The program title of HCA was preferred as it was generic and could apply to both CHWs and RCAs in a variety of residential and community work settings. In addition, the new title better communicated what field CHWs/RCAs worked in (health) and the nature of their work (care assistant).

BACKGROUND

The HCA Program Provincial Curriculum is a renewed and updated document that builds on the 1992 provincial HS/RCA Curriculum Guide and incorporates the basic CHW/RCA competencies and practice standards identified in the Care Aide Competency Project (CACP) completed in July 2007.

The provincial curriculum for the HS/RCA Program has been in place since the early 1990's, and has generally served the population well. However, with the recent changes in the health care system, the need for a review and revision of the curriculum had reached a critical stage. It must be noted that the environment in which CHW/RCAs practice has changed considerably over the past decade, with the most rapid change occurring in the past three years.

The concern expressed by the HS/RCA Articulation Programs Committee was that students were not receiving the education and training that they require to be fully competent in today's environment. In continuing care facilities, and in the home environment as well, these workers provide personal care and assistance to resident populations that have become medically fragile, cognitively complex, and diverse in age and personal care requirements. This older population is increasing in numbers and becoming sicker, many with multiple chronic health care problems. As well, acute care facilities are beginning to utilize resident care attendants in an increasingly wide variety of roles within hospitals,

including personal care provision to acutely ill patients. Finally, with the move to assisted living, home support workers and/or resident care attendants are being asked to take on additional tasks, many of which we, as educators, feel they are not adequately prepared to perform. This is a dramatic change.

THE CARE AIDE COMPETENCY PROJECT

In December 2006, the former Ministry of Health funded the development of the

CACP. The goal was to develop occupational competencies and standards for CHWs and RCAs in British Columbia. CHWs and RCAs are the front-line care providers in a variety of institutional and community settings which include both home support agencies and residential care facilities. These care providers are neither licensed nor monitored by a regulatory body, so they have no legally defined scope of practice.

The competency development work was linked to the need identified by the Human Resource Planning Strategy to address demand and supply issues for CHWs and RCAs. Within this strategy, there needed to be a clear understanding of the roles and responsibilities of these positions. Descriptions of how people go about their work and the education needed to perform in a safe and competent manner had not been previously undertaken for this sector.

An issue of concern, as well, was the age of the current provincial curriculum for CHW/RCAs and the need to update it. It was timely, therefore, to develop a

Competency Framework for Practice for CHW/RCAs that would serve both as a guide to provincial practice standards and as a basis for revising and updating the provincial curriculum.

A respected approach to occupational competency development, the Functional Analysis Model, was used to develop the competencies contained in the CACP document. It depicts the role of the CHW and RCA in a holistic and integrated fashion.

The main method of data collection and framework development was through interviews and focus group sessions. Approximately 200 people from all health authorities, including affiliated contract service providers, participated. Stakeholders included experienced CHWS/RCAs, employers, managers, supervisors/team leaders and educators from the clinical practice setting and the Colleges.

The Framework of Practice document provides a comprehensive picture of the work done by CHWs/RCAs and identifies the competencies required for safe, proficient performance of the job role. It is a framework of competent performance and best practices describing what CHW/RCAs do, how they do it, and why.

CURRICULUM PROJECT PROCESS, OUTCOMES & BENEFITS

A wide variety of stakeholders from the HS/RCA education and practice fields contributed to this project (see Appendices). The project involved ongoing communications, meetings and consultation with the HS/RCA Curriculum Steering Committee and the HS/RCA Programs Articulation Committee, as well as emails, interviews and discussions with many HS/RCA program educators from several public and private colleges.

The initial project design work focused on the development of the program design and foundation components. These included the values, beliefs and principles, curriculum organizing concepts, program purpose, program learning outcomes, access requirements and post-certificate options. The next phase involved the development of the courses for theory, laboratory and applied practice experiences. Courses were designed to integrate the important foundation components and include current competencies and best practices. Each course includes a description, learning outcomes,

content overview, suggested minimum hours, suggested learning strategies, course assessments, and references.

The HS/RCA Curriculum Project and the CACP have achieved important milestones in contributing to the education and best practices of community health workers and resident care attendants in our British Columbian healthcare system. Two key steps have been completed: the development of a current and comprehensive competency document that clearly frames the roles and responsibilities and practice of CHWs and RCAs in

British Columbia, followed closely by the updating and development of the provincial HCA curriculum. Recommendations arising from the curriculum project related to the HCA Program implementation and post certificate advanced practice courses were identified by the Steering Committee (Appendix I).

One of the main benefits of the HS/RCA Curriculum Project is that every student can now access the same education and training should all colleges adapt the new model. Those that are partners in the project (i.e. all publicly funded community colleges, and members of BCCCA) are committed to this. We now have clearly stated standards for education in terms of curriculum; this then becomes a mechanism for the standardization of education within the province. The HCA Program Provincial Curriculum Guide will ensure that the educational preparation of CHWs/RCAs is current and relevant to the complex and changing health care practice settings in which they work.

Values, Beliefs and Principles

HEALTH CARE ASSISTANTS

HCA's are prepared to work in both healthcare facilities and community agencies. They may take on the roles of CHW and RCA. In these roles they are important and valued members of the health care team.

CHW and RCAs promote and maintain the health, safety, independence, comfort and well-being of individuals and families. CHWs and RCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and residents. They work as members of a health care team in a variety of settings with direction and supervision from other health professionals.

(excerpt from *Care Aide Competency Project Framework of Practice*, Ministry of Advanced Education, Government of British Columbia, July, 2007, p. 10)

The work done by HCA's is based on a set of fundamental values, beliefs and ethical principles that are consistently reflected in all aspects of their work with clients, residents, families, team members and others. Amongst these core values, beliefs and principles, which serve as foundations of HCA practice, are those related to:

- *Human Beings*
- *Older Adults*
- *Health and Healing*
- *Healthcare*
- *Caring and Caregiving*
- *The Family in Health and Healing*

As well, HCA educational programs are built on values, beliefs and principles related to:

- *The Learning process*
- *The teacher and the teaching process.*

HUMAN BEINGS

All individual humans are holistic beings consisting of physical, cognitive, psychological, social, and spiritual dimensions. All people have unique perceptions of themselves and others that shape their experiences, responses and choices. Factors that may influence a person's perceptions include one's life experiences, values, socio-cultural/ethnic background, gender, abilities, resources and developmental level.

Humans, of all ages, are constantly changing as they interact with others and with the world around them. As well, people move through definable developmental transitions as they grow and change across a lifespan. Each developmental transition brings forth certain tasks which are defined and influenced by one's family, culture, gender, and social cohort.

Aging is a normal developmental process of human life. It involves a series of physiological, psychological and social transitions that start at birth and continue throughout life. As we age, our abilities, potentials, possibilities and goals can be expected to change. Nevertheless, each person's potential for growth and development exists throughout life.

OLDER ADULTS

Later adulthood can be viewed as a potentially fulfilling and enlightened time of life. For many people, aging gives rise to insight, creativity and serenity which can provide the foundation for true self-fulfillment.

As adults move into their later years, they do not become a homogenous group. Despite social perceptions, older people are not all alike. If anything, people become less similar as they get older. Older adults have a wide variety of interests, life experiences, backgrounds and values. Each older person must, therefore, be viewed and valued as a unique individual.

The experience of a long lifetime provides an older person with a special perspective based on years of learning and living. The older adult needs to be valued for the person s/he is as well as the person s/he has been in the past. Every older person has a life story, a wealth of experience, which is part of what that person is today.

Within Western cultural values, independence is valued and viewed as a desired goal for everyone to attain and maintain. This strong societal value sometimes makes it difficult for those older adults who experience declining health to relinquish independence. Paradoxically, however, independence is often fostered through interdependence. Interdependence involves mutually supportive relationships that acknowledge each person's capabilities and potentials while also providing support when and where needed. This sort of interdependency enables older individuals to feel valued and recognized despite their need for assistance.

Negative attitudes and stereotypes about any group of people are detrimental. In the case of our older citizens, negative attitudes and stereotypes may contribute to inaccurate beliefs such as: all older people suffer from markedly diminished physical and/or mental abilities; all older individuals will become dependent on others; older individuals are incapable of change; and older people are a drain on society. How we interact with older people will influence how they see themselves. We all have a role in breaking down stereotypes and unhealthy negative attitudes.

HEALTH AND HEALING

The World Health Organization's (WHO) definition of health as a state of physical, mental, and social well-being and not simply the absence of disease has gained widespread acceptance. The WHO further defined health as "the extent to which an individual or group is able on the one hand to realize aspirations or needs and on the other, to change or cope with the environment." Health, in this point of view, is seen as a resource for everyday living, not an objective of living. It is a positive concept which emphasizes psychological, cognitive, social and spiritual resources as well as physical capacity.

Health and healing co-exist. Healing is not simply viewed as movement along a continuum from illness to health. Healing is the process of enhancing health and responding to challenges. Challenges may be in the physical, psychological, cognitive, social and/or spiritual dimensions of health. During the healing process, resources are mobilized, hardiness is enhanced, and vulnerability is minimized.

HEALTHCARE

The right to comprehensive healthcare for all is highly valued by Canadian society.

Healthcare services include health promotion along with preventive, curative, rehabilitative and supportive services. Healthcare consumers need to have access to those services that meet their needs at any given time.

People have the right and responsibility to be full participants in making decisions about and looking after their own health and the health of their family. The health care practitioner serves to facilitate the

individual and family's ability to make informed choices and be actively involved in decision-making related to healthcare options.

CARING AND CARE-GIVING

Caring, in an interpersonal context, implies a genuine concern for the well-being of another person. Caring may take the form of courtesy, kindness or compassion. It may involve acknowledgement, encouragement, and giving genuine praise. It may also show itself through interpersonal warmth, cheerfulness, and gentle humour.

A caring act is always an expression of reverence for the basic value and dignity of another person. As such, it will never be possessive or patronizing. Caring never promotes unnecessary dependency.

The need and desire to give and receive care is rooted in our very nature as human beings. Babies who are not adequately cared for have been known to experience developmental delays, physical illness and even death. Caring is essential for optimum human growth and development. Without adequate human caring in our lives, we cannot reach our potentials as human beings.

The human capacity for caring needs to be nurtured in order for it to develop and blossom. In order for us to become caring human beings, we must experience caring interactions with others. Caring brings forth caring.

Within a formalized care-giving role opportunities to express care are many and they are seldom dramatic. Care providers display caring in a multitude of small ways – a kindly word, a caring touch, a helpful gesture. As caring blossoms, the valuing of the recipient of care is increased as is the valuing of the care-giving role itself.

In their work with clients, residents and families, HCAs actualize a caring approach in many ways. They:

- *View the client/resident as a whole person with a past, present and future. The client/resident is viewed as a member of a family, a community and a culture – an entirely unique human being.*
- *Strive to understand what is meaningful to the client/resident and assure that the client/resident's values and beliefs are respected.*
- *Assist client/residents to meet those basic human needs which the client/resident is unable to meet unaided.*
- *Respect the client/resident's privacy and confidentiality.*
- *Communicate effectively, using active listening and empathic responses.*
- *Respect the client/resident's potential and promote personal growth by offering information, choices, opportunities and assistance.*
- *Acknowledge the right of each client/resident to participate in their care.*
- *Include the client/resident, as much as possible, in decisions which affect them.*
- *Respect the role that families play in the promotion of healing.*
- *Act as caring advocates on behalf of the client/resident when necessary and appropriate.*
- *Display honesty and integrity in all their actions.*
- *Demonstrate competence, reliability, responsibility and accountability.*
- *Take responsibility for the safety of themselves and others.*
- *Display a gentle acceptance of the human imperfections of themselves and others.*
- *Display a commitment to their own growth and development as care providers.*

THE FAMILY IN HEALTH AND HEALING

The family is the foundation of society. It is the primary socializing force. It is within the intimacy of the family that we are fed, clothed, sheltered and protected from harm. The family provides us with our first experiences of human caring, acceptance and understanding. Within the family we initially learn values, beliefs and standards of conduct. Many of the lifestyle choices that ultimately determine our physical, psychological, social and spiritual well-being spring from our early family experience.

Like individuals, each family is unique. Every family has its own particular set of values, beliefs, standards and goals which are influenced by socioeconomic, environmental, educational, religious, and cultural factors. Each family influences and is influenced by its member and the larger socio-cultural community in which it lives and develops.

Families also experience definable developmental stages that change the character, functions and size of the family unit over time.

Although families come in a variety of sizes and configurations, the interdependence of members is a constant theme. Family members assume roles and responsibilities that are complimentary and interrelated. Consequently, changes in one family member affects all family members.

Illness or dysfunction in a family member can represent a major demand for change and adjustment within the family unit. The family's response to the situation will influence the way in which the affected person will perceive his/her illness or dysfunction. Likewise, the response of the family can greatly influence the course of the illness or dysfunction. As a consequence, families must be acknowledged and included as an integral part of care.

Care providers must be sensitive to and respectful of the language, culture, values and preferences of the families with whom they interact. Healthcare practitioners must recognize the socio-cultural and economic influences on the family, and respect the means by which the family is attempting to cope with increased stress.

THE LEARNING PROCESS

Learning is a continuous process of change and personal growth. Learning occurs continuously over a lifetime and is influenced by a multitude of factors. Within a formalized learning environment, several factors need to be considered in order to assist learners to reach their goals. These include the following:

- *Elements external to the learning situation can influence the learner's ability to benefit from learning opportunities. An individual's self-concept as a learner; his/her physical or psychological health status; family demands; economic stressors; and availability of interpersonal support systems may all contribute to an individual's ability to succeed.*
- *A person's past experience influences learning in many ways. Previous life experiences shape the knowledge, skills and attitudes the learner brings to the learning experience. Past experiences with formal education will influence an individual's self-concept as a learner.*
- *Learners come with preferred learning styles and strategies, all of which are valuable and need to be recognized and facilitated.*
- *Learning is facilitated by proceeding from simple to complex and familiar to unfamiliar.*
- *When learners are provided with opportunities to apply new concepts or skills in a variety of real and simulated situations, they are more likely to learn. Learners need to be actively engaged in the learning process.*
- *Learning opportunities that foster individual's ability to work both cooperatively and collaboratively with others will broaden the learning process and encourage the development of group skills*

- *A caring, respectful learning environment which fosters success will help learners make difficult transitions, develop confidence and maintain motivation.*

THE TEACHER AND THE TEACHING PROCESS

Teaching is a caring, interpersonal profession. The teacher attempts to enhance and facilitate learning by providing a supportive learning climate in which each learner feels recognized and safe. The teacher strives to get to know each learner as a unique human being and to tailor teaching/learning strategies in a creative effort to meet individual learning styles and preferences.

The teacher continually invites students to become actively involved in their learning, knowing that assisting students to learn how to learn is equally as important as (perhaps more important than) assisting them to acquire knowledge. The teacher displays enthusiasm for the subject matter and for learning in general.

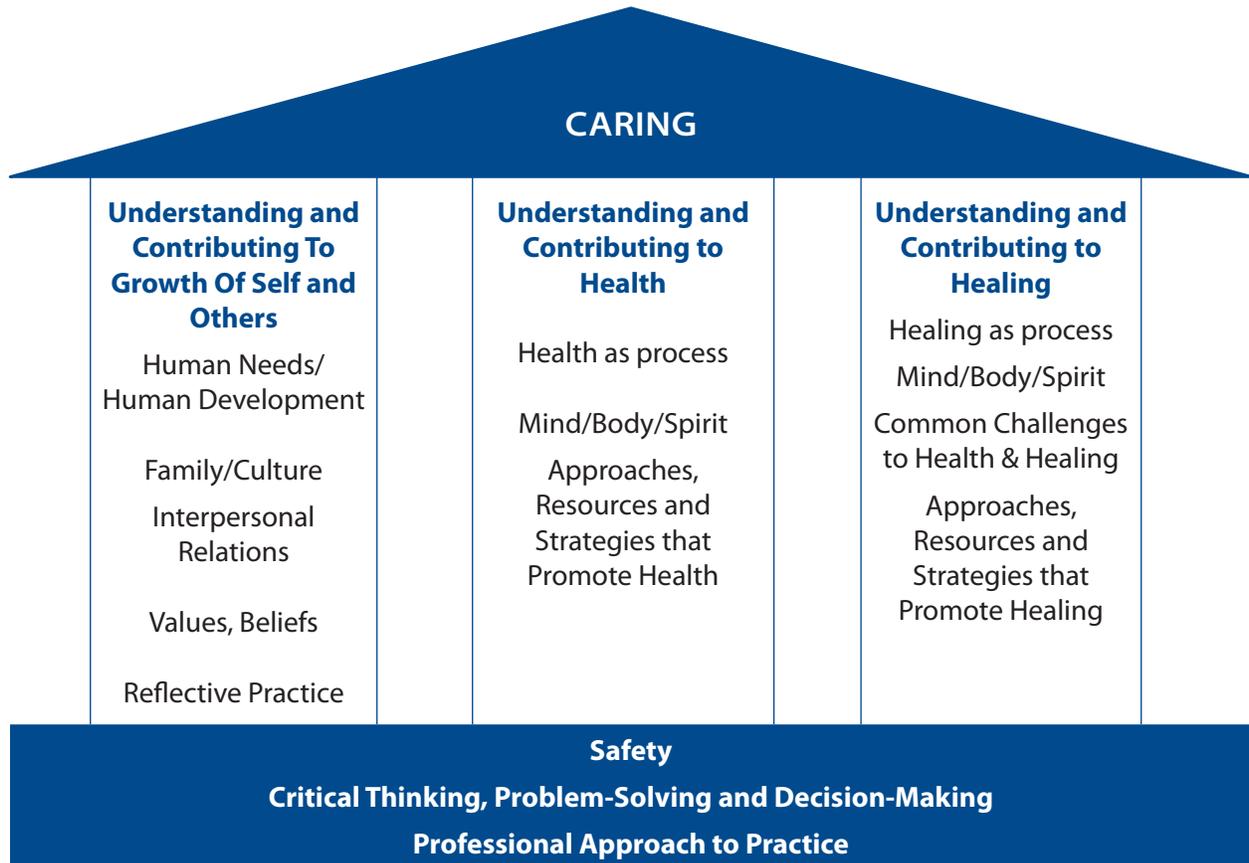
The teacher maintains an abiding faith in each learner's ability to learn and grow. Even when learners are unsuccessful in a formal learning environment, the teacher is still attuned to those aspects of the learner that reflect ability, interest and potential.

Teachers who assist learners to prepare for a care-giving role realize that it is important for them to model the caring approach they want their students to emulate. These teachers consistently treat learners with dignity and respect. The teacher utilizes excellent interpersonal skills including active listening and appropriate self-disclosure. As well, the teacher acts as a resource for current information and displays a deep respect for the care-giving role the learner will soon be assuming.

The teacher is a problem-solver and a crisis manager. S/he is able to give feedback effectively. S/he is organized and autonomous as well as being able to work effectively as a member of a teaching team. The teacher is a role model of lifelong learning and personal growth. As well, s/he is a role model of professional competence, behaviour and decorum.

Each teacher, like each learner, is an individual who desires and deserves to be treated with dignity and respect. Teachers are most effective when they know that their unique strengths, talents and contributions are recognized and appreciated.

Curriculum Organizing Concepts



The organizing concepts or themes that are pulled through the HCA curriculum appear on the diagram on the preceding page. The overarching, primary concept is that of caring. This combined with the foundational concepts, provide the underpinnings for all knowledge and abilities that learners gain within the program. The foundational concepts are: safety, thinking skills (critical thinking, problem-solving, decision-making) and professional approaches to practice.

CARING

Within the statement of Values, Beliefs and Principles underlying this curriculum, there is considerable discussion about what caring is and what it means in care-giver practice. Perhaps the most important statement related to caring is the following:

A caring act is always an expression of reverence for the basic value and dignity of another person.

This simple statement makes it clear that caring involves, always, an approach to care-giving practice that is person-centred. Each individual who is the recipient of care is unique and deserves to be viewed as such. Within a caring philosophy, a “one-size-fits-all” approach to care-giving would never be appropriate. Consequently, with caring as the overarching, primary concept of the HCA curriculum, the emphasis is always on providing care and assistance in ways that are clearly resident or client-centred.

SAFETY

Safety is a constant and clear priority of practice for HCAs. Through safe practices, the HCA protects both self and others from injury or harm. Attending to the safety of a client/resident is part of being a caring practitioner. Attending to the safety of self is an important part of healthy self-care. A professional approach to practice is, first and foremost, based on clear understandings and applications of principles related to safety and harm reduction.

CRITICAL THINKING, PROBLEM-SOLVING AND DECISION-MAKING

Effective healthcare practitioners make informed decisions that are based on a sound knowledge base. They use logical, rational, focused, purposeful thinking to come to decisions and to solve problems. They also reflect on their decisions and evaluate their choices so that they are continually gaining knowledge and expertise.

HCAs utilize an informed problem-solving approach in their practice.

The problem-solving approach used by HCAs includes: identifying and analyzing a problem; identifying priorities and options; identifying possible consequences; determining sources of assistance; utilizing the safest, most appropriate action to rectify the problem; and evaluating the outcome.

PROFESSIONAL APPROACH TO PRACTICE

A professional approach to practice is one in which the care-giver consistently demonstrates respect for self and others. A professional approach is also one in which the care-giver maintains safe, competent practice and displays a commitment to responsible and accountable behavior. The HCA who behaves in a professional manner functions within the legal parameters of his/her role, maintains professional boundaries and is dependable, reliable and honest.

The professional practitioner works effectively, constructively and collaboratively with other members of the healthcare team. As well, a professional practitioner is

self-reflective, regularly identifying his/her personal/professional development requirements and seeking effective ways to meet these needs. A professional practitioner is continually learning, growing and becoming more competent, capable and professional.

Program Purpose

The HCA Program is designed to provide students with opportunities to develop the knowledge, skills and attitudes necessary to function effectively as front-line care-givers, and respected members of the healthcare team, in community and facility settings. Under the direction and supervision of a health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients/residents.

Upon completion of the program, graduates are prepared to work in any level of continuing care, including: home support, adult day care, assisted living, and complex care (including special care units).

Program Learning Outcomes

Upon completion of the HCA Program, graduates will be able to:

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual resident or client.
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients/residents and families.
3. Provide care and assistance for clients/residents experiencing complex health challenges.
4. Provide care and assistance for clients/residents experiencing cognitive and/or mental health challenges.
5. Interact with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately and in sensitive ways with clients/residents and families within a variety of community and facility contexts.
7. Provide personal care and assistance in a safe, competent and organized manner.
8. Recognize and respond to own self-development, learning and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable and professional manner.

PROGRAM LEARNING OUTCOMES AND PERFORMANCE INDICATORS

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual resident or client:
 - Describe the characteristics and qualities of caring interactions in a variety of contexts.
 - View each client/resident as a whole, unique individual.
 - Respect the individuality, independence and dignity of clients/ residents and families.
 - Display respect and sensitivity to individuals and families from diverse backgrounds and cultures.
 - Display a non-judgmental approach in all aspects of care provision.
 - Support the autonomy and uniqueness of clients/residents and their families.
 - Encourage clients/residents to share their thoughts, feelings and preferences.
 - View the older person as an individual possessing a wealth of experience, knowledge and wisdom.
 - Base care and assistance functions on the client/resident's unique needs, capabilities and interests.
 - Provide clear information to the client/resident about the care or service to be provided and deal with questions or concerns in a calm, caring fashion.
 - Encourage clients/residents to be involved in their own care.
 - Support client/resident independence.
 - Encourage clients/residents to make choices and participate in decisions about their care, as they are able.
 - Encourage family involvement, as appropriate, in the care of their family member.
 - Observe family members for signs of stress and consult with an appropriate health care professional for direction.
 - Report abusive or neglectful situations promptly to a health professional for appropriate action.

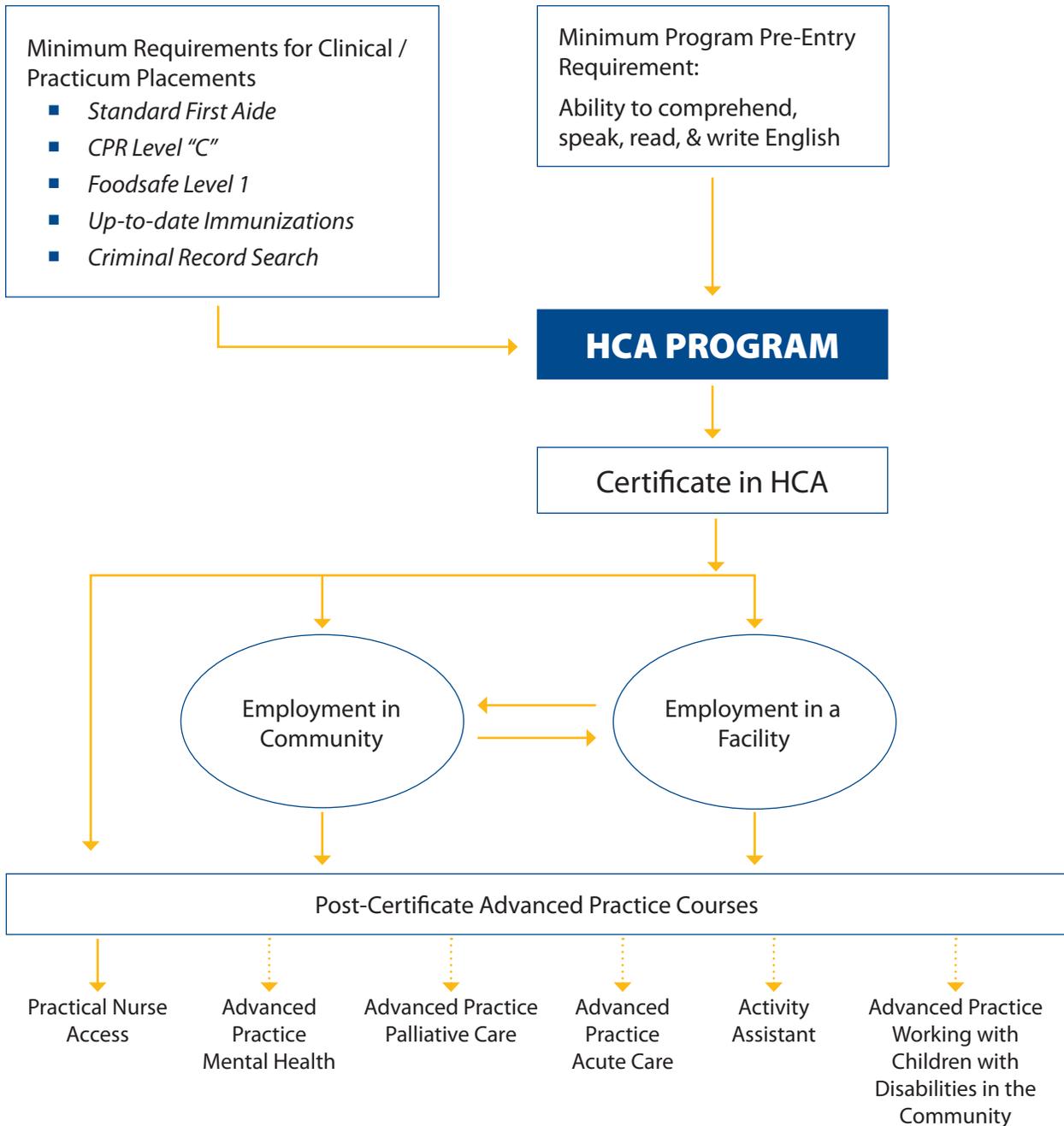
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients/residents and families:
 - *Assess the client/resident and situation using informed observation, reflection and communication.*
 - *Observe changes in the client/resident's health status and report these changes to the appropriate health care professional.*
 - *Identify priorities for care within the care plan.*
 - *Be guided by knowledge of health, healing, human needs and human development.*
 - *Demonstrate an understanding of the interconnectedness of physical, psychological, social and spiritual aspects of health and healing.*
 - *Display an understanding of the importance of the family in health & healing.*
 - *Display an awareness of the role of culture, diversity and life experience in health and healing.*
 - *Utilize appropriate health team members as resources to augment one's own problem-solving and decision-making.*
 - *Follow the care plan for each client/resident.*
 - *Consult with health team members to review and evaluate care and make modifications to the care plan as needed.*
 - *Carry out recording requirements in a timely fashion.*
 - *Use clear, current, factual, objective and relevant language when reporting or documenting client/resident information.*
 - *Utilize creativity when required to adapt care and service to a variety of contexts.*
3. Provide basic care and assistance for clients/residents experiencing complex health challenges:
 - *Base choices and actions on a sound understanding of normal anatomy & physiology and common changes associated with aging.*
 - *Base choices and actions on a sound understanding of common challenges to health and healing.*
 - *Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing.*
 - *Organize, administer and evaluate care and service for clients/residents with complex health challenges.*
 - *Assist clients/residents and families to maintain independent functioning within their capabilities.*
 - *Provide caring and supportive end-of-life care for clients/residents in a manner that promotes comfort and dignity.*
4. Provide care and assistance for clients/residents experiencing cognitive and/or mental health challenges:
 - *Organize, administer and evaluate care and assistance for clients/residents experiencing cognitive and/or mental health challenges.*
 - *Base choices and actions on a sound understanding of the physical, psycho-social processes of dementia.*
 - *Base choices and actions on an understanding of environmental influences on behaviours.*
 - *Base choices and actions on a clear understanding of the interrelationship of the physical, social, cognitive, emotional and spiritual dimensions of health and healing.*
 - *Tailor interactions and responses based on an understanding of common mental health challenges.*

- *Use an informed problem-solving process when caring for or providing assistance for individuals experiencing mental health challenges.*
 - *Cope constructively with unanticipated or unusual situations.*
 - *Identify when crisis intervention skills are required and respond appropriately.*
- 5.** Interact with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals”
- *Use caring, respectful communication with all members of the health care team.*
 - *Base interactions on a clear understanding of the roles and responsibilities of various members of the healthcare team.*
 - *Seek clarification, guidance and assistance from other health team members when needed.*
 - *Contribute observations and information to care planning sessions.*
 - *Communicate changes in the client/resident’s health status to the appropriate health team member so that the care plan is kept current.*
 - *Communicate with confidence and appropriate assertiveness.*
 - *Offer support and assistance to other health team members as appropriate.*
 - *Report and record relevant information in a clear, concise and objective manner.*
 - *Use appropriate lines of communication in accordance with agency, facility or employer standards and policies.*
 - *Identify problems, concerns and conflict within the health team and discuss these with appropriate team members in a timely function.*
 - *Approach problems or conflict in a non-threatening way.*
 - *Respond non-defensively to criticism or confrontation.*
- 6.** Communicate clearly, accurately and in sensitive ways with clients/residents and families within a variety of community and facility contexts:
- *Demonstrate an ability to write and speak English in a manner that can be easily understood.*
 - *Use English in such a way as to be clearly understood.*
 - *Use appropriate volume, tone and vocabulary.*
 - *Use language and a communication style that is appropriate to the client/ resident, family or situation.*
 - *Identify barriers to communication and make efforts to improve communication.*
 - *Describe the relationship between self-awareness, self-concept and communication.*
 - *Recognize how perceptions influence one’s reality and experience of situations.*
 - *Interact in a manner that respects the rights, needs, interests and preferences of others.*
 - *Observe common courtesies such as addressing the client/resident and family members by name of choice and speaking in a manner to be readily understood.*
 - *Use touch appropriately and respectfully.*
 - *Use humour appropriately.*
 - *Maintain appropriate interpersonal and professional boundaries.*
 - *Respect and adapt to a family and client’s/resident’s cultural background.*
 - *Recognize non-verbal communication.*
 - *Use non-verbal attending skills including eye contact, body positioning and attentive facial expression.*

- *Use active listening skills.*
 - *Use appropriate self-disclosure.*
 - *Adapt communication styles/approaches as appropriate to the client/resident or situation.*
 - *Utilize effective approaches to conflict management.*
 - *Demonstrate an understanding of the stresses experienced by clients/residents and families as they are reflected in communication patterns.*
 - *Recognize abusive communication and report in accordance with agency/ facility or employer standards and policies.*
- 7.** Provide personal care and assistance in a safe, competent and organized manner:
- *Wear safe and appropriate clothing, including identification.*
 - *Adhere to the client's/resident's care plan.*
 - *Assess the client/resident and the environment prior to commencing care.*
 - *Adjust environments, as appropriate, to ensure safety and to promote efficiency.*
 - *Set priorities or make adjustments to the care process based on client/ resident requirements.*
 - *Organize and implement care according to client/resident needs.*
 - *Organize time and equipment for safety and efficiency.*
 - *Base choices and actions on a sound knowledge of asepsis and body mechanics.*
 - *Adhere to infection control practices.*
 - *Report, verbally and in writing, unsafe work environments.*
 - *Encourage independence of the client/resident as much as possible.*
 - *Encourage family involvement in care whenever possible.*
 - *Recognize and make wise choices in situations of potential risk to self or others.*
 - *Encourage client/resident communication and engagement during personal care.*
 - *Maintain client/resident privacy and dignity.*
 - *Assist the client/resident with personal hygiene and grooming.*
 - *Assist the client/resident with movement and ambulation.*
 - *Use aids to promote comfort, relaxation and sleep.*
 - *Take and record vital signs accurately.*
 - *Prepare simple, nutritious meals that are in keeping with the preferences of the client.*
 - *Assist the client/resident with medication..*
 - *Provide specialized, sensitive care for the dying client/resident in line with palliative care principles.*
 - *Abide by principles, procedures and legal implications involved in the application of Personal Assistance Guidelines.*
 - *Exhibit flexible and adaptable behaviour .*
- 8.** Recognize and respond to own self-development, learning and health enhancement needs:
- *Identify own learning and personal/ professional development needs.*
 - *Invite feedback from other health team members related to own performance.*
 - *Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.*
 - *Identify and utilize opportunities to learn from clients/residents, families, and colleagues.*
 - *Share new learning with other health team members.*

- *Reflect on own choices and behaviours as they contribute to physical, psychological, social, cognitive and spiritual health.*
 - *Strive to demonstrate increasingly healthful lifestyle and self-care practices.*
- 9.** Perform the care-giver role in a reflective, responsible, accountable and professional manner:
- *Demonstrate an understanding of the components of the health care system within the region and province.*
 - *Comply with legal and contractual parameters of practice for HCAs.*
 - *Foster and uphold the mission, policies and standards of the organization of employment.*
 - *Adhere to the expectations and guidelines established in one's job description.*
 - *Collaborate with other members of the health team.*
 - *Use appropriate lines of communication.*
 - *Clarify one's own role to others when necessary.*
 - *Demonstrate dependability, reliability, honesty and integrity.*
 - *Reflect on one's own values, beliefs and standards in relation to*
 - *care-giving practice.*
 - *Recognize how one's own beliefs, values, standards and cultural background may be different or similar to those of client/residents, and families.*
 - *Recognize how one's own beliefs and values influence one's responses to clients, families and situations.*
 - *Maintain a non-judgmental position in light of difficult or unusual client/resident or family situations.*
 - *Advocate on behalf of the rights, needs, interests and fair treatment of clients/residents and their families.*
 - *Maintain client/resident and family confidentiality.*
 - *Set appropriate personal boundaries in interactions with clients/residents and family members.*
 - *Recognize ethical issues in practice and seek appropriate methods for resolving such issues.*
 - *Challenge questionable actions or decisions made by other health team members.*
 - *Promote own personal safety, health and well-being.*
 - *Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.*
 - *Reflect on the benefits and challenges of the HCA role.*
 - *Champion the role of HCA on the healthcare team.*

Access Requirements and Post-Certificate Options



PROGRAM ACCESS REQUIREMENTS

Prior to entry into the HCA program, prospective students must demonstrate an ability to speak, read, comprehend, and write English at a *minimum* of a grade 10 level.

NOTE: Some colleges offer special “combined skills” programs for students who are non-native speakers of English. Such programs, which are generally 20 – 25% longer than a regular program, combine HCA knowledge/skills with focused ESL instruction. Students entering such a program must be individually assessed to assure they have a level of English ability (reading, writing, speaking, and listening) that would offer them a reasonable chance of success in the HCA program as well as in later employment.

MINIMUM REQUIREMENTS FOR CLINICAL/PRACTICUM PLACEMENTS

Prior to being placed in an agency or facility for the required program practice experiences, students must:

1. Have successfully completed a **Standard First Aide course; and **CPR Level “C”; and **Foodsafe Level 1.
2. Present evidence of up-to-date immunizations as required by the regional Health Authority.
3. Present documentation of an acceptable Criminal Record Search.

The knowledge and skills offered in Foodsafe Level 1, Standard First Aide, and CPR Level “C” courses are **not included in the provincial curriculum but are required of all HCA graduates. Individual post-secondary institutions may choose to include some or all of these courses as part of the HCA program, in which case students would not be required to complete the courses external to the program.

NOTE: The access requirements listed above are *minimum* requirements for the HCA program. Some colleges may request additional or increased requirements.

POST-CERTIFICATE OPTIONS

Following graduation, individuals have a number of options. They may choose to become employed in the community, likely with a home support agency, or in a continuing care facility.

Graduates may also choose to continue their education. The Post-Certificate Advanced Practice Courses listed in the diagram on the preceding page are examples of continuing education courses that may be available to HCA graduates. Many of the listed courses have been developed and offered by individual colleges. Provincial Post-Basic Advanced Practice curricula have, thus far, been developed only for the Practical Nurse Program Access.

Course Information

COURSES

The HCA program consists of the following courses:

- *Health and Healing: Concepts for Practice*
- *Health 1: Interpersonal Communications*
- *Health 2: Lifestyle and Choices*
- *Health Care Assistant: Introduction to Practice*
- *Healing 1: Caring for Individuals Experiencing Common Health Challenges*
- *Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges*
- *Healing 3: Personal Care and Assistance*
- *Practice Experiences:*
 - *One or more practice placement(s) in Home Support and/or Assisted Living*
 - *A practice placement focused on specialized dementia care*
 - *One or more practice placement(s) in a Multi-level or Complex Care facility*

PROVINCIAL CURRICULUM: COURSE CLUSTERS

Courses that develop Foundational Knowledge, Skills and Values	Courses that develop Specialized Knowledge, Skills and Values	Learning Experiences that Require Application of Knowledge, Skills and Values to Practice
<ul style="list-style-type: none"> ■ <i>Health and Healing: Concepts for Practice</i> ■ <i>Health 1: Interpersonal Communications</i> ■ <i>Health 2: Lifestyle and Choices</i> ■ <i>Health Care Assistant: Introduction to Practice</i> 	<ul style="list-style-type: none"> ■ <i>Healing 1: Caring for Individuals Experiencing Common Health Challenges</i> ■ <i>Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges</i> ■ <i>Healing 3: Personal Care and Assistance</i> 	<ul style="list-style-type: none"> ■ <i>Practice Experience(s) in Home Support and/or Assisted Living</i> ■ <i>Practice Experience focused on specialized dementia care</i> ■ <i>Practice Experience(s) in Multi-level or Complex Care</i>

LOCATION OF THEORY, APPLICATION AND ASSESSMENTS OF PROGRAM LEARNING OUTCOMES WITHIN THE PROGRAM: PROGRAM COURSES

Program Learning Outcomes	Health & Healing	Health 1	Health 2	Intro To Practice	Healing 1	Healing 2	Healing 3	Practice Experiences
1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual resident or client.	***	**	**	*	**	***	*	***
2. Use an informed problem solving approach to provide care and assistance that promotes the physical, psychological, social and spiritual well-being of clients/residents and families.	***	*	**		***	***	***	***
3. Provide basic care and assistance for clients/residents experiencing complex health challenges .	*		*		***		**	***
4. Provide care and assistance for clients/ residents experiencing sensory losses, cognitive and/or mental health challenges.	*		*			***	*	***
5. Interact with other members of the health-care team in ways that contribute to effective working relationships and the achievement of goals.	**	***		***	**	**	***	***
6. Communicate clearly, accurately and in sensitive ways with clients/residents and families within a variety of community and facility contexts.	**	***			**	***	**	***

7. Provide personal care and assistance in a safe, competent and organized manner.	**	*	*	*	**	**	***	***
8. Recognize and respond to own self-development, learning and health-enhancement needs.		*	***	***	*	*		***
9. Perform the care provider role in a reflective, responsible, accountable and professional manner.	*	*		***	*	**	**	***

Key: *This outcome represents an underlying focus within the course.
 ** This outcome represents a less significant but still important focus of the course
 ***This outcome represents a significant focus of the course

DETAILED COURSE INFORMATION: INTRODUCTION

The following section of the curriculum document outlines each of the courses in the HCA Program. For each of the theory and lab courses the following information is provided:

1. Course Description

This is a brief overview of the course giving information that will be useful to students and others. The description may be used with college approvals bodies, in college calendars, or as part of on-line and printed program information materials.

2. Course Hours

The suggested *minimum* number of hours required for each course is included.

3. Learning Outcomes for the Course

The course learning outcomes describe what the student will know and be able to do once he/she has completed the course.

4. Content Overview

The content overview provides a listing of the content of the course. The clustering and sequencing of content provided in this document is intended merely as a suggested guide. The content in each course may be presented in any sequence or manner so long as the course learning outcomes are met.

5. Suggested Learning strategies

A few examples of teaching/learning strategies are included to show how the course content might be used to further students' abilities to:

- *Apply concepts of caring (with a strong focus on person-centred care).*
- *Think critically, solve problems and make decisions using knowledge/skills/ values inherent in the course content.*
- *Maintain a professional approach to practice by assuring safety of self and others, functioning within the parameters of one's role, and functioning interdependently with others.*

NOTE: The learning strategies suggested with each course are in no way considered to be comprehensive. They are intended merely to give *examples* of some of the processes that might contribute to helping students comprehend and apply new learning.

6. Suggested Approaches to Assessment

A few examples of assessment strategies are included that reflect how the learning outcomes might be appropriately assessed.

7. References

A list of books, articles and websites are provided which may be useful to teachers and students engaged in the course.

Health and Healing: Concepts for Practice

COURSE DESCRIPTION

This course provides students with the opportunity to develop a theoretical framework for practice. Students will be introduced to the philosophical values and theoretical understandings that provide a foundation for competent practice as a HCA. The course focuses on concepts of caring and person-centred care; basic human needs and human development; family, culture and diversity as they relate to health and healing. Students will also be introduced to a problem-solving model that will be critical to their practice.

Suggested minimum course hours: 70

LEARNING OUTCOMES

1. Display an understanding of person-centred care that recognizes and respects the uniqueness of each individual:
 - Describe the characteristics and qualities of caring interactions in a variety of contexts.
 - Explain the importance of respecting the individuality, independence, autonomy, diverse values and dignity of clients/residents and families.
 - Display an ability to view the older person as an individual possessing a wealth of experience, knowledge and wisdom.
 - Discuss the components of social and community models of care as they relate to person-centred care.
2. Discuss basic human needs and common characteristics of human development as these concepts relate to person-centred care:
 - Describe Maslow's hierarchy of needs, explaining the importance of each level and the interrelationship of needs.
 - Conduct a needs assessment.
 - Discuss the principles of human development.
 - Describe common developmental tasks and characteristics of various ages across the lifespan.
3. Use an informed problem-solving approach to provide care and service:
 - Describe critical thinking as a caring concept.
 - Discuss the relationship between critical thinking, problem-solving and decision-making.
 - Describe care planning as a problem-solving process.
 - Utilize the steps of the care planning / problem-solving process.
 - Describe the role of the HCA in planning care.
 - Describe common practices for reporting and recording in community and facility settings.
4. Contribute to the safety and protection of self and others within a variety of work environments:
 - Describe individual factors affecting the need for protection and safety (health, age, lifestyle, health challenges).
 - Discuss ways of promoting and maintaining safe environments.
 - Define and describe elements of risk management.
 - Discuss the purpose, role, factors influencing safety plans.

- *Discuss living at risk issues .*
 - *Recognize critical incidents and describe appropriate steps to take during and after the incident.*
5. Display an understanding of the role of family, culture, diversity and life experience in aging, health and healing:
- *Discuss changing family structures and diverse family units.*
 - *Describe common socio-cultural, religious, environmental and economic influences on the family.*
 - *Understand stresses on family care providers.*
 - *Identify ways care providers may support the family.*
 - *Describe how diversity (race, ethnicity, culture, generational differences, socio-economic differences, religious diversity, etc.) influences an individual's experiences of aging, health and healing.*
 - *Discuss components of culturally sensitive care.*

COURSE CONTENT

Characteristics of Caring and person-centred practice

- *Caring as a moral ideal: What is caring?*
- *What distinguishes a caring from an uncaring act?*
- *Caring in a health care context.*
- *Values and beliefs about care and caring.*
- *Promoting the dignity and worth of self and others.*
- *Self-building and self-caring as the basis of becoming a effective care provider*
- *Caring and power: Power positions vs. relational positions with others.*
- *Independence, dependence and interdependence.*
- *Independence and self-esteem.*
- *Promoting self-determination.*
- *Promoting quality of life – who defines it and who decides what it means to each person.*
- *Social and Community models of care.*
- *Supporting personal preferences and choices.*
- *Recreation/socialization and quality of life.*
- *Preventing isolation and unnecessary dependence.*
- *Living at risk – what it is and why it is an option – the right to self-determination and choice.*

Basic Human Needs

- *Hierarchy of needs:*
 - *Physiological*
 - *Safety and Security*
 - *Love and Belonging*
 - *Self-esteem*
 - *Self-actualization/Self-fulfilment*
- *Interrelationship of needs.*
- *Factors that affect needs and the meeting of needs in older adults.*
- *Needs assessment.*

Human Development

- *Principles of human development*
- *Common developmental tasks and characteristics of:*
 - *Infancy*
 - *Toddlerhood*
 - *Preschool period*
 - *Middle childhood*
 - *Late childhood*
 - *Adolescence*
 - *Young adulthood*
 - *Middle adulthood*
- *Developmental characteristics, tasks and changes in the older adult:*
 - *Physical changes*
 - *Psycho-social tasks and challenges*
 - *Loss as part of aging*
 - *Diversity in older adults*
 - *Factors influencing aging*

Family in Health and Healing

- *Family development.*
- *Diverse family units.*
- *Changing family structures.*
- *Socio-cultural, religious, environmental and economic influences of the family.*
- *The role of family in health and healing: coping and adapting.*
- *Understanding stresses on family care providers.*
- *Families experiencing conflict or other dysfunction.*
- *Supporting the family.*

Multiculturalism and Diversity

- *Race, ethnicity and culture.*
- *Diversity of backgrounds.*
- *Generational differences.*
- *Prejudice and discrimination.*
- *Effects of culture.*
- *Culture and family.*
- *Culture and religion.*
- *Cultural influences on aging and health.*
- *Culturally sensitive care.*

Critical Thinking and Problem-Solving

- *Critical thinking as a caring concept;*
- *Relationship between critical thinking, problem-solving and decision-making.*
- *Components of effective problem-solving/decision-making.*

- *Problem-solving in relation to time management.*
- *Care planning as a problem-solving process.*
- *Steps in the care planning / problem-solving process:*
 - *Assessing – gathering information (including the client/residents’ unique personal history, achievements, strengths, and preferences).*
 - *Consulting with client/resident and health care team.*
 - *Establishing priorities.*
 - *Defining the problem or care requirement.*
 - *Identifying the goal for care.*
 - *Creating an action plan.*
 - *Implementing the action plan.*
 - *Evaluating.*
- *Care planning process in facilities.*
- *Care planning process in community settings.*
- *Role of HCA in planning care.*
- *Reporting and recording – common practices in community and facility settings.*

Protection and Safety in Health and Healing

- *Factors affecting the need for protection and safety (health, age, lifestyle, health challenges)*
- *Realities and challenges*
- *Promoting and maintaining safe environments*
- *Roles and parameters of practice in relation to safety*
- *Risk management – definitions and approaches*
- *Safety plans – purpose, role, factors influencing safety planning*
- *Living at risk issues : respecting the client/residents’ choice to live at risk when an informed choice has been made*
- *Critical incidents:*
 - *recognizing critical incidents*
 - *recognizing situations where critical incident debriefing is warranted*

Suggested Learning Strategies: Strategies that focus on Caring

1. Invite students to work in small groups to discuss situations in which they have felt cared for or cared about and situations in which they did not feel cared about.
Ask the groups to describe the characteristics of each experience. Also, ask them to identify the emotions experienced by the differing situations.
How did they feel about themselves in each situation? How did they feel about the other person?
2. Invite students to read the Statement of Beliefs and Values in this curriculum document, with particular emphasis on the section about Caring and Care-giving. Encourage them to identify as many characteristics of caring as they can from their reading.
Now ask students if they can identify other characteristics of caring based on their own experience. Ask students to see if the characteristics of caring can be grouped i.e. are there themes that come through?

Possible groupings might include:

- *Knowing and understanding the other person.*
 - *Respecting and trusting the other person.*
 - *Respecting and trusting oneself.*
 - *Recognizing the connectedness or similarities between ourselves and others .*
3. Invite students to work in small groups to examine two or more simulated situations. For each situation, ask the group to consider: What is there about this situation that reflects caring and what does not? Could the situation have been handled differently? If so, how?

Some situations that could be discussed:

Joan is a Health Care Assistant working in a complex care facility. She enjoys her work a lot – especially, as she says, “working with my sweet little old ladies.” Joan is well-organized and makes every effort to assure that the residents in her care are safe, clean and comfortable. Today, when she completed bathing Mrs. DeVito, Joan dressed her in a flowery dress and placed a bright red bow in Mrs. DeVito’s white hair, saying: “There you go, dearie. You look so cute.” Mrs. DeVito is deaf so she didn’t hear Joan’s comment. She just smiled and nodded.

An instructor, who has accompanied a group of HCA students to a facility, enters a room where a student, Evira, is completing morning care with a bed-ridden resident. The instructor stands on the opposite side of the bed from Evira and talks directly to her, saying: “We will have our group meeting at 11:00 am, Evira. See you then.” The instructor immediately hurries out of the room.

An HCA, Alex Ipe, is working for a home support service in a small city. He was recently assigned to provide care for a rather cantankerous older gentleman named Gordon. After his first two visits to Gordon’s small apartment, Alex feels frustrated and discouraged because he can’t seem to please Gordon. Alex decides to talk with an experienced colleague, Viv, in hopes of getting some helpful advice. After hearing his concerns, Viv responds by saying: “Well, you know how it is with these old guys. They are all like children – just so picky and needing attention. It can be pretty frustrating, I know, but you mustn’t let it get to you.”

Suggested Learning Strategies: Strategies that focus on Critical Thinking, Problem-Solving and Decision-making

Since this course is the first time students will be presented with the concept of a systemic problem-solving process as it relates to the HCA role, it is important that they grasp how important it is that a careful analysis of the situation precedes decisions.

Ask students to work in small groups. Give them a fictitious problem that they can identify. For example:

“Imagine you have taken the first major exam in the HCA program and received a failing grade.”

In analyzing this problem students should ask:

- *Why has this problem arisen?*
- *What caused it?*
- *Who is involved?*
- *What is my goal i.e. how will I know when the problem is “solved”?*

- *What feelings am I experiencing?*

Once the problem has been analyzed, have students (again, in small groups) identify as many options or choices as possible. For each option, ask them to identify the positive and negative consequences of that particular action. For example:

Option	Positive Consequence	Negative Consequence
Quit the program	No more study stress Possibly more money (if I could get a job)	Would feel like a quitter Would miss the group Wouldn't be able to work as an HCA I'd disappoint my family

Once the students have completed their analysis of the problem, have them decide on the “best” decision or solution. How did the analysis help them come to a decision? Could a different decision be “better” for other people or situations?

Have students discuss how care-givers can best help others to analyze problems and look at possible options before jumping to a solution. Have them discuss in what ways can problem-solving be a caring process?

Have students, individually, conduct the same analysis using a real problem from their own lives (see Student Handout form for use with this exercise). This process could be used as an assignment for this course.

Suggested Learning Strategies: Strategies that focus Professional Approaches to Practice

Invite students, as a whole class or in smaller groups, to discuss what is meant by “professional approach to practice.” Ask them to consider what sorts of behaviours reflect a “professional” approach. As the ideas are forthcoming, write them on the blackboard or on a flipchart. Afterwards, encourage students to determine if there are any themes or major descriptors of professional approaches to practice. These may include:

- *Respect for the client/resident.*
- *Respect for self as a healthcare practitioner.*
- *Providing safe, competent care and assistance.*
- *Being organized.*
- *Functioning within legal parameters of one's role.*
- *Being dependable, reliable and honest.*
- *Working collaboratively with other members of the healthcare team.*
- *Being ethical.*
- *Being a reflective practitioner, recognizing and seeking ways to improve competence.*
- *Others.*

Invite students to identify what they will need to know and be able to do in order to function in a professional manner as a HCA in relation to the descriptors they have identified. Ask each small group to examine one of the major elements of professional practice and discuss the learning needs related to it. They may use a graph such as the one below.

Major elements of a professional approach to practice

What I'll need to know or be able to do in order to reflect professionalism in my practice

EXAMPLE:

Working collaboratively with other members of the healthcare team

EXAMPLE:

Need to know/understand:

- *The Health Care System in British Columbia.*
- *Roles and responsibilities of various members of the healthcare team.*
- *The roles and responsibilities of HCA (CHW/Home Support Workers and RCA)*
- *Legal limitations and obligations of HCA.*
- *What to do when a situation exceeds legal parameters of one's role.*
- *Supervision and delegation of tasks.*
- *Lines of communication.*
- *Basic concepts of team development and group processes.*
- *Benefits & challenges of working in a team.*
- *Facilitating effective team functioning – principles of collaboration.*

Need to be able to:

- *Use caring, respectful communication with all members of the health care team.*
- *Seek clarification, guidance and assistance from other health team members when needed.*
- *Contribute observations and information to care planning sessions.*
- *Communicate changes in the client/resident's health status to the appropriate health team member.*
- *Communicate with confidence and appropriate assertiveness.*
- *Offer support and assistance to other health team members as appropriate.*
- *Report and record relevant information in a clear, concise and objective manner.*
- *Identify problems, concerns and conflict within the health team and discuss these with appropriate team members.*
- *Approach problems or conflict in a constructive manner.*

STUDENT HANDOUT

PROBLEM-SOLVING/DECISION MAKING EXERCISE

DIRECTIONS: Select a problem or dilemma you now face and use the problem-solving, decision-making process you've learned in class to analyze the situation and come to a decision. Follow the points below and use the template on the next page to document your processes and outcomes.

- A.** Describe a personal problem or dilemma you now face
- B.** Analyze the problem / dilemma:
 - *Describe the problem or dilemma*
 - *Why does this exist? What caused it? Who is involved?*
 - *What is your goal or desired outcome i.e. how will you know when the problem or dilemma is "solved"?*
 - *What options do you have? What are the consequences, positive and negative, of each of these options?*
 - *Are there people or resources that might give you assistance – either in analyzing the problem/dilemma, considering alternatives or deciding on the best course of action?*
- C.** Decide on the best course of action for YOU. Why is this the best course of action?
- D.** Carry out your decision
- E.** Evaluate – how did it turn out?

Self-reflection: Was this a new way for you to deal with a problem or dilemma? How did it feel to you? Were you happy with outcome? What did you learn from the process?

STUDENT HANDOUT

PROBLEM-SOLVING EXERCISE: TEMPLATE FOR REPORT

PROBLEM OR DILEMMA:

ANALYSIS OF THE PROBLEM OR DILEMMA:

YOUR GOAL OR DESIRED OUTCOME:

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

SOURCES OF ASSISTANCE:

YOUR DECISION:

EVALUATION / REFLECTION ON THE DECISION AND THE PROCESS:

Suggested Course Assessments

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

1. One or more quizzes or examinations that pertain to knowledge of human needs, human development and safety/protection (Learning Outcomes #1, 2, and 4).
2. An individual project aimed at utilizing a problem analysis/decision-making processes in a care-giving context. Students could be provided with a scenario from a practice environment or students could be asked to identify a problem from their own practice experiences then directed to use a systematic problem-solving process to come to a decision (Learning Outcome #3).
3. An elder-awareness project. Each student will conduct an interview with an elder (i.e. someone who is over the age of 75) preferably someone who is also different from the student in gender, culture, ethnicity, and/or socio-economic level. Students will be invited to share their interviews with their student peers in small groups. Students will also be invited to discuss what these interviews tell them about generational differences, diversity, and changing family

structures. Students will be expected to submit this exercise as a project paper. (Learning Outcome #1 and #5).

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Health Care Assistant: Introduction to Practice

COURSE DESCRIPTION

This course provides an introduction to the role of the HCA within the British Columbia health care system. Students will be introduced to the healthcare team and the roles and functions of HCA within the team. Students will also have opportunities to develop self-reflective skills required for competent practice and will be introduced to effective job-finding approaches

Suggested minimum course hours: 30

LEARNING OUTCOMES

Upon successful completion of this course, students will be able to:

1. Display an understanding of the roles and responsibilities of HCAs within the health care system in British Columbia:
 - *Describe the Health Care Systems in British Columbia and Canada.*
 - *Describe the processes by which individuals in British Columbia become eligible for long term care.*
 - *Discuss the goals, philosophy, and approaches used in assisted living facilities and how these might also be applied in other contexts.*
 - *Describe the purpose and functions of employer standards, policies and procedures.*
 - *Discuss the importance of maintaining client/resident/family confidentiality.*
 - ◇ *Describe the roles and responsibilities HCAs within the health care team.*
 - ◇ *Describe the role of labor unions in healthcare in relation to membership, responsibilities, and implications for the HCAs.*
2. Contribute to the effective functioning of the healthcare team:
 - *Discuss basic concepts of team development and group processes.*
 - *Outline the benefits & challenges of working in a team.*
 - *Describe principles of collaboration and cooperation that contribute to effective team functioning.*
 - *Describe the roles and responsibilities of various members of the healthcare team.*
 - *Discuss lines of communication.*
3. Function in a responsible, accountable fashion recognizing legal and ethical parameters of the HCA role:
 - *Discuss human rights as they relate to the provider and the recipient of care.*
 - *Discuss elements of responsible and accountable behaviour.*
 - *Delineate the legal and contractual limitations and obligations of HCAs.*
 - *Delineate the legal implications of the written word.*
 - *Discuss how to recognize ethical issues in practice and methods for resolving such issues.*
 - *Discuss appropriate responses when a situation exceeds legal parameters of one's role.*
 - *Describe what is meant by professional boundaries in relation to relationships with clients/residents and families.*
4. Apply self-reflection, and self-appraisal processes in order to recognize and respond to own self-development needs as a care provider:

- *Discuss reflective practice: what it is, why it is important, how to become a reflective care provider.*
- *Discuss how personal competence of the care provider is a component of caring practice.*
- *Describe how self-assessment relates to self-development.*
- *Discuss the importance of lifelong learning for all care providers.*

5. Confidently conduct a job-search process:

- *Describe the challenges and rewards of specific work environments.*
- *Discuss criteria for selecting a work environment that fits one's strengths, values, preferences and lifestyle.*
- *Prepare a clear, attractive resume and letter of application.*
- *Complete a job application form.*
- *Effectively participate in a job interview.*

COURSE CONTENT

Workplace Settings and Contexts

- *Introduction to the Health Care System in British Columbia and Canada*
- *Long Term Care Assessment (how it is done and outcomes).*
- *Models of care – creating community, actualizing person-centred care.*
- *Assisted Living – goals, philosophy, approaches – how these might also be applied in other contexts.*
- *Working in facilities – challenges and opportunities.*
- *Working in Community-based settings – challenges and opportunities.*
- *Agency/ facility/ employer standards. policies and procedures – purpose and function.*
- *Standards of care.*
- *Importance of maintaining client/resident/family confidentiality.*
- *Reporting and recording – when, what, how.*
- *Legal implications of the written word.*
- *Organizing within the work environment: managing time effectively.*
- *Use of workplace technology (computers).*

Team work in Healthcare Settings

- *The healthcare team in facilities and in the community.*
- *Roles and responsibilities of various members of the healthcare team.*
- *The roles and responsibilities of HCA (CHW/Home Support Workers and RCAs)*
- *Legal limitations and obligations of HCAs.*
- *What to do when a situation exceeds legal parameters of one's role*
- *Supervision and delegation of tasks.*
- *Lines of communication.*
- *Basic concepts of team development and group processes.*
- *Benefits & challenges of working in a team.*
- *Facilitating effective team functioning – principles of collaboration.*

Legal and Ethical Issues

- *Human rights: World Health Organization.*

- *Basic human rights in Canada.*
- *Rights of people receiving healthcare services.*
- *Rights of care-givers.*
- *Relevant contractual obligations that guide HCA practice.*
- *Ethical and legal parameters of HCA (CHW/Home Support Worker and RCA) roles.*
- *Ethical standards and decision-making within one's practice.*
- *Abuse – recognizing and reporting.*
- *Occupational health and safety.*
- *Employment standards.*

Professional Approaches to Practice

- *Responsible and Accountable behaviour.*
- *Unions – membership, rights, and responsibilities.*
- *Professional relationships with clients/ residents, family members and other members of the health team:*
 - *roles and professional boundaries*
 - *principles of professional self-disclosure*
- *Accountability and ethical behaviour in working relationships.*
- *Aspects of confidentiality in shared information.*

Self-reflective Practice

- *Reflective practice – what it is, why it is important, how to become a reflective care provider.*
- *Personal competence as a component of caring.*
- *Impact of personal values, beliefs and principles on practice.*
- *Self-assessment and self-development.*
- *Challenges and rewards of specific work environments.*
- *Selecting a work environment that fits own strengths, values, preferences and lifestyle.*
- *The importance of lifelong learning.*
- *The function of motivation and commitment in on-going learning and personal development.*

Employability Skills

- *Preparing a resume and letter of application.*
- *Completing a job application form.*
- *Effectively handling the job interview.*
- *Employer expectations.*

Suggested Learning Strategies: Strategies that focus on Caring

1. Invite students to form small groups and discuss what they would want in a care provider for themselves or a family member.

Have them work to describe the “perfect” care provider in terms of:

- *Personality*
- *Work habits*
- *Knowledge level*

- *Relationship with other health team members*
- *Relationship with family members*
- *Other characteristics that seem important*

Which characteristics would be considered MOST important? What does this tell you about the characteristics of an effective care provider?

2. Questions that could be used to elicit discussion on caring:

- *If we truly care about and for our clients/residents, what sort of environment will we want them to live in?*
- *In what ways does a team approach contribute to better care for a client/resident?*
- *How are legal and ethical standards related to a philosophy of individual worth?*
- *How is striving for increased personal competence related to being a caring healthcare provider?*

Suggested Learning Strategies: Strategies that focus on Problem-Solving/Decision-making

Have students, either alone or with colleagues, discuss an issue that presents itself to them. One that might be appropriate is the following:

As you move towards completion of the HCA program, will have to decide within which healthcare context you'd like to find a job and/or whether you might want to continue your education.

The handout on the next page will help students analyze this dilemma and come to a decision that best “fits” for them at this point in time.

STUDENT HANDOUT

PROBLEM-SOLVING/DECISION MAKING EXERCISE

DIRECTIONS: Consider the following problem/dilemma:

As you move towards completion of the HCA program, you will have to decide within which healthcare context you'd like to find a job and/or whether you might want to continue your education.

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

1. Analyze the problem/dilemma:
 - *What do you know about the choices available to you?*
 - *What are the pros and cons of employment in community care, assisted living, and facility care?*
 - *What are the pros and cons of continuing your education at this time?*
 - *Are there other options you might consider?*
 - *Do you need more information? If so, how will you get it?*
 - *What are your particular talents, abilities and preferences?*
 - *What roles and responsibilities do you have outside of work?*
 - *How do these fit with the choices you are considering?*
 - *What are your overall goals or desired outcomes? What is most important to you?*

Use a table like the following to analyze the pros and cons (for **YOU**) of each choice.

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

Based on your analysis, what is the best choice(s) for you at this time?

2. Based on your choice(s), what are your next steps? How will you evaluate your choice(s)?
3. Self-reflection: Was this a new way for you to come to a decision? How did it feel to you? Were you happy with outcome? What did you learn from the process?

Suggested Learning Strategies: Strategies that focus on Professional Approaches to Practice

Invite students to form small discussion groups and discuss situations in which a care provider is confronted with an ethical or legal dilemma. Ask them to discuss the situations and put forward suggestions for how the situation should be handled based on what they have learned in the course.

Here are some examples of situations:

Mr. Smith, aged 76, was a well-known politician in your community. You got to know him and his family well as you served as one of his many care providers during his final illness. Shortly after his death, you are approached by one of your neighbors who is a newspaper reporter, and asked for information about Mr. Smith. You were fond of Mr. Smith and would like him to be remembered for the fine gentleman he was. What would you do?

Working for a community Home Support agency, you are assigned to provide care for the children of a young woman, Silvia, who is challenged by emotional problems. The children are quite a handful and you sometimes feel frustrated that Silvia seems to make no attempt to help. She seems to spend most of her time drinking coffee and watching T.V. You mention your frustration to a colleague, Jasvir, who cares for Silvia's children on your days off. Jasvir responds with some anger: "There is nothing wrong with that woman except she is lazy and just wants a free nanny service. She clearly doesn't care a bit about those kids." What do you think about Jasvir's comments? What would be the best way for you to deal with your frustrations with this situation?

Mrs. Brown is a 93 year old woman who is physically frail but able to walk. She has been exhibiting signs of moderate dementia. When you are at work, at the complex care facility where Mrs. Brown lives, you notice that Mrs. Brown often follows you around talking and seeking your attention. This makes it difficult for you to get your work completed as Mrs. Brown gets in the way – even following you into the rooms of other residents. Another care provider suggests that you take Mrs. Brown into to the lounge and tie her in a chair in front of the T.V. so she can't bother you so much. What do you think of this suggestion? Are there other ways you might solve your problem with Mrs. Brown?

Mrs James is a wheelchair-bound resident who is unable to transfer herself. While eating lunch, she tells you that she needs to go to the bathroom right away. You are very busy, but you quickly take Mrs. James to the bathroom and assist her onto the toilet. After washing your hands, you rush back to the dining room. You forget to go back to help Mrs. James off the toilet. She gets tired of waiting, tries to get herself back onto the wheelchair and falls. Fortunately, Mrs. James is not badly hurt, just a bit "shaken" by the incident. What happened in this situation that might be legally compromising? How might the situation have been avoided? What can be done now?

SUGGESTED COURSE ASSESSMENTS

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

1. One or more quizzes or examinations that pertain to knowledge of the British Columbia Health Care System; workplace settings; roles and responsibilities of health team members; legal/ethical aspects of care-giver practice and human rights (Learning Outcome #1, #2 and #3).
2. An assignment in which students analyze one or more scenarios taken from practice situations. Students discuss the role of the HCA, rights and responsibilities, legal/ethical implications, and appropriate caring (person-centred) approaches (Learning Outcome # 1 and #3).
3. A written assignment in which students describe the qualities and characteristics of an "ideal" care provider, with emphasis on how an "ideal" HCA works both independently and collaboratively. Each student will compare him/herself to this ideal and use this comparison to delineate self-development needs (Learning Outcomes #1, # 3 and #4).

4. The development of a personal resume and production of an application letter requesting a job interview (Learning Outcome #5).

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Health 1: Interpersonal Communications

COURSE DESCRIPTION

This course focuses on the development of self-awareness, increased understanding of others and development of effective interpersonal communication skills that can be used in a variety of care-giving contexts. Students will be encouraged to become more aware of the impact of their own communication choices and patterns. They will have opportunity to develop and use communication techniques that demonstrate personal awareness, respect and active listening skills.

Suggested minimum course hours: 50

LEARNING OUTCOMES

Upon successful completion of this course, students will be able to:

1. Identify the characteristics and qualities of effective interpersonal communications:
 - *Discuss the basic elements of any interpersonal communication processes – sender, receiver, message, feedback.*
 - *Describe common barriers to communication.*
 - *Describe the characteristics of effective communication.*
 - *Discuss characteristics of culturally sensitive communication.*
 - *Differentiate between caring and non-caring communications in a variety of job related situations.*
2. Discuss the interrelationship between self-awareness, self-esteem, and perception as these relate to communication choices and patterns:
 - *Discuss the interrelationship between self-concept, self-esteem and interpersonal communications.*
 - *Describe how perception influences one's reality and experience of situations.*
3. Demonstrate effective, caring interpersonal communications with clients/ residents, colleagues and others:
 - *Utilize effective non-verbal communication, including non-verbal listening skills.*
 - *Describe the characteristics of effective use of touch.*
 - *Display an ability to be attuned to the non-verbal communications of clients/residents and others.*
 - *Use open-ended questions.*
 - *Utilize active listening responses including paraphrasing and perception checking.*
 - *Display an ability to listen & respond empathically.*
 - *Use listening and responding skills to defuse anger and conflict.*
 - *Utilize assertive communications appropriately.*
 - *Determine when a situation is unsafe and it is important to leave.*
4. Apply self-reflection, and self-appraisal processes in order to increase own effectiveness in interpersonal contexts:
 - *Reflect on how one's personal beliefs and values influence perceptions, self-concept and behaviours.*
 - *Use self-reflection to determine one's choices and patterns of communications.*
 - *Reflect on interpersonal interactions in order to increase own effectiveness.*

- *Invite feedback and suggestions from others in order to increase own effectiveness.*

COURSE CONTENT

Introduction to Interpersonal Communication

- *Elements of interpersonal communication processes – sender, receiver, message, feedback.*
- *Barriers to communication.*
- *Characteristics of effective communication: open, supportive, positive, understanding.*
- *Importance of common courtesies.*
- *Warmth, respect, empathy.*
- *Appropriate use of humour.*
- *Appreciating diversity of backgrounds: generational differences.*
- *Culturally sensitive communication.*
- *Communicating with people who speak a different language from yours.*
- *What a caring response looks like.*
- *Differentiating between caring and non-caring communications in a variety of job related situations.*

Knowledge of Self

- *Interrelationship between self-concept, self-esteem and interpersonal communications.*
- *Recognizing how perception influences one's reality and experience of situations.*
- *Societal, cultural and experiential influences on perceptions and self-concept.*
- *Using self-reflection to determine one's choices and patterns of communications.*

Non-Verbal Communication

- *Gestures, postures, facial expressions.*
- *Use of space.*
- *Use of objects.*
- *Positioning of self in relation to the other person.*
- *Tone and volume of speech.*
- *Non-language sounds.*
- *Personal choices and what these communicate.*
- *Appropriate and caring use of touch.*
- *Reflecting on one's own non-verbal communications.*
- *Being attuned to the non-verbal communications of clients/residents and others.*

Responding to Others

- *Non-verbal listening skills.*
- *Using open-ended questions.*
- *Using paraphrasing/perception checking.*
- *Listening & responding empathically.*

Conflict Management and Resolution

- *Value of conflict in interpersonal relations.*
- *Applying skills (e.g. listening and responding skills) to defuse anger and conflict.*
- *Assertive communications: assertive vs. aggressive responses.*

- *How and when to say “no”.*
- *Factors that signal it’s time to remove self from a situation.*

Suggested Learning Strategies: Strategies that focus on Caring

1. Invite students to form small groups to discuss the following:

Think of a time when you really felt comfortable with another person and you were both able to talk freely. What were some of the characteristics of that interaction? Have the groups share their responses with the whole class.

From these discussions, the class can develop a list of the characteristics of effective interpersonal communication which will likely include points such as:

- *There is a feeling of trust between the people involved.*
- *There is a sense that the two people involved understand each other and what each is experiencing.*
- *Both individuals feel that the other likes or respects them.*
- *Often the two people have similar values, ideas and experiences.*

All effective interpersonal communications have one thing in common: each person involved feels valued, respected and worthwhile.

Based on this understanding of effective interpersonal communications, ask students to discuss some examples of communications approaches that they have experienced that they have found to be particularly unpleasant, even dehumanizing. Some examples might include:

- *Moralizing, judging or blaming.*
- *Threatening.*
- *Ordering or commanding.*
- *Shaming.*
- *Stereotyping.*
- *Ignoring.*

Invite students to think of times when they may have used these approaches and the outcomes of these responses. Why do we sometimes use dehumanizing communications?

Application to the work place: Invite students to discuss how approaches to elderly clients/residents might inadvertently be dehumanizing. What are some better choices?

2. Questions that could be used to elicit discussion about caring:

How are self-caring and self-esteem interrelated? Why is it so difficult to care for oneself? In what ways might a person with healthy self-esteem be a more effective care provider?

What is the difference between task-oriented touching and caring touch in a healthcare environment? In your caregiving role, what are some ways you might appropriately show caring through touch? What are some other non-verbal behaviours you might use to exhibit caring?

Do you agree with the following statement: *When we make an effort to truly understand the other person, we are exhibiting caring?* How is this related to the interpersonal communications skills you have learned in this course?

Why is assertiveness on the part of the caregiver important to the care of the client/resident? Why is it important and caring for an HCA to say “no” sometimes? How is self-respect related to one’s ability to act assertively?

Suggested Learning Strategies: Strategies that focus on Problem-Solving

When students are learning about conflict resolution, it might be helpful for them to grasp how a problem-solving process might be applied even (and possibly especially) in situations of heightened emotions.

Using one or more scenarios taken either from clinical practice or personal experience, invite students to work in small groups to analyze the problem, suggest alternative choices, determine the best outcome and suggest how it will be evaluated.

Use the Student Handout on the next page to direct this discussion.

STUDENT HANDOUT

PROBLEM-SOLVING EXERCISE: RESOLVING CONFLICTS

DIRECTIONS: Consider the following problem/dilemma:

Carol and Jason, both in their early 30s, have been living together for less than a year. They have a lot in common and enjoy each other's company – going to hockey games and movies together, skiing in the mountains in the winter and hiking in the summer. They share responsibilities around the apartment and each contributes equally to the costs.

A conflict has arisen, however, that is causing considerable strife in their relationship. Jason has a small group of buddies that he has socialized with since high school. Carol has made it clear that she does not want to socialize with these friends (all guys). She refers to them as "losers" and "adolescents". Jason is devoted to his friends and enjoys the crazy and comfortable camaraderie he experiences when he is with them.

Both Carol and Jason had thought that their relationship had potential to blossom into a long-term commitment, even marriage. This conflict is causing them both to reconsider.

A. Define the Conflict

- **Facts:**
 - ◇ *What is the relevant information here?*
 - ◇ *How might Carol get more information on the rewards that Jason gets from these friends?*
 - ◇ *How can Jason discover exactly what Carol doesn't like about these friends?*
- **Feelings:**
 - ◇ *How might Carol feel when Jason goes out with his buddies?*
 - ◇ *How might Jason feel when Carol refuses to spend time with his buddies?*
- **Negative Outcome:**
 - ◇ *How might this relationship deteriorate if Jason continues to spend time with his buddies?*
 - ◇ *How might the relationship deteriorate if Carol continues to comment negatively about these friends?*
- **Positive benefits:**
 - ◇ *What opportunities might be gained if Jason continues to see these friends without Carol?*
 - ◇ *What is the best thing that could happen?*

Is there further information you need to adequately understand this problem? If so, what is it and where would you get this information?

B. Examine Possible Solutions

Based on your discussion, consider as many possible solutions as you can to this conflict. Try to think of obvious and not so obvious alternatives. For each one, consider the positive and negative outcomes – for both Carol and Jason.

OPTIONS	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES

C. Based on your analysis, what is the best choice for Carol and Jason at this time?

Some questions to consider: Is this a win-win solution i.e. do both partners gain – or, alternately, are the losses shared? Is the solution worth the costs to each person and/or to their relationship? Are the costs and rewards evenly distributed between both partners? Might other solutions be more effective?

D. Evaluate the solution

What questions would you want to ask to find out if the solution was, in fact, successful?

Self-reflection: Was this a new way for you to come to a decision in a conflict situation? How did it feel to you? What did you learn from the process?

Suggested Learning Strategies: Strategies that focus on Professional Approaches to Practice

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A professional approach to practice presupposes an ability to “tune in” to a client/resident or family member. Good communication skills are invaluable to the effective care-giver and these skills need to be practiced. Below are several approaches that are aimed at giving students opportunities to practice effective communication.

1. Practicing non-verbal listening skills

Invite students to select partners to practice non-verbal listening skills. While one partner assumes the role of speaker, the other is the listener. The speaker can talk about anything, but a topic that elicits opinions or feelings is best. While the “speaker” is talking, the “listener” will practice excellent listening, i.e.:

- a.** Face the speaker.
- b.** Make eye contact whenever possible.
- c.** Lean slightly toward the speaker.
- d.** Maintaining a relaxed, open posture.
- e.** Maintain a facial expression appropriate to the content.
- f.** Nod the head or in other non-verbal ways give the message that the speaker is being heard.

After 5 or 10 minutes, the interaction is stopped and the partners change roles.

Once both participants have had a chance at both roles, discussion should take place guided by the following:

What was it like for you to be a non-verbal listener? Was it easy to listen this intensely? Was it hard to keep your mind from wandering? What did you learn about the speaker's opinions, feelings, ideas? What did you learn about yourself as a listener?

What was it like for you to be the speaker? Did you feel that the other person was truly listening to you? Was it helpful for you to clarify your own thoughts, opinions or feelings?

2. Practicing paraphrasing

Invite students to get into groups of three for a short discussion period. Each member of the group will take on one of these roles:

- *Listener*
- *Speaker*
- *Observer*

The speaker can talk about anything, but may be helped by some suggested topics such as those below:

I think that the worst part about being a student is _____

I think that the best part about coming back to school is _____

What I enjoy most about my work is _____

The reason I decided to take the HCA program is because _____

The things that I am most concerned about in becoming a HCA is _____

The process for each group will be as follows:

- The speaker makes a comment related to the chosen topic.
- The listener must paraphrase what the speaker has said in his/her own words and must do it to the speaker's satisfaction. Once the speaker is satisfied that the listener has understood his/her meaning, then the listener is allowed to take on the speaker role and make a comment.
- The observer serves to make sure that the rules are being followed i.e. the listener may not become the speaker until he/she has paraphrased the content of the communication to the satisfaction of the speaker.
- Take turns in each role.

Following this practice, invite the groups to discuss the difficulties they experienced trying to understand the other person and trying to be understood. Each student should identify what he/she learned from this exercise about speaking and listening.

3. Practicing empathic responding

Invite students to practice empathic responding in two "real life" situations. Ask them to pick one person they don't know well (e.g. a sales person in a store, a new resident/client in the practice setting) and one person they do know well (e.g. a close friend or relative). Instruct the student to initiate a conversation with each person and attempt to "tune in" to what the other person is saying and what he/she seems to be feeling. Ask the student to attempt to respond empathically.

At the next class, discuss the following questions:

- *Was it difficult for you to really "tune in" to the other person? If so, why do you think it was difficult?*
- *Did you find your mind wandering as the other person was speaking?*
- *Did you feel ill-at-ease with the active listening and empathic responding? If yes, why do you think this felt uncomfortable for you? What might make it more comfortable?*

- How did the other person respond?
- Reviewing what you said, how might you improve your responses in future interactions?
- Did you feel that you had a better understanding of the other person when the conversation was over?
- What did you learn about yourself as a result of this exercise?

SUGGESTED COURSE ASSESSMENTS

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

1. One or more quizzes or examinations that pertain to knowledge of the concepts and principles underlying effective interpersonal communication (Learning Outcome #1).
2. An assignment in which students analyze one or more scenarios in which communication was ineffective. They will be asked to identify the barriers to effective communication displayed in the scenario and suggest alternative approaches that might have been more effective (Learning Outcomes # 1 & 3).
3. A written assignment in which students describe a situation in which they used communication skills they learned in this course. Students will describe what they did or said and analyze the outcome, with particular focus on self-reflection and self-appraisal (Learning Outcome # 2, 3 & 4).
4. An assessment – or series of assessments – of students’ abilities to use the skills learned in the course. This may take place in the classroom where students conduct guided role-playing or it may be assessed as part of Lab or clinical experiences (Learning Outcome # 3).

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Health 2: Lifestyle and Choices

COURSE DESCRIPTION

This course introduces students to a holistic concept of health and the components of a health-enhancing lifestyle. Students will be invited to reflect on their own experience of health, recognizing challenges and resources that can impact lifestyle choices. Students will be introduced to a model that can be applied in other courses to understand the multi-faceted aspects of health and healing.

Suggested minimum course hours: 30

LEARNING OUTCOMES

1. Discuss the interrelationship of physical, social, cognitive, emotional and spiritual determinants of health:
 - Describe health as process i.e. a journey not a destination.
 - Discuss the physical, psychological/emotional, cognitive, social and spiritual dimensions of health.
 - Describe the interrelatedness of the dimensions of health.
 - Discuss health as it relates to lifestyle choices.
2. Display an understanding of how lifestyle choices and behaviours contribute to physical, psychological, social, cognitive and spiritual health:
 - Discuss the positive effects of regular exercise and physical self-care.
 - Describe the elements of a nutritious diet.
 - Discuss elements of healthful weight management.
 - Describe the adverse effects of common harmful substances (tobacco, alcohol, caffeine, drugs).
 - Discuss the interaction between emotions/perceptions and physical well-being.
 - Describe the effects of stress.
 - Recognize aspects of the HCA role which could lead to unhealthy stress.
 - Describe a variety of approaches to stress management.
 - Discuss the cognitive (thinking) components of health.
 - Describe how one's ability to think, reason, interpret, remember, assess, and solve problems is related to health.
 - Discuss the importance of social support in personal wellness.
 - Recognize cultural and societal influences on lifestyle choices.
 - Describe the spiritual components of health.
 - Discuss how clarification of one's values and beliefs might relate to lifestyle choices.
 - Identify personal focuses and activities that enrich, refresh and create meaning in one's life.
 - Describe how one's choices affect one's environment.
 - Discuss environmental influences on health.
3. Display an understanding of the complexity of the change process in relation to health promotion
 - Describe how critical thinking and problem-solving relate to lifestyle change.

- *Display how to set achievable goals, use appropriate motivators, and set a realistic change agenda.*
- *Discuss the complexities involved in lifestyle change*

COURSE CONTENT

Understanding Health

- *Health as process i.e. a journey not a destination.*
- *Physical, psychological/emotional, cognitive, social and spiritual dimensions of health. Interrelatedness of all aspects of health: introduction of the health wheel.*
- *Health as it relates to lifestyle and choices.*

Components of Health

- *Physical components of health:*
 - *Physical activity.*
 - *Physical self-care.*
 - *Sleep and rest.*
 - *Nutrition: Nutrition throughout the life cycle; factors that affect eating and nutrition; Canada's Food Guide.*
 - *Weight management.*
 - *Avoiding or limiting harmful substances – licit and illicit drugs, alcohol, tobacco and caffeine.*
- *Psychological/emotional (feeling) components of health:*
 - *Interaction between emotions/perceptions and health.*
 - *Psychologically safe environments.*
 - *Stress and stress management.*
 - ◇ *Common responses and effects of stress.*
 - ◇ *Common stressors related to work of the HCA.*
 - ◇ *Burnout and compassion fatigue.*
 - ◇ *Strategies for self-assessment and wellness intervention.*
- *Cognitive (thinking) components of health:*
 - *Rational thinking and perceiving.*
 - *Ability to reason, interpret and remember.*
 - *Ability to sense, perceive, assess and evaluate.*
 - *Problem-solving ability.*
 - *Creativity.*
- *Social (interactive) components of health:*
 - *Social bonds and social supports in relation to health.*
 - *Cultural and societal influences on lifestyle and choices.*
- *Spiritual components of health:*
 - *Personal values and beliefs.*
 - *Clarification of values and beliefs that are personally significant.*
 - *Meaning-making.*
 - *Activities that enrich and refresh.*

Lifestyle Change

- Complexity of the lifestyle change process.
- Critical thinking and problem-solving as it relates to lifestyle and choices.
- Self-reflection and self-evaluation in relation to challenges and resources.
- Setting achievable goals, using motivators, setting a realistic change agenda.
- Recognizing difficulties inherent in personal change.

Suggested Learning Strategies: Strategies that focus on Caring

1. Caring and Care-giving

Invite students, as a whole class or in small groups, to discuss the following questions:

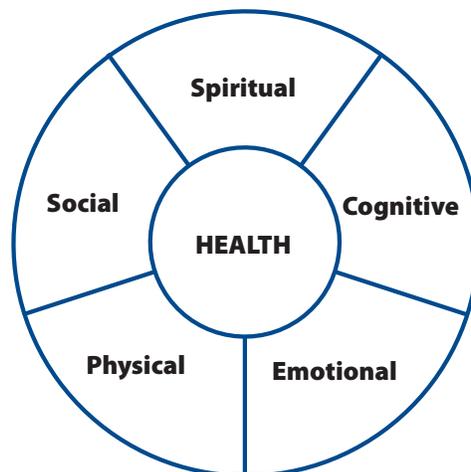
- How is caring about your own health related to being an effective care provider? How do your lifestyle choices reflect your caring for yourself?
- If we truly care for and respect our physical bodies, how would this be reflected in our lifestyle choices?
- How is psychological/emotional health related to the ability to express caring for others?
- How does social connectedness relate to physical and emotional health? What does this tell you in terms of social needs of residents/clients with whom you'll be working?
- How does cognitive ability relate to over-all health? Why is this important for you to understand as you work as a care provider with cognitively challenged individuals?
- In what ways is caring in all its dimensions related to spiritual health?

2. Building a Health Wheel

Caring always presupposes a person-centred approach to all care-giving practice. In order to fully understand the uniqueness of each client or resident, students need to grasp how changes in one dimension of health affects and is affected by all the other dimensions. The following exercise helps to portray this interaction:

- Begin by drawing a health wheel which identifies the five components or dimensions of health. Encourage students to suggest indicators or signs of health in each of the five components (see diagram on next page with some suggestions for indicators of health).

The Health Wheel: Indicators of Health



Physical

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

Emotional

- *Ability to cope effectively with the demands of life.*
- *Ability to express emotions appropriately.*
- *Ability to control emotions when necessary.*
- *Possessing feelings of self-worth, self-confident and self-esteem.*

Cognitive

- *Ability to process and act on information, clarify values and make sound decisions.*
- *Ability to take in new information and understand new ideas.*
- *Ability to learn from experience.*
- *Ability to solve problems effectively.*

Spiritual

- *Having a sense of unity with one's environment.*
- *Possessing a guiding sense of meaning and value in life.*
- *Ability to experience love, joy, wonder and contentment.*
- *Having a sense of purpose and direction in life.*

Social

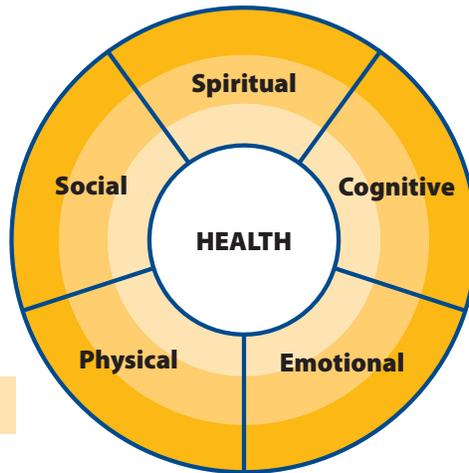
- *Ability to initiate and maintain satisfying relationships with others.*
- *Knowing how to behave in a variety of social situations.*
- *Having a group of friends and family who care and provide support.*
- *Ability to provide understanding and support to others.*

3. Exploring the implications of the Health Wheel

In order to assist students to see the intimate interconnectedness of the five components or dimensions of health, guide the students through the following exercise:

- *Identifying “symptoms” or indicators of challenges to health:*
 - ◇ *Draw a circle around the health wheel and label it “symptoms”. Encourage students to identify “symptoms” or challenges to health in each of the five dimensions.*
 - ◇ *Your question might be: What are physical symptoms or indicators that something is wrong? What are emotional symptoms or indicators? Cognitive? Social? Spiritual? As the students identify these, write them in the circle (see next page for examples).*
- *Identifying “causes” of health challenges.*
 - ◇ *Draw another circle and label it “causes”. Encourage the students to give suggestions for possible causes of health challenges in each dimension.*
 - ◇ *Your question might be: What are some physical causes of ill-health? Emotional causes? Cognitive? Social? Spiritual? As the students identify these, write them in the circle (see next page for examples).*
 - ◇ *NOTE: The “causes” do not need to match the “symptoms”.*
- *Identifying behaviours that contribute to health.*
 - ◇ *Draw a third circle and label it “approaches to health”. Encourage students to give suggestions of behaviours or choices that contribute to health in each dimension.*
 - ◇ *Your question might be: What are some behaviours or choices in the physical dimension that contribute to health? In the emotional dimension? Cognitive? Social? Spiritual? As students identify the behaviours, write them in the circle (see next page for examples).*
 - ◇ *NOTE: The “approaches to health” do not need to correspond with the already listed “causes” or “symptoms”.*
- *Examining the interconnectedness of the dimensions.*
 - ◇ *Choose a student from the group and ask that person to secretly select one of the “symptoms” and write it down, another to secretly select a “cause” and a third to secretly select an “approach to health”, and a fourth to secretly select a “sign of health”. Encourage these students to select from any of the health dimensions.*
 - ◇ *Invite the students to reveal their selection by using the following script: Here’s a situation in which a person is experiencing _____ (symptom), caused by _____ (cause). The approach to health that will be undertaken is _____ (approach to health), and the result, hopefully, will be _____ (sign of health).*
 - *Experiment with this exercise two or three times. Since each dimension of health represents a part of a whole, no combination will ever be too far-fetched.*
- *Invite students to discuss what this exercise has displayed in respect to:*
 - ◇ *The degree to which one dimension of health affects every other dimension*
 - ◇ *The degree to which choices or “approaches to health” in one dimension affect the other dimensions and what this suggests for creative thinking when individuals are searching for remedies or treatments.*
 - ◇ *In Canadian society we tend to more comfortable with the physical dimension of health and most often seek physical treatments for physical symptoms. Is this adequate? Could we be more creative and discover more options?*

Understanding Holistic Nature of Health



Symptoms

Physical

- Pain
- Fatigue
- Constant infections (e.g. colds)
- Insomnia
- Constant accidents
- Lack of energy

Cognitive

- Memory loss
- Inability to concentrate
- Loss of humour
- Loss of imagination
- Apathy
- Confusion
- Poor decision-making ability
- Poor problem-solving ability

Social

- Loneliness
- Feelings of being unloved or unappreciated
- Withdrawal from friends and family
- Extreme shyness
- Avoidance of social interactions

Emotional

- Depression
- Loss of confidence
- Uncontrolled anxiety
- Aggressive acting out
- Feelings of rejection
- A sense of being unworthy
- Uncontrolled emotions
- Feelings of constantly being stressed out

Spiritual

- Guilt
- Despair
- Loss of meaning
- Helplessness
- Joylessness
- Emptiness

Causes

Physical

- Unhealthy eating habits
- Inadequate exercise
- Using harmful substances (e.g. coffee, tobacco, drugs)
- Not getting enough sleep
- Sleeping too much
- Unhealthy hygiene habits

Cognitive

- Too little mental challenge
- Too much happening – feeling over-extended
- Lack of goals
- Boredom
- Apathy

Social

- Too many people to please
- Loss of a job
- Moving from one city to another
- Change in status e.g. from worker to student

Emotional

- Failure
- Lack of direction
- Loss of self-confidence or self-esteem
- Increasing demands and stresses

Spiritual

- Doubts
- Disappointments
- Lack of commitment
- Uncertainty about direction in life
- Uncertainty about personal values

Approaches

Physical

- Get more exercise
- Eat better
- Sleep more
- Stop or modify bad habits (e.g. smoking, drinking, drugs)
- Massage, chiropractic, physiotherapy
- Medication, surgery or other physical therapies

Cognitive

- Find new pursuits and challenges
- Read more or on different topics
- Go back to school
- Write in a diary
- Take a course on decision-making/ problem-solving
- Watch less TV
- Join a discussion group
- Change jobs

Social

- Join an interest group
- Join a sports team
- Reach out to others
- Become more assertive
- Change entertainment patterns
- Smile more at others
- Initiate contacts with family and friends

Emotional

- Use positive self-talk
- Learn new way for handling negative emotions such as anger and aggression
- Keep a mood diary
- Get feedback from trusted friends
- Find ways to be more accepting of self

Spiritual

- Clarify values
- Spend time in nature
- Make a commitment to something
- Undertake personal reflection
- Take up meditation
- Spend time in activities that give you joy or contentment

Suggested Learning Strategies: Strategies that focus on Problem-Solving/Decision-Making

Invite students to undertake a Lifestyle Change Project – which may be a marked assignment for the course. This assignment will encourage students to actively use an informed problem-solving process to make positive changes in their lives.

- *Assessment: they will be invited to assess their present health status in light of what they have learned in the course*
- *Goals: They will set achievable goals related to their assessment.*
- *Planning: They will be guided to plan carefully for their change project.*
- *Evaluation: They will be guided to evaluate the effectiveness of their project and reflect on the process.*

(Students may be invited to form small groups to share their change projects and what was learned)

See next page for a Student Handout to guide this Lifestyle Change Project.

STUDENT HANDOUT

LIFESTYLE CHANGE PROJECT

The purpose of this project is to provide you with an opportunity to apply knowledge learned in the “Health 1: Lifestyle and Choices” in the development and implementation of a personal lifestyle change process.

- A.** Identify the need for a health-related change or alteration:
- *Based on assessments you have done of your current lifestyle choices related to health, what one thing would you like to change or alter?*
 - *What will be the pay offs in making this change or alteration i.e. why do you want to do it?*
- B.** Set your goal(s):
- *When deciding on a goal, remember that it is best to start with small achievable goals rather than big life-changing goals that are more likely to fail. **It is much better to have small successes than large failures.***
 - *Write one or two goal statements that describe the behaviour/lifestyle choices you want to change. Phrase your goal(s) in positive language e.g. “I will...”*
 - *Your goal statement(s) should reflect specific, measurable behaviours rather than general outcomes e.g. “I will go for a 30 minute walk every day” is better than “I will get more exercise.” “I will eat 5 servings of fruit and vegetables every day” is better than “I will eat more fruits and vegetables.”*
- C.** Plan your change process by asking yourself:
- *What will I have to give up to make this change or alteration?*
 - *What difficulties or obstacles (habits, thoughts, feelings, attitudes, time demands, inadequate social supports, etc.) are presently holding me back or might be problems in achieving my goal(s)? How might I overcome these obstacles?*
 - *Who are the people in my life who will support me?*
 - *What other ways might I build in support for this change? Are there ways I can reward myself for success? Are there people who might join me in my activities?*
 - *What are the steps in the achievement of my goal?*
 - *How can I make sure that I am recognizing my successes along the way?*
- D.** Carry out the change process
- *Set yourself a target date for the achievement of your lifestyle change goal and begin the process.*
- E.** Evaluate your experience. In reviewing your experience with the lifestyle change process, discuss:
- *Your achievements. Did you meet your goal(s) fully? Partially? Did you have to change your goal(s) as the process progressed?*
 - *Any problems or difficulties encountered in achieving your goal(s). How might these have been avoided or diminished?*
 - *What you learned about lifestyle change from undertaking this project. How might this learning be useful to you in your role as a care provider? What suggestions would you have for others who might want to make changes of a similar kind?*

Remember: Even if you aren’t completely successful in meeting your original goal, you will be successful in learning something about yourself and your needs that can be very useful to you in the future as you strive to make health-enhancing lifestyle choices.

Suggested Learning Strategies: Strategies that focus on Professional Approaches to Practice

Invite students to form small discussion groups and discuss the following scenarios.

Students will be directed to determine to what degree the care-giver is behaving in a professional manner. Ask students to consider: to what degree is self-care related to professional practice?

Sharon Sandu is an experienced HCA working for a Home Support agency. Sharon has struggled with her weight for many years, knowing that the extra 30 pounds she carries around could be increasing her chances for high blood pressure, diabetes and cancer. One of her elderly clients, Mable Chung, is an outspoken, sometime brutally honest, 90-year-old lady who regularly advises Sharon that "there is no excuse for being fat." One day, after hearing Mable's comments many times, Sharon responds sharply: "Oh, for goodness sake Mable, get off it. I'm sick of hearing your nagging."

Marg Thompson is a HCA who works in a Special Care Unit with residents suffering from dementia. She loves her work but often feels tired and lacking in energy. She knows she would feel better if she could cut back on her smoking and get more exercise. She tells herself that she will start exercising next month, or when the weather improves, but somehow she never actually gets started. She also promises to stop smoking every New Year's but, so far, she hasn't. One day Marg's supervisor mentions to her that he has noticed Marg's lack of energy which can seem like apathy. He has also noticed that Marg has had more illness (mainly colds) in the past year than anyone else on the unit. He wonders if she is unhappy with her job and, possibly, should consider working somewhere else.

Raj Mehta is a HCA who works on a Complex Care unit with very frail and ill elders. Because Raj is a tall, burly guy he is often called upon to help with resident transfers or to move heavy equipment.

Raj used to go regularly to the gym close to his home, but since he and his wife had their first child eight months ago, Raj hasn't had time to go to the gym. One day, one of his colleagues asked him to help transfer a heavy older man, Charles Cardinal. During the transfer, Raj twisted his body and felt a searing pain in his lower back. That was 5 weeks ago and Raj has been on sick leave ever since.

SUGGESTED COURSE ASSESSMENTS

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

1. One or more quizzes or examinations that pertain to knowledge of effective approaches and lifestyle choices that support health (Learning Outcome # 2).
2. An assignment in which students analyze their personal nutrition level and/or physical activity routines. Invite students to discuss how their choices in nutrition and/or exercise affect all other dimensions of their health (Learning Outcomes#1 and #2).
3. A written assignment in which students report of a personal health and lifestyle change process (Learning Outcomes # 1, #2, and #3).

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Healing 1: Caring for Individuals Experiencing Common Health Challenges

COURSE DESCRIPTION

This course introduces students to the normal structure and function of the human body and normal bodily changes associated with aging. Students will explore common challenges to health and healing in relation to each body system. Students will also be encouraged to explore person-centred practice as it relates to the common challenges to health and, in particular, to end-of-life care.

Suggested minimum course hours: 115

LEARNING OUTCOMES

1. Display an understanding of the structure and function of the human body and normal changes associated with aging:
 - Describe the organization of the human body: cells, tissues and organs.
 - Describe the structure and functions of the major body systems.
 - Discuss the natural changes in each system associated with aging.
2. Display a sound understanding of common challenges to health and healing:
 - Discuss the experience of illness, disability and common challenges to healing.
 - Discuss the experience of chronic illness and implications for care.
 - Describe common health challenges related to the each body system:
 - ◇ Integumentary (pressure ulcers, pain).
 - ◇ Musculo-skeletal (Falls, fractures, contractures, Arthritis, Osteoporosis, pain).
 - ◇ Cardiovascular (hypertension, hypotension, edema, coronary artery disease, blood clots, heart failure, CVA-stroke).
 - ◇ Respiratory (cyanosis, dyspnea, apnea, othopnea, hyperventilation, hypoventilation, COPD, asthma, pneumonia).
 - ◇ Digestive (vomiting, diarrhea, dysphagia, lack of appetite, dehydration, constipation, obesity, Hiatal Hernia, Diverticular disease).
 - ◇ Urinary (urinary tract infections, renal failure, hepatitis).
 - ◇ Reproductive (STIs).
 - ◇ Endocrine (Diabetes).
 - ◇ Neurological (stroke, Parkinson's Disease, Multiple Sclerosis, ALS, brain or spinal cord injuries).
 - ◇ Sensory Challenges (aphasia, apraxia, dysarthria, hearing and visual challenges).
 - ◇ Multi-organ (cancer, AIDS).
3. Discuss nutrition as it relates to healing:
 - Discuss nutrition in relation to common health challenges.
 - Identify components of common special diets.
 - Identify community resources.
4. Describe ways to organize, administer and evaluate person-centred care and service for clients/residents experiencing common health challenges:

- *Discuss person-centred/caring approaches appropriate for specific health challenges.*
 - *Describe aspects of critical thinking and problem-solving that should be utilized when caring for individuals experiencing common health challenges.*
- 5.** Demonstrate an understanding of the components of person-centred end-of-life care for clients/residents and families:
- *Discuss the philosophy and principles of care used in hospice and palliative care settings.*
 - *Describe caring and problem-solving as these relate to end-of-life care in facilities and in community settings.*
 - *Discuss elements of legal/ethical practice in end-of-life care.*
 - *Describe common reactions/experiences as people approach death.*
 - *Discuss physical, emotional, cognitive and spiritual needs of the dying person and appropriate interventions.*
 - *Discuss common reactions of family members and ways to support the family.*
 - *Describe processes involved in the care of the body after death.*
 - *Discuss the effects of a client/resident's death on the healthcare workers involved in the dying process.*
 - *Display an understanding of the importance of and ways to provide self-care for the care-giver following a death.*

COURSE CONTENT

Medical Terminology

- *Word elements.*
- *Abbreviations.*

Structure and function of the human body

- *Organization of the human body: cells, tissues and organs.*
- *Major body systems:*
 - *Integumentary.*
 - *Musculo-skeletal.*
 - *Cardiovascular.*
 - *Respiratory.*
 - *Digestive.*
 - *Urinary.*
 - *Reproductive.*
 - *Endocrine.*
 - *Nervous.*
 - *Immune.*
- *Natural changes associated with aging.*

Challenges to health and healing

- *The experience of illness and disability*
- *Common challenges to healing:*
 - ◇ *Transitions.*

- ◇ Loss.
- ◇ Pain.
- ◇ Illness.
- ◇ Death.
- *Broad effects on the individual and family of health challenges (i.e. changes in physical health can be expected to also affect social, emotional, cognitive, and spiritual health).*
- *Common disorders related to each body system:*
 - *Integumentary (pressure ulcers, pain).*
 - *Musculo-skeletal (Falls, fractures, contractures, Arthritis, Osteoporosis, pain).*
 - *Cardiovascular (hypertension, hypotension, edema, coronary artery disease, blood clots, heart failure, CVA-stroke).*
 - *Respiratory (cyanosis, dyspnea, apnea, othopnea, hyperventilation, hypoventilation, COPD, asthma, pneumonia).*
 - *Digestive (vomiting, diarrhea, dysphagia, lack of appetite, dehydration, constipation, obesity, Hiatal Hernia, Diverticular disease).*
 - *Urinary (urinary tract infections, renal failure, hepatitis).*
 - *Reproductive (STIs).*
 - *Endocrine (Diabetes).*
 - *Neurological (stroke, Parkinson’s Disease, Multiple Sclerosis, ALS, brain or spinal cord injuries).*
 - *Sensory Challenges:*
 - ◇ *Normal sensory changes of aging.*
 - ◇ *Speech and Language Challenges (Aphasia, apraxia, dysarthria).*
 - ◇ *Hearing and Visual challenges.*
 - *Multi-organ (cancer, AIDS).*
- *Chronic Illness:*
 - *basic definition and concepts*
 - *implications for care*
 - *focus on self-care*
- *Applying critical thinking and problem-solving when caring for individuals experiencing common health challenges in facilities and in the community:*
 - *Gathering information.*
 - *Sources of information (e.g. care plan, healthcare team, client/resident).*
 - *Observing changes in the client/resident.*
 - *Establishing priorities for care.*
 - *Carrying out plan of care.*
 - *Evaluating effectiveness of care.*
 - *Reporting and recording.*

Preventing Infection

- *Microorganisms and the spread of infection.*
- *Principles and practice of medical asepsis in facilities and in community settings.*
- *Dealing with “super bugs”.*

- *Standard precautions.*
- *Isolation guidelines.*
- *Observing for infestations of vermin in home environments and appropriate actions to prevent spread.*

Nutrition and Healing

- *Nutrition in relation to health challenges.*
- *Cultural differences.*
- *Special diets:*
 - *Modified diets.*
 - *Restricted diets.*
 - *Diabetic diet.*
 - *High protein diet.*
 - *Liquid and pureed diets.*
- *Preparing special diets from written instructions (in the home).*
- *Involving the client in meal preparation (in the home).*
- *Community resources.*

End-of-Life Care

- *Hospice and palliative care – philosophy and principles of care.*
- *The Journey of dying – understanding and coming to terms with death and dying.*
- *Caring and problem-solving as related to palliative care in facilities and in community settings.*
- *Legal/ethical practice and safety in palliative care.*
- *Quality of life issues – honouring the individual and family/rituals.*
- *Common reactions/experiences as people approach death.*
- *Physical, emotional, cognitive and spiritual needs and appropriate interventions.*
- *Comfort measures for:*
 - *Pain.*
 - *Breathing challenges.*
 - *Challenges with eating and drinking.*
 - *Dehydration.*
 - *Bowel function.*
 - *Restlessness.*
 - *Delirium.*
- *Common reactions of family members and ways to support the family.*
- *The moment of death and care of the body after death.*
- *Grief and grieving.*
- *Self-care for the care-giver:*
 - *Personal and professional boundaries.*
 - *Recognizing the impact of loss on the care-giver.*
 - *Recognizing signs of and preventing stress and burnout.*

Suggested Learning Strategies: Strategies that focus on Caring

1. Contributing to a broadened understanding of common health challenges:

Using the health wheel from “Health 2: Lifestyle and Choices” as a guide, invite students, working in small groups, to discuss how common health challenges might affect all areas of health and healing.

Each group may be assigned a specific health challenge and given the task of identifying the primary components of the health challenge (e.g. pain, loss of function, immobility, fatigue, confusion, stress, etc.)

With this information, the group will identify how these changes might affect all other aspects of the person’s health (e.g. how fatigue might affect social, cognitive, emotional and spiritual health).

The group will then discuss how changes in each dimension of health might positively contribute to healing. Each group will report back to the whole class.

2. Contributing to person-centred care:

The above process could be undertaken using scenarios of real or fictitious individuals who are struggling with one or more of the common health challenges studied in this course. Students, in small groups, will discuss how the changes in health brought about by the health challenge(s) are affecting all dimensions of the person’s health and healing. The group will then discuss how changes in each dimension of health might positively contribute to healing. Each group will report back to the whole class.

Suggested Learning Strategies: Strategies that focus on Problem-Solving

Invite students, working alone or in small groups, to develop a tool that would aid them when they are supporting a client/resident who is dying.

Based on what they have learned about end-of-life care what regular observations should be made:

- *In respect to physical changes and comfort needs of the client/resident?*
- *In respect to mental or emotional changes in the client/resident?*

After developing the tool, students will discuss how the information will influence choices they will make about care-giving practice and how they would evaluate the care they provide.

Suggested Learning Strategies: Strategies that focus on Professional Approaches to Practice

Maintaining professional boundaries when caring for a dying person can sometimes be particularly challenging. Elizabeth Causton in her writings on the “The Dance” (see reference list) provides care-givers with a metaphor that may be helpful as they work closely with clients/residents and families.

Have students read the description of “the dance” (reprinted from Causton’s essay) and ask them to discuss the following:

- *Does the metaphor of the dance make sense in relation to professional practice when caring for dying individuals?*
- *What does the author mean by “hooks” in this context? Can you think of any “hooks” that might affect you in an end-of-life context?*

- *Have you seen or could you envision care-giver behaviours, such as those described, that reflect lack of perspective? How would a care-giver behave who is kind, compassionate and caring yet maintains professional boundaries – who is able to “feel deeply and to act wisely”?*
- *How might the ideas in this reading apply to other care-giving contexts (e.g. with clients/residents who are vulnerable but not necessarily dying)?*

STUDENT HANDOUT

“THE DANCE” BY ELIZABETH CAUSTON

The Dance

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

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

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

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

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

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

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

Despite having identified signs of over-involvement, it is also important to understand the challenges inherent in our work and be gentle with ourselves as we strive to be “good

enough.” We need to remember that maintaining a therapeutic distance does not preclude strong emotions and deep caring. Two of the great advantages of knowing where we stand and being clear about what we bring to our work are being able both to feel deeply and to act wisely.

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Suggested Course Assessments

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

1. One or more quizzes or examinations that pertain to knowledge of human anatomy & physiology, normal changes of aging, nutrition in healing, and common challenges to health & healing (Learning Outcomes #1, #2 and #3).
2. An assignment in which students, working in small groups, research a common health challenge and present their findings to the class. Each group should be prepared to discuss the physical, social, emotional, and cognitive changes that a person dealing with the particular health challenge might face. Each group should also identify community resources and discuss the HCA role in caring for and supporting individuals experiencing the health challenge (Learning Outcomes #2 and #4).
3. A written assignment in which each student identifies what he/she would want in a care provider for him/herself or a close family member who is dying. Each student will discuss this fictitious “perfect” care-giver in terms of the person’s:
 - a. Comfort with the death and the dying process.
 - b. Knowledge of and ability to provide palliative care.
 - c. Ability to communicate with the dying individual.
 - d. Relationship with other health team members.
 - e. Relationship with family members.
 - f. Ability to adapt to cultural, religious or other person-centred care requirements.

Each student should reflect on his/her strengths as a care-giver as these relate to end-of-life care and identify areas of personal/professional development that would assist him/her to become more effective or confident in providing end-of-life care (Learning Outcomes #4 and #5).

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Healing 2: Caring for Individuals Experiencing Cognitive or Mental Challenges

COURSE DESCRIPTION

This course builds on content from other courses to assist students to explore concepts and care-giving approaches that will allow them to work effectively with individuals experiencing cognitive or mental challenges. Emphasis is on recognizing behaviours and identifying person-centred intervention strategies.

Suggested minimum course hours: 60

LEARNING OUTCOMES

1. Describe ways to organize, administer and evaluate person-centred care and assistance for clients/residents experiencing cognitive health challenges:
 - *Use an informed problem-solving process when caring for individuals experiencing cognitive health challenges.*
 - *Base choices and actions on a sound understanding of the physical, cognitive and psycho-social processes of various kinds of dementia .*
 - *Base choices and actions on an understanding of environmental influences on behaviours.*
2. Describe ways to organize, administer and evaluate person-centred care and assistance for clients/residents experiencing mental health challenges:
 - *Use an informed problem-solving process when caring for or providing assistance for individuals experiencing mental health challenges.*
 - *Identify factors that influence the mental health and well-being of individuals.*
 - *Tailor interactions and responses based on an understanding of common mental health challenges.*
 - *Cope constructively with unanticipated or unusual situations.*
3. Demonstrate an understanding of effective approaches to disruptive or abusive behaviours:
 - *Describe types of abuse/abusive relationships and the cycle of abuse.*
 - *Identify behavioural indicators that an individual or group are becoming disruptive, abusive or out-of-control.*
 - *Utilize calming non-verbal techniques to prevent or de-escalate disruptive or out-of-control behaviours.*
 - *Utilize appropriate verbal techniques to prevent or de-escalate disruptive or out-of-control behaviours.*
 - *Know when to exit a potentially unsafe situation.*

COURSE CONTENT

Cognitive Challenges in Older Adulthood

- *Confusion and dementia.*
- *Common causes of reversible changes in mental functioning.*
- *Primary forms of irreversible dementia:*

- *Alzheimer's disease*
- *Other dementias*
- *Forms and causes of various dementias – pathology, processes and characteristics.*
- *Philosophies and models of care.*
- *Importance of life review in care of individuals with dementia.*
- *Stages of dementia and common behavioural manifestations and unique responses.*
- *Responsive behaviours – factors influencing behaviours (e.g. “triggers”).*
- *Importance of environment in relation to behaviours.*
- *Strategies for working with individuals exhibiting responsive behaviours.*
- *Appropriate activities for individuals experiencing differing levels of dementia.*
- *Working effectively with individuals experiencing early, moderate or severe dementia.*
- *Supporting family members*
- *Caregiver needs and support.*

Abuse

- *Types of abuse/abusive relationships.*
- *Cycle of abuse.*
- *Recognizing signs of abuse.*
- *Assessing situations and individuals.*
- *Responding to or preventing abuse, disruptive or out-of-control behaviour.*
- *Knowing when to exit a potentially unsafe situation.*

Mental Health Challenges

- *Causes and common treatment of mental health challenges*
- *Common mental health disorders:*
 - *Anxiety disorders*
 - *Affective or mood disorders*
 - *Schizophrenia*
 - *Personality disorders*
 - *Substance abuse disorders*
 - *Dual or multi-diagnoses*
- *Stigma associated with mental health challenges*
- *Cultural differences in perceptions of mental health challenges*
- *Caring for the person and family*
 - *Principles and approaches used to plan and implement effective care*
 - *Person-centred care*
 - *When and what to report*
- *Suicide risks and prevention*

Suggested Learning Strategies: Strategies that focus on Caring

1. Contributing to a broadened understanding of cognitive health challenges:

Invite students to “experience” what it is like to suffer from a cognitive health challenge, particularly dementia. Have students sit comfortably, close their eyes and take several deep breathes.

Speaking softly, lead them through the following scenario:

Imagine yourself walking alone through a forest. It’s a lovely warm spring day. The sights and sounds and smells of the forest are refreshing and you are enjoying your walk.

As the afternoon progresses, you realize you aren’t sure which direction you should take to get back to your friends and family. As you look around, you realize that you are lost. As you realize your situation, you experience a twinge of fear.

You decide to keep walking in hopes of seeing something familiar, but find that the further you go, the more lost you become. Time passes and your fear is verging on panic. As evening draws closer, you realize that you may have to spend the night alone in the forest.

Invite students at this point to open their eyes and discuss their bodily experiences, feelings and thoughts. Invite them to discuss how this is similar to what some cognitively challenged individuals might experience.

The client/resident with cognitive changes may constantly feel lost. No matter what s/he does or where s/he goes, s/he can find nothing that is familiar.

What feelings, therefore, would this person be likely to have? How is this related to some of the behaviours we might see in a cognitively challenged person?

Invite students to close their eyes once again and visualize themselves back in the forest. Continue the scenario as follows:

You are back in the forest, still feeling lost and fearful. As dusk begins to settle, you notice that there is a strange man who seems to be following or observing you. Can you see him? He is about 30 feet away. When you attempt to speak to him, he answers in a language you don’t understand.

Invite students to open their eyes and describe their responses to the stranger. What feelings were stimulated? How does this relate to how a cognitively challenged individual might experience the people in his/her environment (even family members)? How might this help us understand some of the responses of client/residents?

1. Contributing to person-centred care:

Using the health wheel from “Health 2: Lifestyle and Choices” as a guide, students are invited to work in small groups to discuss how cognitive health challenges might affect all areas of health and healing (i.e. physical, cognitive, emotional, social and spiritual). The group will then discuss how changes in each dimension of health might positively contribute to improved quality of life for the affected individual. Each group will report back to the whole class.

The above process could be undertaken using scenarios of real or fictitious individuals who are experiencing a cognitive health challenge. Students, in small groups, will be invited to discuss how the changes in cognitive ability and perceptions are affecting all dimensions of the person’s health and lifestyle. The group will then discuss how changes in each dimension of health might positively contribute to healing. Discussion will also focus on how this understanding might influence care-giver practice. Each group will report back to the whole class.

An alternate to the above, would involve using scenarios of a real or fictitious individual who is supporting a family member who is experiencing a cognitive health challenge. The focus would now be on the family member (wife, husband, daughter, son, etc.) in relation to the affect on the family of a cognitive health challenge. Students, in small groups, will be invited to discuss how the

cognitive/perceptual changes in a family member affects other members of the family. All dimensions of the health wheel should be considered. Discussion will also focus on how this understanding might influence care-giver practice. Each group will report back to the whole class.

Suggested Learning Strategies: Strategies that focus on Problem-Solving

While it is always important to be observant in order to collect information about a resident/client that will contribute to person-centred care, it is probably most critical when working with individuals who are experiencing cognitive health challenges.

Invite students to use their clinical practice to learn the importance of observation to person-centred care. Students, working individually or in small groups, will choose a client/resident experiencing cognitive challenges and observe this individual closely for at least two days, being particularly aware of the person's behaviours and what aspects of the environment seem to be related to the behaviours. Students are also encouraged to talk with other members of the healthcare team who know this client/resident and, if possible, research the client/resident's background.

Students will review the information and discuss what environmental factors seem to be contributing to the client/resident's behaviours, both positively and negatively. This information can be brought back to class for wider discussion and determination of how the information might help to guide care-giving practices.

Suggested Learning Strategies: Strategies that focus on Professional Approaches to Practice

Invite students, individually, to reflect on the following questions:

- *What are your concerns or fears in relation people experiencing mental health challenges? What has caused you to have these concerns?*
- *Do you have any friends or family members who have had experience with mental health challenges? If so, how has that influenced you feelings about mental health issues?*
- *Do you think you would enjoy working with individuals with mental health challenges? On what do you base your response to this question?*

Invite students to form small discussion groups to discuss how the care-giver role, whether in the community or a facility, would be different when the client/resident is experiencing a mental health challenge as opposed to a physical health challenge.

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

- *Personality/temperament.*
- *Knowledge about mental health.*
- *Perceptions of people with mental health challenges.*
- *Ability to form relationships with clients/residents.*
- *Need for control.*
- *Ability to work with other health team members.*
- *Ability to interact with family members.*
- *Other characteristics that seem important.*

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

Suggested Course Assessments

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

1. One or more quizzes or examinations that pertain to knowledge of common cognitive or mental health challenges and principles of crisis intervention (Learning Outcomes #1, #2 and #3).
2. A written assignment, that students will complete individually, based on interactions with a client/resident with cognitive changes (see Student Handout on next page) (Learning Outcome #1).
3. An assignment in which students, working in small groups, research a common mental health challenge and present their findings to the class. Each group should be prepared to discuss the physical, social, emotional, and cognitive changes that a person dealing with the particular mental health challenge might face. Each group should also identify community resources and be prepared to discuss the HCA role in supporting individuals who are challenged with mental health disorders (Learning Outcome # 2).

STUDENT HANDOUT

RESPONDING TO AN INDIVIDUAL EXPERIENCING COGNITIVE CHALLENGES

PURPOSE:

- Help you apply what you have learned in this course to your work with individuals experiencing cognitive challenges.
- Assist you to identify the consequences of your communications, actions and interactions.
- Help you to increase your effectiveness in working with individuals experiencing cognitive challenges.

DIRECTIONS: Choose two separate interactions you have with individuals experiencing cognitive challenges. Briefly document each interaction, what happened and how you responded. You may use a graph like the one on the following page to document your two interactions.

For each interaction that you document, write your reflections on the incident using the outline on the next page and identify what you have learned that will assist you in future to increase your effectiveness with individuals experiencing cognitive challenges.

EXAMPLE: Documentation of Interactions

Situation	My response	Consequences of my actions	Effectiveness of my actions	What the client/resident's behaviour may have been communicating
Mrs. S kept asking me over and over where she was and when her husband would be coming to get her.	I told her I had already answered her question three times in the past half hour and the answer was still the same. I also reminded her that her husband had died several years ago.	Mrs. S. looked distraught and anxious, wringing her hands and pacing about the hallway.	Not very because Mrs. S seemed even more anxious and confused. She kept asking the same question to whomever she encountered.	I'm feeling lost I want to see someone I recognize who will care for me.
Mr. T. kept wiping the kitchen counter over and over again and it didn't seem like he was going to stop.	I asked Mr. T. why he kept wiping the counter.	Mr. T. looked confused and troubled and continued to wipe the counter for several more minutes.	Not very since he kept wiping the counter and seemed even more agitated.	Need to expend nervous energy. Unable to stop the behaviour on his own.

For each interaction identify:

- Why your response was or was not effective. How you knew it was effective or not effective.

- *Make a list of other responses you might have made that would be effective in the situation. Think of as many ideas as you can. Base your suggestions on what you've learned in this course and information you have gained from other health team members or other sources.*
- *How does knowledge of the person as a unique individual – with a past, present and future - help you to be more effective when caring for clients/residents experiencing cognitive challenges?*
- *Identify what you have learned from these two interactions that will help you be more effective when working with individuals experiencing cognitive challenges.*

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Healing 3: Personal Care and Assistance

COURSE DESCRIPTION

This practical course offers students the opportunity to acquire personal care and assistance skills within the parameters of the HCA role. The course is comprised of class and supervised laboratory experiences which assist the student to integrate theory from other courses to develop care-giver skills that maintain and promote the comfort, safety and independence of individuals in community and facility contexts.

Suggested minimum course hours: 120

LEARNING OUTCOMES

1. Perform personal care skills in an organized manner ensuring the comfort and appropriate independence of the client/resident:
 - *Organize and implement care according to client/resident needs.*
 - *Encourage independence of the client/resident as much as possible.*
 - *Encourage client/resident communication and engagement during personal care.*
 - *Maintain client/resident privacy and dignity.*
 - *Assist the client/resident with personal hygiene and grooming.*
 - *Assist the client/resident with movement and ambulation.*
 - *Use aids to promote comfort, relaxation and sleep.*
 - *Take and record vital signs accurately.*
 - *Prepare simple, nutritious meals that are in keeping with the preferences of the client.*
 - *Assist the client/resident with medication.*
 - *Provide specialized, sensitive care for the dying client/resident in line with palliative care principles.*
2. Apply an informed problem-solving process to the provision of care and assistance:
 - *Assess the client/resident and situation.*
 - *Observe changes in the client/resident's health status.*
 - *Set priorities or make adjustments to the care process based on client/resident requirements.*
 - *Identify priorities for care within the care plan.*
 - *Utilize appropriate health team members as resources to augment one's own problem-solving and decision-making.*
 - *Follow the care plan for each client/resident.*
 - *Conduct care-giving or assisting activities.*
 - *Reflect on and evaluate effectiveness of care or assistance.*
 - *Carry out recording requirements.*
 - *Utilize creativity when required to adapt care and assistance to a variety of contexts.*
3. Provide personal care and assistance within the parameters of the HCA
 - *Comply with legal parameters of practice for HCA roles.*
 - *Collaborate with other members of the health team.*
 - *Use appropriate lines of communication.*

- *Demonstrate dependability, reliability, honesty and integrity.*
 - *Adhere to the client's/resident's care plan.*
 - *Abide by principles, procedures and legal implications involved in the application of Personal Assistance Guidelines.*
4. Provide care and assistance in ways that maintain safety for self and others in a variety of contexts:
- *Wear safe and appropriate clothing, including identification.*
 - *Assess the environment prior to commencing care.*
 - *Adjust the environment, as appropriate, to ensure safety and to promote efficiency.*
 - *Organize time and equipment for safety and efficiency.*
 - *Base choices and actions on a sound knowledge of asepsis and body mechanics.*
 - *Adhere to infection control practices.*
 - *Recognize and make wise choices in situations of potential risk to self or others.*
 - *Exhibit flexible and adaptable behaviour in a variety of contexts.*

COURSE CONTENT

NOTE: All skills are taught in such a way that both facility and community contexts are recognized.

Problem-solving when carrying out care-giving procedures

- *Planning and implementing care based on the person's needs, the established care plan and facility/ agency policies.*
- *Assessing the client/resident and the situation prior to commencing care*
- *Identifying unsafe environments or situations.*
- *Seeking assistance if necessary in order to maintain the safety of the client/resident and/or the care provider.*
- *Organizing equipment and supplies in order to efficiently complete tasks.*
- *Checking equipment for safety and functionality.*
- *Reporting equipment malfunction.*
- *Performing the procedure(s).*
- *Maintaining client/resident privacy and dignity.*
- *Encouraging independence and self-care as much as possible.*
- *Cleaning equipment after use and returning to appropriate place.*
- *Tidying the resident/client's environment.*
- *Evaluating effectiveness of the procedure.*
- *Reporting and recording actions, results and observations.*

Asepsis and Prevention of Infection

- *Standard and routine precautions.*
- *Hand Washing.*
- *Gloving.*
- *Isolation Precautions.*

Promoting comfort and rest

- *Admitting a person to a facility.*
- *Promoting comfort, rest and sleep.*

Promoting personal hygiene

- *Oral hygiene.*
- *Bathing – bed bath, tub baths and showers.*
- *Providing perineal care.*
- *Assisting with grooming and dressing.*
- *A.M. and h.s. care.*
- *Back massage and skin care.*
- *Using pressure relieving devices.*

Moving, positioning and transferring a client/resident

- *Body mechanics in the home and facility.*
- *Turning a person in bed.*
- *Using positioning devices.*
- *Assisting with transferring and moving a person in a hospital bed and a regular bed.*
- *Transferring a person to a stretcher.*
- *Moving a person to the side of a bed and assisting him/her to sit.*
- *Transferring a person from bed to chair or wheelchair and back.*
- *Transferring a person from a wheelchair to a bath chair or toilet.*
- *Using mechanical lifts including ceiling lifts.*
- *Assisting the individual to use a walker safely.*
- *Cleaning of equipment (in the home).*

Bedmaking

- *Making a closed bed.*
- *Making an open bed.*
- *Making an occupied bed.*

Promoting exercise and activity

- *Bed rest.*
- *Assisting with ambulation.*
- *Assisting with walking devices – especially safe use of walkers with resting seat.*
- *Assisting with wheelchairs.*
- *Dealing with falls.*

Promoting healthy nutrition and fluid intake

- *Preparing simple, nutritionally sound meals (in the home).*
- *Practicing safe food handling and storage.*
- *Using food preparation equipment.*
- *Serving meals in ways that encourage normalizing interactions.*
- *Assisting clients/residents with eating and drinking.*

- *Utilizing safe eating assistance techniques with individuals who are experiencing difficulty biting, chewing and/or swallowing.*
- *Cleaning equipment, dishes, and utensils after use.*
- *Observing and recording intake and output.*

Promoting urinary and bowel elimination

- *Using bedpans and urinals.*
- *Toileting techniques.*
- *Using commodes.*
- *Assisting the person with urinary and bowel incontinence.*
- *Using urinary incontinence products.*
- *Assisting the person with condom catheter drainage.*
- *Assisting the person with an established catheter.*
- *Emptying drainage bags.*
- *Collecting urine specimens.*
- *Factors affecting bowel elimination.*
- *Assisting with bowel training.*
- *Administering enemas and suppositories.*
- *Assisting the person with an established ostomy.*
- *Collecting stool specimens.*

Measuring vital signs

- *Measuring height and weight.*
- *Measuring body temperature.*
- *Monitoring pulse and respirations.*
- *Being familiar with differing types of equipment.*
- *Reporting and recording vital signs.*

Heat and cold applications

- *Knowing policies and procedures of facility/agency*
- *Administering cold packs under supervision of RN.*

Assisting with oxygen needs

- *Safe use of oxygen.*
- *Recognizing oxygen concentrators, tanks (compressed oxygen) and liquid oxygen.*
- *Dealing with oxygen tubing.*

Assisting with Medications

- *Assisting vs. Administering in relation to parameters of practice.*
- *Roles and responsibilities, legal implications of actions.*
- *Observing resident/client for untoward effects (i.e. recognizing what is not normal and reporting it).*
- *General types of medications (capsules, tablets, ointments, suppositories, liquids, drops).*
- *Common abbreviations used with medications.*
- *Label reading.*
- *Critical "rights" of assisting with medications.*

- *Individual's right to refuse medication.*
- *Assisting with pre-packaged, pre-measured oral medications.*
- *Assisting with oral, eye and transdermal medications.*
- *Assisting with metered dose inhalers.*
- *Assisting with topical application of ointments.*
- *Documentation.*

Home management

- *Application of agency policies and procedures.*
- *Assessing the home for safety risks (for client and caregiver).*
- *Fire hazards and safety precautions.*
- *Applying principles of asepsis, safety, and organization when:*
 - *Cleaning kitchens*
 - *Cleaning bathrooms*
 - *Cleaning other parts of a home*
- *Care and handling of laundry (including body substance protection).*
- *Properly disposing of incontinence products.*
- *Using common cleaning agents (application of WHIMS).*
- *Using appliances and equipment safely.*
- *Using body mechanics in a home environment.*
- *Dealing with emergencies in the home.*

Personal Assistance Guidelines

- *Current Personal Assistance Guidelines of the Health Authority of the region.*
- *Procedures that are designated as delegated or assignable tasks in respect to HCA (CHW/Home Support Worker) practice.*
- *Assignable tasks for clients/residents who can direct own care.*
- *Delegated tasks for clients/residents who can direct own care.*
- *Delegated tasks for clients/residents unable to direct own care.*
- *Legal implications involved in performance.*
- *Healthcare professionals responsible for assigning and delegating tasks.*
- *Principles and rationale underlying safe and efficient performance of delegated or assigned tasks.*
- *Basic procedures involved in the safe, efficient performance of these tasks.*
- *Community resources and supports.*

Suggested Learning Strategies: Strategies that focus on Caring

1. Use the following questions/statements to elicit discussion about caring:
 - *Careful and consistent handwashing is one of the most caring things you can do for yourself and your client/resident. Discuss this statement.*
 - *How is being concerned about safety related to caring?*
 - *What are some ways an HCA can show caring while assisting a client/resident with hygiene and grooming? With moving and ambulation?*
 - *In what ways can an HCA show caring while assisting a client/resident with elimination?*

- *How is being concerned about accuracy in measuring vital signs related to caring? How is being meticulous when administering medications related to caring?*

2. Use scenarios from clinical situations to help students contextualize the care-giving practices they are learning in this course. With only preliminary information about the “client/resident” who is the recipient of care, ask students to consider the following:

- *What further information should be collected prior to commencing care for a client/resident? Where and from whom should information be gathered?*
- *What should be included in a quick assessment of the client/resident prior to providing care or assistance? Why?*

Once the student has collected information and assessed the “client/resident”, he/she will progress with the provision of care or assistance. During this process, the student should be observed to assure that:

- *Adequate communication with the client/resident takes place (and family, if appropriate).*
- *The client/resident’s comfort and independence are appropriately maintained.*
- *The client/resident’s privacy and dignity are maintained.*
- *The client/resident’s preferences are honoured as much as possible.*
- *The care or assistance provided is consistently safe for both the client/resident and the student.*
- *The care or assistance is provided in an organized manner.*

Following the provision of care or assistance, the student will be invited to reflect on the process, using the points above, and discuss his/her experience with those who observed the process.

Suggested Learning Strategies: Strategies that focus on Problem-Solving

After students have learned about body mechanics and asepsis, and have mastered basic transfer, bathing and toileting techniques, present them with situations in which, as a HCA, they must use their ingenuity and creativity to maintain safe practice in a home environment. Have them work in small groups of 2 or 3 to discuss and demonstrate ways in which they could safely transfer or bathe a client in a variety of contexts. Situations could include very small bathrooms such as would be found in an apartment; low beds; low, soft chairs. Encourage students to identify situations in which safety is NOT possible without changes in the environment or the assistance of another healthcare worker or a mechanical lift.

Strategies that focus on Professional Approaches to Practice

Invite students, working in small groups, to discuss scenarios in which, as care-givers, they are faced with being asked to undertake questionable activities. For each one, have them identify an appropriate response and explain their response.

Here are some examples:

As a HCA, you are providing care and service for an elderly gentleman, Mr. Syms, who requires help with his meals and his bath. One day, when you arrive at Mr. Syms’ house, you find that a doctor is visiting him. Apparently, Mr. Syms’ daughter- who lives across town - called the doctor when her father complained of chest pain. The doctor says to you: “Well, he seems to be fine now. Maybe it was only indigestion.” As he is leaving, he says to you: “Mr. Syms was telling me that his back is bothering him. I’ve left some Tylenol with Codeine. Give him two of those whenever he needs them.”

How might you handle this situation?

As a HCA, you have been visiting Mr. and Mrs. Sihota for several months. Mrs. Sihota is a frail lady of 78 years who is experiencing some cognitive decline. Two days ago, she had day surgery to correct a cataract in her left eye. Mr. Sihota is almost ten years older than his wife and suffers from arthritis and heart problems.

When you come to their house, Mr. Sihota greets you at the door saying: "Thank, goodness, you are here. Now you can give my wife her eye drops. I'm no good at that sort of thing and she'll be happier to have you do it."

How might you handle this situation?

SUGGESTED COURSE ASSESSMENTS

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

1. One or more quizzes or examinations that pertain to principles, legal parameters of practice and safety in relation to the implementation of personal care and assistance skills. (Learning Outcomes #1, # 3 and # 4).
2. Demonstrations of ability in performing personal care and assistance skills that maintain the comfort and safety of the client/resident and the safety of self and other members of the healthcare team. Students may be "checked" on their proficiency in specific skills by peers and/or by teachers (Learning Outcomes #1, #2, #3 and #4).
3. Completion of a safety assessment in a home environment. Preferably, students would conduct this assessment as part of their community care (home support) practice experience. (See assessment guide on the next page.) Based on the assessment, the student should discuss the safety issues that he/she has identified and make suggestions for ways that the environment could be made safer for the client/family and members of the healthcare team (Learning Outcomes #2 and #4).

Home Safety Assessment Guide

Yes/No	General Assessment
	<ul style="list-style-type: none">■ <i>Is there good lighting outside and inside the home?</i>■ <i>Are walkways and stairs dry, in good repair and clear of clutter?</i>■ <i>Are you assured that pets in the house are not aggressive?</i>■ <i>Is the home generally clean and fairly tidy?</i>■ <i>Do you note the absence of unpleasant odours?</i>■ <i>Are there smoke detectors in the house?</i>■ <i>Are you sure there are no hazardous chemicals in the house?</i>■ <i>Is it possible to keep the house well-ventilated?</i>■ <i>Is housecleaning equipment available and in working order?</i>■ <i>Are you assured that no one living in the house is a smoker?</i>■ <i>Are you assured that no one living in the house uses illegal drugs?</i>■ <i>Do you feel safe entering this house?</i>

Yes/No	<p>Living Room</p> <ul style="list-style-type: none"> ■ <i>Are area rugs tacked down?</i> ■ <i>Are electrical cords safely out of the way?</i> ■ <i>Have newspapers, magazines or other flammable objects been removed?</i> ■ <i>Is the lighting adequate?</i>
Yes/No	<p>Kitchen</p> <ul style="list-style-type: none"> ■ <i>Are kitchen appliances in good working order?</i> ■ <i>Is the kitchen clean? Look both externally and in cupboards and drawers; in the oven/microwave; and the refrigerator.</i> ■ <i>Are appropriate cleaning products and equipment available?</i> ■ <i>Have spoiled foods been removed from the refrigerator?</i> ■ <i>Are you assured that there are no rodent infestations?</i>
Yes/No	<p>Bathroom</p> <ul style="list-style-type: none"> ■ <i>Does the size of the bathroom contribute to safety (e.g. availability of space to maneuver during care-giving procedures)?</i> ■ <i>Are grab bars available by the tub and toilet (if needed)?</i> ■ <i>Is the height of toilet appropriate for client needs?</i> ■ <i>Does the location and height of the tub contribute to safe care-giving practice?</i> ■ <i>Is there a rubber mat in the tub?</i> ■ <i>Is the lighting adequate?</i>
Yes/No	<p>Bedroom</p> <ul style="list-style-type: none"> ■ <i>Is the height and location of the bed appropriate for safe care-giving practice?</i> ■ <i>Is there adequate space to manoeuvre during care-giving procedures?</i> ■ <i>Is the lighting adequate?</i>

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Applied Practice Experiences

The applied practice experiences within the HCA program are critical to student learning. It is through the practice experiences that students apply the knowledge, understanding, skills and attitudes they have learned in all other courses in the program and become ready to undertake the role of a HCA in a community or facility setting.

In order to adequately prepare students for the demands of their work roles, all HCA program students should be provided with practice experience as follows:

1. One or more practice placement(s) in Home Support and/or Assisted Living.
2. A practice placement focused on specialized dementia care.
3. One or more practice placement(s) in Multi-level or Complex Care.

Some programs may choose to also offer students a *Preceptorship* experience which may take place in any of the contexts in which graduates may be employed.

Practice experiences may be offered as separate courses or as extensions of other courses in the program. They may also be offered concurrently with other courses and/or as block placements.

CONCURRENT PRACTICE EXPERIENCES

Concurrent practice experiences allow students the opportunity to apply knowledge/skills which they are learning in other courses with immediacy. Assignments or similar activities from theory/lab courses can be carried out and discussed in class or lab. Observations and experiences from the work environment can be brought into the class or lab in ways that assist students to more readily see the application of their new learning.

BLOCK PRACTICE EXPERIENCES

Block practice experiences allow students an opportunity to consolidate their learning. During a block practice experience, learners can immerse themselves in the work world without being distracted by the demands of other course requirements. Block practice experiences allow students to begin to make the transition from the student to the HCA role.

PRACTICE EXPERIENCE: DEFINITIONS

The following definitions outline the differences between the various types of practice experiences that may be part of the HCA program. These definitions are in line with requirements of StudentAid BC: http://www.aved.gov.bc.ca/studentaidbc/schoolofficials/documents/policy_manual.pdf

1. Clinical Placement

A clinical placement is a placement that is a required part of the HCA educational program. Students are placed in a healthcare setting where students perform actual clinical, care-giving procedures with clients/residents under the direct supervision of a program instructor. A clinical placement is one in which:

- *The placement is required for graduation from the program.*
- *The student/instructor ratio is no greater than 8:1 (Note: special permission can be obtained from StudentAid BC to increase this ratio as high as 12:1).*
- *Students are not paid (i.e. are supernumerary to existing staff).*

The total clinical placement duration cannot be more than 50 per cent of the total program duration.

Note: Most practice experiences in the HCA program will meet the criteria for a clinical placement as outlined above.

2. Practicum

A practicum consists of a period of supervised practical application of previously learned theory/ skills that is required for graduation from the HCA program. Students are:

- *Not paid (i.e. are supernumerary to the existing staff).*
- *Not merely observing.*
- *Supervised and evaluated by the employer.*
- *Monitored by a qualified instructor regularly.*
- *Evaluated and graded on their performance in the practicum as part of the HCA program.*
- *Expected to complete at least one more week of in-school instruction following the practicum.*

The total practicum duration cannot be more than 20 per cent of the total program duration.

3. Preceptorship

A preceptorship involves a period of final work experience required for graduation from the HCA program in which students perform actual clinical or other professional care-giving procedures in an appropriate healthcare setting under the immediate supervision of a single, fully qualified individual. In a preceptorship:

- *The fully qualified individual agrees to supervise the student.*
- *The employer of the fully qualified individual approves of the preceptorship arrangement.*
- *Students are not paid.*
- *An instructor from the educational institution is readily available for consultation with either the student or preceptor or both.*

The total duration of a preceptorship cannot be more than 10 per cent of the total program duration.

Practice Experience in Home Support and/or Assisted Living

COURSE DESCRIPTION

This practice course provides students with an opportunity to apply knowledge and skills from all other courses with individuals and families in a community setting. Opportunity will be provided for students to become more familiar with the role of the HCA within a Home Support Agency and gain abilities that will prepare graduates to assume the role of a Community Health Worker.

Suggested minimum course hours: 60

LEARNING OUTCOMES

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual resident or client:
 - *View each client as a whole, unique individual.*
 - *Respect the individuality, independence and dignity of clients and families.*
 - *Display respect and sensitivity to individuals and families from diverse backgrounds and cultures.*
 - *Display a non-judgmental approach in all aspects of care provision.*
 - *Support the autonomy and uniqueness of clients and their families.*
 - *Encourage clients to share their thoughts, feelings and preferences.*
 - *View the older person as an individual possessing a wealth of experience, knowledge and wisdom.*
 - *Base care and assistance functions on the client's unique needs, capabilities and interests.*
 - *Provide clear information to the client about the care or service to be provided and deal with questions or concerns in a calm, caring fashion.*
 - *Encourage clients to be involved in their own care.*
 - *Support client independence.*
 - *Encourage clients to make choices and participate in decisions about their care, as they are able.*
 - *Encourage family involvement, as appropriate, in the care of their family member.*
 - *Observe family members for signs of stress and consult with an appropriate health care professional for direction.*
 - *Report abusive or neglectful situations promptly to a health professional for appropriate action.*
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of clients and families:
 - *Assess the client and situation using informed observation, reflection and communication.*
 - *Observe changes in the client's health status and report these changes to the appropriate health care professional.*
 - *Identify priorities for care within the care plan.*
 - *Be guided by knowledge of health, healing, human needs and human development.*
 - *Demonstrate an understanding of the interconnectedness of physical, psychological, social and spiritual aspects of health and healing.*
 - *Display an understanding of the importance of the family in health & healing.*

- *Display an awareness of the role of culture, diversity and life experience in health and healing.*
 - *Utilize appropriate health team members as resources to augment one's own problem-solving and decision-making.*
 - *Follow the care plan for each client.*
 - *Consult with health team members to review and evaluate care and make modifications to the care plan as needed.*
 - *Carry out recording requirements in a timely fashion.*
 - *Use clear, current, factual, objective and relevant language when reporting or documenting client information.*
 - *Utilize creativity when required to adapt care and service to a variety of contexts.*
- 3.** Provide care and assistance for clients experiencing complex health challenges:
- *Base choices and actions on a sound understanding of normal anatomy & physiology and common changes associated with aging.*
 - *Base choices and actions on a sound understanding of common challenges to health and healing.*
 - *Organize, administer and evaluate care and service for residents with complex health challenges.*
 - *Provide caring and supportive end-of-life care for residents in a manner that promotes comfort and dignity.*
 - *Assist clients and families to maintain independent functioning within their capabilities.*
- 4.** Provide care and assistance for clients experiencing cognitive and/or mental health challenges:
- *Organize, administer and evaluate care and service for clients experiencing cognitive and/or mental health challenges.*
 - *Base choices and actions on a sound understanding of the physical, psycho-social processes of dementia.*
 - *Base choices and actions on an understanding of environmental influences on behaviours.*
 - *Tailor interactions and responses based on an understanding of common mental health challenges.*
 - *Cope constructively with unanticipated or unusual situations.*
 - *Identify when crisis intervention skills are required and respond appropriately.*
- 5.** Interact with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals:
- *Use caring, respectful communication with all members of the health care team.*
 - *Seek clarification, guidance and assistance from other health team members when needed.*
 - *Contribute observations and information to care planning.*
 - *Communicate changes in the client's health status to the appropriate health team member so that the care plan is kept current.*
 - *Communicate with confidence and appropriate assertiveness.*
 - *Offer support and assistance to other health team members as appropriate.*
 - *Report and record relevant information in a clear, concise and objective manner.*
 - *Use appropriate lines of communication in accordance with agency, facility or employer standards and policies.*
 - *Respond non-defensively to criticism or confrontation.*

6. Communicate clearly, accurately and in sensitive ways with clients and families within a variety of contexts:
- *Demonstrate an ability to write and speak English in a manner that can be easily understood.*
 - *Use English in such a way as to be clearly understood.*
 - *Use appropriate volume, tone and vocabulary.*
 - *Use language and a communication style that is appropriate to the client, family or situation.*
 - *Identify barriers to communication and make efforts to improve communication.*
 - *Interact in a manner that respects the rights, needs, interests and preferences of others.*
 - *Observe common courtesies such as addressing the client and family members by name of choice and speaking in a manner to be readily understood.*
 - *Use touch appropriately and respectfully.*
 - *Use humour appropriately.*
 - *Maintain appropriate interpersonal and professional boundaries.*
 - *Respect and adapt to a family and client's cultural background.*
 - *Recognize non-verbal communication.*
 - *Use non-verbal attending skills including eye contact, body positioning and attentive facial expression.*
 - *Use active listening skills.*
 - *Use appropriate self-disclosure.*
 - *Utilize effective approaches to conflict management.*
 - *Recognize abusive communication and report in accordance with agency/facility or employer standards and policies.*
 - *Adapt communication styles/approaches as appropriate to the client or situation.*
7. Provide personal care and assistance in a safe, competent and organized manner:
- *Wear safe and appropriate clothing, including identification.*
 - *Adhere to the client's care plan.*
 - *Assess the client and the environment prior to commencing care.*
 - *Adjust environments, as appropriate, to ensure safety and to promote efficiency.*
 - *Set priorities or make adjustments to the care process based on client requirements.*
 - *Organize and implement care according to client needs.*
 - *Organize time and equipment for safety and efficiency.*
 - *Base choices and actions on a sound knowledge of asepsis and body mechanics.*
 - *Adhere to infection control practices.*
 - *Report, verbally and in writing, unsafe work environments.*
 - *Encourage independence of the client as much as possible.*
 - *Encourage family involvement in care whenever possible.*
 - *Recognize and make wise choices in situations of potential risk to self or others.*
 - *Encourage client communication and engagement during personal care.*
 - *Maintain client privacy and dignity.*
 - *Abide by principles, procedures and legal implications involved in the application of Personal Assistance Guidelines.*

- *Provide specialized, sensitive care for the dying resident in line with palliative care principles.*
- *Exhibit flexible and adaptable behaviour.*

8. Recognize and respond to own self-development, learning and health enhancement needs:

- *Identify own learning needs and personal/professional development needs.*
- *Invite feedback from other health team members related to own performance.*
- *Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.*
- *Identify and utilize opportunities to learn from clients, families, and colleagues.*
- *Reflect on own choices and behaviours as they contribute to physical, psychological, social, cognitive and spiritual health.*
- *Strive to demonstrate increasingly healthful self-care practices.*

9. Perform the care-giver role in a reflective, responsible, accountable and professional manner:

- *Comply with legal parameters of practice for a student in the HCA program.*
- *Collaborate with other members of the health team.*
- *Use appropriate lines of communication.*
- *Clarify one's own role to others when necessary.*
- *Demonstrate dependability, reliability, honesty and integrity.*
- *Reflect on one's own values, beliefs and standards in relation to care-giving practice.*
- *Recognize how one's own beliefs, values, standards and cultural background may be different or similar to those of residents, and families.*
- *Recognize how one's own beliefs and values influence one's responses to residents, families and situations.*
- *Advocate on behalf of the rights, needs, interests and fair treatment of residents and their families.*
- *Maintain a non-judgmental position in light of difficult or unusual client or family situations.*
- *Maintain client and family confidentiality.*
- *Set appropriate personal boundaries in interactions with clients and family members.*
- *Promote own personal safety, health and well-being.*

Practice Experience in Multi-Level and/or Complex Care

COURSE DESCRIPTION

This supervised practice experience provides students with an opportunity to apply knowledge and skills from all other courses in the program with individuals in a multi-level or complex care setting. A portion of this clinical experience will be devoted to working with individuals experiencing cognitive challenges. Opportunity will be provided for students to gain expertise and confidence with the role of the HCA within a continuing care facility.

Suggested minimum course hours: 210

LEARNING OUTCOMES

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual resident or client:
 - *View each resident as a whole, unique individual.*
 - *Respect the individuality, independence and dignity of residents and families.*
 - *Display respect and sensitivity to individuals and families from diverse backgrounds and cultures.*
 - *Display a non-judgmental approach in all aspects of care provision.*
 - *Support the autonomy and uniqueness of residents and their families.*
 - *Encourage residents to share their thoughts, feelings and preferences.*
 - *View the older person as an individual possessing a wealth of experience, knowledge and wisdom.*
 - *Base care and assistance functions on the resident's unique needs, capabilities and interests.*
 - *Provide clear information to the resident about the care or service to be provided and deal with questions or concerns in a calm, caring fashion.*
 - *Encourage residents to be involved in their own care.*
 - *Support resident independence.*
 - *Encourage residents to make choices and participate in decisions about their care, as they are able.*
 - *Encourage family involvement, as appropriate, in the care of their family member.*
 - *Observe family members for signs of stress and consult with an appropriate health care professional for direction.*
 - *Report abusive or neglectful situations promptly to a health professional for appropriate action.*
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, social, cognitive and spiritual well-being of residents and families:
 - *Assess the resident and situation using informed observation, reflection and communication.*
 - *Observe changes in the resident's health status and report these changes to the appropriate health care professional.*
 - *Identify priorities for care within the care plan.*
 - *Be guided by knowledge of health, healing, human needs and human development.*
 - *Demonstrate an understanding of the interconnectedness of physical, psychological, social and spiritual aspects of health and healing.*

- *Display an understanding of the importance of the family in health & healing.*
 - *Display an awareness of the role of culture, diversity and life experience in health and healing.*
 - *Utilize appropriate health team members as resources to augment one's own problem-solving and decision-making.*
 - *Follow the care plan for each resident.*
 - *Consult with health team members to review and evaluate care and make modifications to the care plan as needed.*
 - *Carry out recording requirements in a timely fashion.*
 - *Use clear, current, factual, objective and relevant language when reporting or documenting resident information.*
 - *Utilize creativity when required to adapt care and service to a variety of contexts.*
- 3.** Provide care and assistance for residents experiencing complex health challenges:
- *Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.*
 - *Base choices and actions on a sound understanding of common challenges to health and healing.*
 - *Organize, administer and evaluate care and service for residents with complex health challenges.*
 - *Assist residents and families to maintain independent functioning within their capabilities.*
 - *Provide caring and supportive end-of-life care for residents in a manner that promotes comfort and dignity.*
- 4.** Provide care and assistance for residents experiencing cognitive and/or mental health challenges:
- *Organize, administer and evaluate care and service for residents experiencing cognitive and/or mental health challenges.*
 - *Base choices and actions on a sound understanding of the physical, psycho-social processes of dementia.*
 - *Base choices and actions on an understanding of environmental influences on behaviours.*
 - *Tailor interactions and responses based on an understanding of common mental health challenges.*
 - *Cope constructively with unanticipated or unusual situations.*
 - *Identify when crisis intervention skills are required and respond appropriately.*
- 5.** Interact with other members of the healthcare team in ways that contribute to effective working relationships and the achievement of goals:
- *Use caring, respectful communication with all members of the health care team.*
 - *Seek clarification, guidance and assistance from other health team members when needed.*
 - *Contribute observations and information to care planning sessions.*
 - *Communicate changes in the resident's health status to the appropriate health team member so that the care plan is kept current.*
 - *Communicate with confidence and appropriate assertiveness.*
 - *Offer support and assistance to other health team members as appropriate.*
 - *Report and record relevant information in a clear, concise and objective manner.*
 - *Use appropriate lines of communication in accordance with agency, facility or employer standards and policies.*

- *Identify problems, concerns and conflict within the health team and discuss these with appropriate team members in a timely function.*
 - *Approach problems or conflict in a non-threatening way.*
 - *Respond non-defensively to criticism or confrontation.*
- 6.** Communicate clearly, accurately and in sensitive ways with residents and families:
- *Demonstrate an ability to write and speak English in a manner that can be easily understood.*
 - *Use English in such a way as to be clearly understood.*
 - *Use appropriate volume, tone and vocabulary.*
 - *Use language and a communication style that is appropriate to the resident, family or situation.*
 - *Identify barriers to communication and make efforts to improve communication.*
 - *Interact in a manner that respects the rights, needs, interests and preferences of others.*
 - *Observe common courtesies such as addressing the resident and family member by name of choice and speaking in a manner to be readily understood.*
 - *Use touch appropriately and respectfully.*
 - *Use humour appropriately.*
 - *Maintain appropriate interpersonal and professional boundaries.*
 - *Respect and adapt to a family and resident's cultural background.*
 - *Recognize non-verbal communication.*
 - *Use non-verbal attending skills including eye contact, body positioning and attentive facial expression.*
 - *Use active listening skills.*
 - *Use appropriate self-disclosure.*
 - *Utilize effective approaches to conflict management.*
 - *Demonstrate an understanding of the stresses experienced by residents and families as they are reflected in communication patterns.*
 - *Recognize abusive communication and report in accordance with agency/ facility or employer standards and policies.*
- 7.** Provide personal care and assistance in a safe, competent and organized manner:
- *Wear safe and appropriate clothing, including identification.*
 - *Adhere to the resident's care plan.*
 - *Assess the resident and the environment prior to commencing care.*
 - *Adjust environments, as appropriate, to ensure safety and to promote efficiency.*
 - *Set priorities or make adjustments to the care process based on resident requirements.*
 - *Organize and implement care according to resident needs.*
 - *Organize time and equipment for safety and efficiency.*
 - *Base choices and actions on a sound knowledge of asepsis and body mechanics.*
 - *Adhere to infection control practices.*
 - *Report, verbally and in writing, unsafe work environments.*
 - *Encourage independence of the client/resident as much as possible.*
 - *Encourage family involvement in care whenever possible.*
 - *Recognize and make wise choices in situations of potential risk to self or others.*

- *Encourage resident communication and engagement during personal care.*
- *Maintain resident privacy and dignity.*
- *Assist the resident with personal hygiene and grooming.*
- *Assist the resident with movement and ambulation.*
- *Use aids to promote comfort, relaxation and sleep.*
- *Take and record vital signs accurately.*
- *Provide specialized, sensitive care for the dying resident in line with palliative care principles.*
- *Exhibit flexible and adaptable behaviour.*

8. Recognize and respond to own self-development, learning and health enhancement needs:

- *Identify own learning and personal/ professional development needs.*
- *Invite feedback from other health team members related to own performance.*
- *Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.*
- *Identify and utilize opportunities to learn from residents, families, and colleagues.*
- *Share new learning with other health team members.*
- *Reflect on own choices and behaviours as they contribute to physical, psychological, social, cognitive and spiritual health.*
- *Strive to demonstrate increasingly healthful self-care practices.*

9. Perform the care-giver role in a reflective, responsible, accountable and professional manner:

- *Comply with legal parameters of practice for HCA.*
- *Foster and uphold the mission, policies and standards of the care facility.*
- *Collaborate with other members of the health team.*
- *Use appropriate lines of communication.*
- *Clarify one's own role to others when necessary.*
- *Demonstrate dependability, reliability, honesty and integrity.*
- *Reflect on one's own values, beliefs and standards in relation to care-giving practice.*
- *Recognize how one's own beliefs, values, standards and cultural background may be different or similar to those of residents, and families.*
- *Recognize how one's own beliefs and values influence one's responses to residents, families and situations.*
- *Maintain a non-judgmental position in light of difficult or unusual resident or family situations.*
- *Advocate on behalf of the rights, needs, interests and fair treatment of residents and their families.*
- *Maintain resident and family confidentiality.*
- *Set appropriate personal boundaries in interactions with residents and family members.*
- *Promote own personal safety, health and well-being.*
- *Challenge questionable actions or decisions made by other health team members.*
- *Champion the role of the HCA on the healthcare team.*

Appendix 1: Project Recommendations

The following recommendations are based on extensive discussion and feedback from the steering committee members involved with this project. They identify the suggested requirements for the effective implementation of the new HCA Program Provincial Curriculum, as well as future development in post certificate advanced practice courses.

CURRICULUM APPROVAL AND IMPLEMENTATION

1. Obtain formal Ministry of Advanced Education and Labour Market Development (ALMD) endorsement of the HCA Program Curriculum Guide as the current provincial curriculum for the education of CHWs and RCAs in British Columbia:
 - *Identify a plan and timeframe for the dissemination of the HCA Program Provincial Curriculum Guide.*
2. Develop the necessary copyright requirements and licensing agreements that will be used to ensure a consistent, standardized approach to the implementation of the new HCA Program Curriculum Guide:
 - *The Ministry's licensing agreements with the private and public colleges will ensure that the program integrity, standards and outcomes are protected and maintained (e.g. access requirements, program and course outcomes, suggested minimum course hours).*
 - *In order to be consistent and ensure quality implementation, it is important that all Colleges offering the HCA Program adhere to the suggested minimum course and program hours. This includes 475 hours of course theory and lab and 270 hours of applied practice experiences, for a total of 745 HCA Program hours. As there is considerable diversity amongst Colleges in their current program length and the number of theory and practice hours per week, it is more useful and fair to identify suggested minimum course and program hours, rather than use a set number of weeks as the suggested minimum. The commitment is to meet the minimum hours but Colleges can, and in some cases already do, exceed these hours.*

PROGRAM MARKETING AND COMMUNICATIONS

1. Develop and implement marketing and promotions strategies to identified stakeholder groups to introduce the new HCA Program Curriculum Guide:
 - *The Ministries of Health Services (MoHS) and ALMD will collaborate on communication initiatives that will focus on this category of worker and raise the profile, understanding and appreciation of their education preparation, work responsibilities and contributions. There are plans to 'showcase' the new curriculum and the current CHW/RCA competency development work. These special events acknowledge the contributions of the stakeholders as well as make these environments more attractive to CHWs and RCAs, hence improving the recruitment and retention of these valuable front line health care workers.*
 - *Although the name change from HS/RCA program HCA Program was soundly endorsed by the educators and unions the rationale and impact of the change was not fully communicated nor understood by some employers. A process for communicating this information to the employers and unions needs to be put in place promptly to maintain goodwill and correct any further misinterpretations.*
 - *Promote the HCA Program and the clearly stated standards for CHW/RCA education so that all stakeholders are familiar with the education and program outcomes. Include employer, union groups and public and private college committees and associations such as the HS/RCA Programs*

Articulation Committee, Private Career Training Institutions Agencies (PCTIA) and the BCCCA in marketing and communication initiatives.

ENGLISH LANGUAGE PROGRAM ACCESS REQUIREMENTS

1. Develop a standardized English Literacy Assessment Tool for students applying to the HCA Programs who are non-native speakers of English. The assessment identifies that individuals have a level of English language ability (reading, writing, speaking, and listening) that would offer them a reasonable chance of success in the HCA program and the work setting:
 - *It is commonly accepted that we will require many front line care providers in the future. Some of the workers will come from outside of Canada and many will require English language training. In order to meet these realities, we need to be more proactive in determining the most effective strategies to provide entry into education or practice for these individuals.*
 - *Stakeholders involved in both the CACP and HS/RCA Projects identified the need to address ESL assessment requirements. They noted that there is currently a lack of adequate English literacy skills in some of the students entering programs, as well as graduates working in the field.*
 - *Prior to entry into the HCA program, prospective students must demonstrate an ability to speak, read, comprehend, and write English at a minimum of a grade 10 level.*
 - *Currently a few Colleges have responded to individuals with English literacy needs and an interest in a career in health care by offering a combined HS/RCA/ESL Program. These Programs are longer, (on average approx 8.5 months vs. 6 months) and combine the 'regular' HS/RCA course content and practice with English language skill training. Combined HS/RCA/ESL Programs have been well received and successful. There is a need to support and expand these initiatives. They are an effective and creative way to recognize this group of learners and increase the number of community health workers and resident care in the BC healthcare system.*

POST CERTIFICATE DEVELOPMENT

1. Develop and/or make accessible the post-certificate advanced practice courses identified in the HCA Program Curriculum Guide. These include Practical Nurse Access and advanced practice courses in Mental Health, Palliative Care, Acute Care, Activity Assistant and Children with Disabilities in the Community:
 - *Historically there have been few post-secondary educational options for CHWs and RCAs to continue their education once they leave the college setting. Many CHWs/RCAs termed this situation as 'a closed door'. It is recommended that more work be done in developing and promoting these opportunities.*
 - *Many of the listed courses have been developed and offered by individual colleges. Provincial Post-Basic Advanced Practice curricula have, thus far been developed only for the Practical Nurse Access.*
 - *The CACP identified advanced level competencies in the areas of palliative and mental health care and recommended future post basic certificate program development in these areas, once the revised curriculum is implemented.*
 - *Stakeholder groups such as the HS/RCA Programs Articulation Committee and the Residential Care Policy Committee (RCPC) need to collaborate to identify the priority post-certificate advanced practice course development. Initial work should include survey data of what post certificate courses currently exist, course costs and access to financial aid.*

Appendix 2: Project Steering Committee

HS/RCA CURRICULUM: PROJECT STEERING COMMITTEE

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Appendix 3: HS/RCA Programs Articulation Committee

HS/RCA ARTICULATION MEETING: HS/RCA PROVINCIAL CURRICULUM DEVELOPMENT PROJECT

Friday, October 26, 2007 Vancouver Community College Room 237

In Attendance

Sharon Dixon	Camosun College
Patsy Keen	Northern Lights College
Janet Hebron	Vancouver Island University
Cheryl Mackie	College of the Rockies
Anne Macdonald	Thompson Rivers University
Della Stansfield	TRU OL
Sarina Corsi	Stenberg College
Scot Friskey	Academy of Learning
Laurie Bird	North Island College Port Alberni
Bonnie Lambkin	College of New Caledonia
Victoria Norman	CDI College Surrey Campus
Tina Johnston	Stenberg College
Cathy Schultz	Okanagan College
Patricia Juvik	Douglas College
Geoff Collier	Thompson Career College
Catherine Gislason	Discovery Community College
Nancy Graham	Kwantlen University College
Patrick de Sousa	Capilano College
Sandi McGladdery	University of the Fraser Valley
Lois McNestry	Discovery Community College
Sharlet Wheating	Pacific Coast Community College
Susan Gooding	Drake Medox College
Sabine Lundman	Northwest Community College

Susan Meszaros	ProCare
Brandi Yule	Sterling College of Health Care
Gladys Elma	Winston College
Pauline Stevenson	Excel Career College
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