

Providing Personal Care Services to Elders and People with Disabilities¹

Module 1. Key Concepts

Goals

The goals of this module are to:

- Introduce trainees to instructors and to each other.
- Familiarize trainees with the training objectives and schedule and to develop norms for training behaviors.
- Provide trainees with an overview of qualities of direct-care workers and key concepts of direct care.

Time

3 hours and 45 minutes (includes 15 minutes for closing and 15 minutes for break)

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SECTION A. INTRODUCTION AND ORIENTATION TO DIRECT-CARE WORK
Module 1. Key Concepts

Activities	Teaching Methods	Time
1.1 Welcome, Introductions, Orientation to the Training	Interactive presentation, pairs work, large-group exercise, and large-group discussion	1 hour
1.2 Qualities of a Direct-Care Worker	Video (optional) and large-group discussion	1 hour & 15 minutes
<i>Break</i>		<i>15 minutes</i>
1.3 Key Concepts of Direct Care	Pairs work, pairs reporting, and interactive presentation	1 hour
<i>Closing</i>		<i>15 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Name-tags
- VCR or DVD player and TV monitor
- Heart Work² video or DVD
- One three-ring binder for each participant
- *Instructor's Guide, Activity 1.1—Sample Working Agreement*

Handouts

- Handout 1.1: Understanding Your Job
- Handout 1.2: The Purpose of this Training
- Handout 1.3: Training Schedule
- Handout 1.4: What Makes a Good Direct-Care Worker?
- Handout 1.5-a: Key Ideas: Person-Centered Care
- Handout 1.5-b: Key Ideas: Consumer and Worker Rights
- Handout 1.5-c: Key Ideas: Confidentiality
- Handout 1.5-d: Key Ideas: Promoting Consumer Independence

² *Heart Work* was produced by PHI in collaboration with Home Care Associates in Philadelphia, 2001. It can be ordered at http://phinational.org/wp-content/uploads/2008/04/heartwork_orderform.pdf, for \$149 plus shipping and handling.

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Activity 1.1 Welcome, Introductions, and Orientation to the Training

Prepare the following flip chart pages:

- Instructions for participant introductions (Step 3)
- “Learning Agenda” (Step 5)
- “Logistics” (Step 10)

Prepare blank name-tags for participants. In the lower left-hand corner of each name tag, write a number. Create two name-tags with the same number for participants to match and use during the pairs-introduction. (For example, if you have 14 participants, you will write name-tags for two “1’s”, two “2’s”, two “3’s”, and so on, up to two “7’s.”)

As participants arrive, or register, they can select a name-tag and put their name on it with a marker.

Activity 1.2 Qualities of a Direct-Care Worker

Decide if you are going to use the *Heart Work* video or the alternative teaching option.

If you will use the video, preview the *Heart Work* video to identify key issues and/or scenes to reference in the discussion. Also, determine if you want to use the entire video (42 minutes) or parts of it. For this activity, the parts of the video that focus on the work and the relationship with the consumer are most relevant (see below). Participants may want to see the rest of the video, which could be available for viewing during lunch.

If you do not show the whole video, you should introduce it by explaining that this video shows the development and performance of an original theatre piece, created and performed by home health aides and certified nurse aides from the Philadelphia

area. The purpose was to tell, in their own words, what it is like to be a direct-care worker.

The following segments are recommended for this activity:

- The opening scenes with consumers
- Part One—“ A caring heart” (in the VHS version, minutes 4:49 to 6:45)
- “These hands...” (VHS – 21:16 to 24:45)
- Part Two—“Qualities of an aide” (VHS – 24:45 to 37:50)

Activity 1.3 Key Concepts of Direct Care

Write each of the key concepts on two index cards—these will be distributed either to pairs of participants (if you have 15 or fewer participants) or to small groups (with a larger number of participants). You want each concept to be discussed by at least two pairs or groups. The key concepts are: person-centered care, the rights of consumers and workers, confidentiality, and promoting consumer independence.

Closing

Providing closure to each module is an essential part of learning. It provides an opportunity for participants to reflect on what they have learned and how they can use it in their work or in their lives. It also allows the instructor to wrap up discussions, answer additional questions, and prepare participants for the next module.

Detailed steps are provided for this first closing activity. In the rest of the modules, this overall design can be adapted to reflect the particular focus of the module and the needs of participants.

If you are going to continue with Module 2 in the same day, conduct this longer closing activity at the end of Module 2. Make the closing for Module 1 a brief (5 minutes) go-round on the one most important thing each participant has learned so far in the training.

About once a week, or every four modules, add the following question about the learning environment: *How can we make this a better learning experience for you?*

Activity 1.1 Welcome, Introductions, Orientation to the Training

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Name their instructors and at least two other trainees.

Describe the role of a direct-care worker.

Describe the goal and objectives of the training.

Explain how participants will be evaluated.

Explain the importance of having working agreements for participant learning interactions and list the agreements they developed as a group.

Identify when they need to be at the training site and ready to learn.

Key Content

- The goal of this training is to prepare participants to demonstrate that they are competent to be personal care workers. “Personal care worker” is a general term used in this curriculum to describe the first level of direct-care worker. Direct-care workers provide hands-on assistance with daily activities to elders as well as adult consumers with disabilities. They may also provide support with health-related tasks, household tasks, and/or support for going out into the community. These services may be provided in the consumer’s own home, in an adult day center, or in a nursing home, personal care home, or assisted living center. Some work settings will require additional training beyond this core curriculum.
- In order to be a competent personal care worker, participants will need to learn facts, show attitudes, and demonstrate skills that are needed for this work. The training will

prepare them to show their competence in a variety of tests and simulated work settings.

- Since the relationship with the consumer is the key to direct-care work, consumer profiles or stories have been created to give trainees a chance to apply what they are learning to a “real” person. Discussions, case studies, and role plays involving the profiled consumer will allow trainees to practice communication and relational skills at the same time as developing hands-on personal care skills.
- This training approach involves a lot of group work and interaction. Establishing working agreements for participation in the training activities is important to create a learning environment in which participants feel safe and comfortable asking questions, trying new things, changing behaviors, and being open to learning and team-building experiences.

Activity Steps

Interactive Presentation—10 minutes

1. **Formally open the workshop.** Welcome participants. Introduce yourself. If other trainers are involved, note that they will be introduced later.
2. **Set the stage for the first exercise.** Congratulate participants on choosing to work in a field that is critical to the health and well-being of so many people. Having good relationships with consumers and other workers is fundamental to direct care. Therefore, the training will begin with an activity to help them develop relationship skills—meeting and introducing another trainee.

Pairs Work—10 minutes

3. **Give instructions.** Ask participants to look at their name-tags and find the number in the lower left-hand corner (see Advance Preparation). If they do not have name-tags, distribute the blank name-tags and markers now, and ask them to write their names on them. Explain that there is one other person in the room with the same number of their name-tag. They must find each other, and then ask each other the questions on

the flip chart. After that, they will introduce each other to the rest of the participants, by answering these questions about their teammates.

Flip Chart

<p style="text-align: center;"><u>INTRODUCE YOUR TEAMMATE</u></p> <ul style="list-style-type: none">• What is your teammate's name?• Why does he or she want to be a direct-care worker?• What is one quality or skill that he or she has that will help in this work?

Large-Group Discussion—10 minutes

- 4. Facilitate introductions.** Ask one pair to volunteer to start. First, one participant introduces his teammate, answering each question *about his or her teammate*. Then the other member of the pair does the same.

Teaching Tip

If there's a co-trainer, the lead trainer might introduce that instructor to "demonstrate" the process.

- 5. Complete introductions.** Continue the introductions in pairs until each participant has been introduced.

Interactive Presentation—20 minutes

- 6. Present the day's agenda.** Post and review the prepared flip chart page with the "Learning Agenda" for this module.

Flip Chart

LEARNING AGENDA: MODULE 1
Key Concepts

- Introduce trainees and instructors
- Learn training objectives and schedule
- Develop norms for training behavior
- Discuss what a direct-care worker does and the qualities needed
- Discuss key ideas about direct

7. **Describe the job of personal care worker.** Distribute and review **Handout 1.1: Understanding Your Job**. Make sure that participants understand that their title after completing this training will be “personal care worker,” and that a personal care worker is one type of direct-care worker. (Module 2 explains these titles in more detail.)
8. **Explain the purpose of the training.** Distribute and review **Handout 1.2: The Purpose of this Training**. Explain the training approach and the use of consumer profiles.
9. **Explain evaluation strategies.** Explain how trainees will be evaluated—through written and/or verbal tests (for knowledge), return demonstrations (for skills), and observation of in-class participation, role plays, and return demonstrations (for attitudes).
10. **Present the schedule.** Distribute and review **Handout 1.3: Training Schedule**. Make sure that participants know when to arrive at the training site in order to be ready for the start of training each day.

11. Review logistics. Post the flip chart page on “Logistics” and review each point. Ask if participants have any other questions or concerns.

Flip Chart



Large-Group Discussion—10 minutes

12. Explain the importance of a respectful learning environment. Note that this training approach involves a lot of group discussion and working together. When learning new things—especially new skills that we may not be good at in the beginning or attitudes we’re just trying out—it is important for participants to feel respected for who they are and what they think or believe.

13. Explain the function of a “working agreement” and ask for input. Explain that part of your job as instructor is to establish and maintain a safe and caring environment for learning. One way to do this is to create a “working agreement” for how instructors and participants will talk and learn together in the classroom. Ask participants to complete this statement: *In this classroom, I will learn best if...* Write their ideas on a flip chart page (see *Instructor’s Guide: “Sample Working Agreement”* for some ideas).

Flip Chart

IN THIS TRAINING,
I WILL LEARN BEST IF...

Teaching Tips

It is important to model respect for each person’s opinion by writing each idea on the flip chart page. However, you may need to clarify confusing suggestions or those that are not quite on the topic. Also, encourage people to be specific. For example, when someone says, “Be respectful,” ask her or him to provide examples or to talk about what that means.

To add ideas to the working agreement, it is helpful to use “I statements.” For example, to add a point about side conversations you could say, “I learn (teach) best when there are no side conversations because, if there are side conversations, I have a difficult time focusing on what I’m saying or what others are saying.”

You can also add your own ideas to this discussion if you find that they are not coming from the participants. This could indicate that you need to explore the concepts in more depth for participants to understand why you feel they are important.

- 14. Explain everyone’s responsibility for keeping to the working agreements.** Explain that both instructors and learners are responsible for creating and maintaining a safe learning environment for everyone. This requires that you (along with all the participants) hold the class accountable to the behaviors noted in the working agreement
- 15. Explain the importance of using the training setting to practice how they will act in the workplace.** Explain that the classroom is also the training “laboratory”— which means it is the place to learn and practice new skills, to receive feedback, and to make mistakes sometimes. It is also an opportunity for practicing how to interact with a consumer and with co-workers. Explain that the only way you can assess their attitudes and readiness for work is to observe their actions and interactions in the classroom. Therefore, a key part of your accountability to their learning (and to their future consumers) is to give them feedback on how their behavior could affect consumers, both positively and negatively.

Teaching Tip

The overall tone for this is upbeat and positive, yet clear and direct. You want to strike a balance between promising to support everyone to succeed and holding each participant accountable to the working agreements necessary to provide a safe learning environment.

Activity 1.2 Qualities of a Direct-Care Worker

1 hour & 15 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Explain the importance of the relationship with the consumer in direct-care work.

Explain the importance of attitudes of caring and respect—for consumers and for one’s self—in order to be an effective direct-care worker.

List some of the knowledge, attitudes, and skills (at least two from each category) that are needed to be a competent direct-care worker.

Key Content

- At the core of the direct-care worker’s job is his or her relationship with the consumer. This connection is one that must be respected and nurtured because it is critical to the consumer’s comfort and satisfaction. But, equally important, the relationship with the consumer is what motivates most people to go into and to remain in this line of work.
- In order to be an effective direct-care worker, an individual must be competent in many areas of knowledge and skill. However, the work is never purely clinical or technical. On the job, all personal care tasks are performed in the context of *the relationship* between the direct-care worker and the consumer. Therefore, the direct-care worker’s *attitudes* about the work and the consumer are keys to providing quality care.

Activity Steps

Teaching Option

If you are not going to use the video, Steps 1-4 can be replaced by: 1) a large-group discussion on the importance of the relationship between the consumer and the direct-care worker; 2) small-group work, listing knowledge, attitudes, and skills that participants think would be needed for this work; and 3) group presentations. Then proceed to Step 5, with the large-group discussion of **Handout 1.4: What Makes a Good Direct-Care Worker?**

Interactive Presentation—5 minutes

1. **Introduce the video *HeartWork*.** In your own words, present the bullets in “Key Content” and referring to the background information in “Advance Preparation” to describe the video.

Video—30-45 minutes

2. **Give guidelines for viewing the video.** Ask participants to watch the video, making mental notes about the attitudes that the workers in the video bring to their work, and the qualities that make them effective direct-care workers.

Large-Group Discussion—25 minutes

3. **Facilitate a discussion about the video.** Ask participants for their general reaction to the video by asking:

Which of the workers’ stories felt familiar to you?

How did their description of the work compare to what you were thinking it would be like?

What about the video felt different from what you expected? Was anything confusing?

How do you feel about doing direct-care work after seeing this video?

- 4. Facilitate a discussion about knowledge, attitude, and skills of a direct-care worker.** Note that being a good direct-care worker requires a blend of knowledge, attitudes, and skills. Based on what they saw in the video and their own previous experience, ask participants the following questions. After a few responses, go on to the following questions:

*What does a direct-care worker need to **know** in order to do this work?*

*What **skills** do direct-care workers need, or what do they have to be able to do in their work?*

*What **attitudes** do they need to show in their work?*

Teaching Tip

This discussion is not meant to cover the whole list of competencies— that would take a long time to brainstorm! Rather, you want to show participants that they already have some understanding of what this work involves and what they will need to learn. You are also trying to frame the competencies in terms of knowledge, attitudes, and skills, which is probably easier for participants to grasp than a list of nearly 100 competencies.

- 5. Summarize the knowledge, attitudes, and skills addressed in this training.** Thank participants for their responses. Then distribute **Handout 1.4: What Makes a Good Direct-Care Worker?** Briefly review the list of knowledge, attitudes, and skills in this training. Note that the list may look long and challenging, but they will work on each one in small pieces, building on what they learn from one day to the next.

Activity 1.3 Key Concepts of Direct Care

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Define person-centered care.

Explain consumers' and workers' rights in direct care.

Explain the importance of confidentiality in direct-care work and describe how to maintain it.

Explain the importance of promoting the consumer's independence.

Key Content

- Person-centered care, the rights of consumers and workers, confidentiality, and promoting the consumer's independence are all fundamental to direct-care work. These concepts will be introduced in this activity, and then illustrated and reinforced throughout the training.
- “Person-centered care” describes an approach to working with consumers that focuses on the consumer as an individual who has unique needs and routines, and who has the right to determine, as much as possible, what kind of care he or she will receive.
- Both consumers and workers have rights that are covered by law—e.g., the right not to be abused, physically, emotionally or sexually. Some facilities or agencies have written lists of the rights of consumers and workers that meet the legal and ethical standards of the organization. (This will be covered in detail in Module 21.)
- Confidentiality means not sharing information about a person, including what you observe or overhear, except with appropriate members of the individual's health care

team. Confidentiality in direct-care is both required by law, and it's the right thing to do to show respect for the consumer's privacy.

- Promoting the independence of consumers means supporting the ability of consumers to do things on their own. That includes making choices as well as doing the everyday tasks of eating, bathing, and going to the bathroom. When personal care workers encourage consumers to do things for themselves, it builds self-esteem and self-respect, reinforces the consumer's right to choose, and helps to keep the consumer active—both mentally and physically.

Activity Steps

Pairs Work—15 minutes

- 1. Explain the purpose of this exercise.** Note that in Module 2, participants will learn more details about the different work settings for direct-care workers and different aspects of the work, the consumers, and their co-workers. In this activity, they will learn about key concepts, or ideas, that relate to all the settings and that guide everyone who works with consumers in these settings.
- 2. Give instructions.** Ask participants to sit with the “teammates” that they introduced in the first activity. Distribute one index card to each pair, labeled with one of the key concepts (see Advance Preparation). Ask each pair to talk about the concept, or idea, on their card and discuss what it means to them and/or what they already know about it. Instruct them to write down, on the flip side of the card, at least two questions that would help them understand better how this concept relates to direct-care work. Note: “what is it?” does not count as one of their questions, since that will be answered anyway.

Teaching Tips

Ideally, you want more than one pair to discuss each key concept and to submit questions. With a large group—i.e., at least 16—that's not a problem, since you would have at least eight pairs and each concept would have to be written on two cards.

With a group that is smaller than 16, break participants into four groups and give each group two key ideas to consider—and five more minutes to discuss.

Pairs Reports and Interactive Presentation—45 minutes

- 3. Facilitate reporting from pairs on “person-centered care.”** For the first key concept—person-centered care—collect the cards from the two pairs that discussed it, and ask them to say what they think person-centered care means. Affirm what they got right and define the concept, correcting any misconceptions that they raised. Note that they will receive a handout at the end with this information.
- 4. Answer the questions on the cards about “person-centered care.”** Add information from **Handout 1.5: Key Ideas**. Note in particular the importance of this idea to direct care. Ask if other participants have additional questions.
- 5. Continue with the remaining key ideas.** Repeat the process for the rights of consumers and workers, confidentiality, and promoting the consumer’s independence.
- 6. Distribute Handouts 1.5, a-d: Key Ideas.** Note that these handouts will provide background information and reminders of what they discussed.

Closing

15 minutes

Key Content

- Providing closure to each module is an essential part of learning. This time allows the instructor to wrap up discussions, answer additional questions, and convey the next steps to the group.
- This closing activity also allows participants to share what they learned and reflect on how they might apply what they have learned in their lives and at work.
- Finally, it gives the instructor the chance to do an informal evaluation about which parts of the workshop were most useful to participants and which could be improved.

Activity Steps

Teaching Option

If you are going to continue with Module 2 in the same day, conduct this longer closing activity at the end of Module 2. Make the closing for Module 1 a brief (5 minutes) go-round on the *one* most important thing each participant has learned so far in the training.

Go-Round—10 minutes

1. **Give instructions for the closing exercise.** Note that this is the end of this module. Explain that the closing exercise allows participants to reflect on what they learned and how they can use what they've learned in their work and in personal situations. It also allows them to give feedback to the instructor about any areas that they find confusing, and how to make the training more effective. Post the prepared flip chart page with the closing questions.

Flip Chart

<p style="text-align: center;"><u>CLOSING QUESTIONS:</u></p> <ol style="list-style-type: none">1. What is the one most important thing you learned in this module?2. How can you apply what you learned—at work or in your personal life?3. What is one thing you still have questions about?4. How can we make this a better learning experience for you?

Teaching Tips

The last question opens participants up to sharing general feelings about the learning experience, and gives trainers a window into how participants are managing and how the learning environment can be improved.

Do not repeat question #4 every time, or it will get repetitive. Include it about once a week, or every four modules.

2. **Assign questions.** Have participants count off in 4's; or randomly distribute cards with the numbers 1, 2, 3, or 4 written on them. Ask all the participants with the number 1 to answer the first question, and so on. Explain that, if they're not ready, they can "pass" when their turn comes, and you will come back to them later.

Teaching Tips

Time is a key factor in this activity. With less time, you can limit participants' responses to just 1 or 2 questions, and perhaps invite open discussion on the others.

To vary the closing activity from one module to the next, you can sometimes let participants choose which question they want to answer. Or you can assign questions to pairs of participants.

In all cases, however, you want to give each participant a chance to speak. If someone is not ready when it is their turn, they can “pass” (not say anything); but make sure you go back to them at the end. (And they can still pass.)

- 3. Listen respectfully to participants’ sharing.** Conduct this discussion like a learning circle, with respect for each participant’s point of view. Do not allow challenges, or even responses, while participants are sharing. After each question has been answered by the “assigned” participants, you can encourage a few additional participants to share their opinions, if time permits.

Interactive Presentation—5 minutes

- 4. Respond to questions and feedback.** If possible, quickly address the areas that participants identified as being confused about. If it’s not possible to do so in the time remaining, add them to the “Parking Lot.” Also, acknowledge suggestions for improvement in the training; responses to the suggestions can wait until the next training session.
- 5. Check the “Parking Lot.”** If there are items from before in your “parking lot,” point them out, address those that you can quickly respond to, and discuss how the others can be followed up on.
- 6. Thank participants for their feedback and their efforts.**

Instructor's Guide, Activity 1.1

SAMPLE WORKING AGREEMENT

- Respect different opinions and experiences
- Listen when other people are speaking (i.e., no “side conversations”)
- Confidentiality—What is said in this room stays in this room
- No personal attacks—Challenge ideas, not people
- Personalize your statements—Use “I” statements
- Take risks and support others to take risks
- Emotion is okay
- Put effort into the group

Module 1. Key Concepts¹

Handouts

Activity 1.1: Welcome, Introductions, Orientation to the Training

Handout 1.1 Understanding Your Job

Handout 1.2 The Purpose of This Training

Handout 1.3 Training Schedule

Activity 1.2: Qualities of a Direct-Care Worker

Handout 1.4 What Makes a Good Direct-Care Worker?

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Activity 1.3: Key Concepts of Direct Care

Handout 1.5-a

Key Ideas: Person-Centered Care

Handout 1.5-b

Key Ideas: Consumer and Worker Rights

Handout 1.5-c

Key Ideas: Confidentiality

Handout 1.5-d

Key Ideas: Promoting Consumer Independence

Understanding Your Job

What will your job title be?

You will be a personal care worker. A personal care worker is one type of direct-care worker. Direct-care workers often have different titles, depending on where they work. In some states, direct-care workers are also called personal care attendants.

What will you do?

You will assist people with daily tasks. You may also assist people to take care of their bodies or homes. How much you do will depend on how much training you have.

Whom will you assist?

Most of the people you assist will be older people and other adults who have trouble doing daily tasks. In this training, the people you assist are called **consumers**.

Where will you work?

You may assist consumers in one or more of these places:

- Adult day facility
- Center for independent living
- Consumer's home
- Nursing home
- Personal care home
- Assisted living residence

This training will help get you ready to work in some of these places. It will also prepare you for more training.

Understanding Your Job

How will you assist consumers?

You will assist consumers with Activities of Daily Living (or ADLs for short) and other activities, such as shopping, housekeeping, and getting to appointments.

The 5 ADLs are:

- Bathing
- Eating
- Getting around
- Getting dressed
- Using the bathroom

You should give consumers as much help as they need. But you should also ask them to do as much as they can.

What's the key to good care?

The key to good care is **respect**. Respect builds strong ties between you and the consumer. When you treat each other with respect, both of you are happier.

The Purpose of This Training

By the end of this training, you will have the knowledge, attitudes, and skills you need to be a personal care worker. You will be ready to work in a variety of long-term care settings, or to go on for further training.

The training will teach you how to assist consumers with ADLs. It will also teach you about person-centered care.

In order to work in this field, you will need to show that you are ready to be a personal care worker. This is done in a variety of ways.

You will show:

- Your **knowledge** (what you know) through written and spoken tests
- Your **attitudes** (how you think and feel) through training labs and role plays and how you interact with others during the training
- Your **skills** (what you can do) by showing your trainer

Training Schedule

SECTION A. INTRODUCTION AND ORIENTATION TO DIRECT-CARE WORK	
Date/Time	Module 1. Key Concepts
Date/Time	Module 2. Work Settings, Teamwork, and Professionalism
SECTION B. FOUNDATIONAL KNOWLEDGE, ATTITUDES, AND SKILLS	
Date/Time	Module 3. Infection Control
Date/Time	Module 4. Body Mechanics
Date/Time	Module 5. Body Systems and Common Diseases
Date/Time	Module 6. Working with Elders
Date/Time	Module 7. Respecting Differences
Date/Time	Module 8. Communication: Listening and Talking Skills
SECTION C. PERSON-CENTERED CARE	
Date/Time	Module 9. Supporting Consumers at Home
Date/Time	Module 10. ADL: Ambulating; Making a Bed
Date/Time	Module 11. Supporting Consumers' Dignity While Providing Personal Care
Date/Time	Module 12. ADL: Bathing and Personal Care
Date/Time	Module 13. Working with a Consumer with Alzheimer's Disease
Date/Time	Module 14. ADL: Toileting (Part 1)
Date/Time	Module 15. Working with an Independent Adult with Physical Disabilities
Date/Time	Module 16. ADL: Dressing and Toileting (Part 2)
Date/Time	Module 17. Working with a Consumer Who Is Depressed
Date/Time	Module 18. ADL: Eating
Date/Time	Module 19. Return Demonstrations: Dressing, Eating, Toileting
SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS	
Date/Time	Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect
Date/Time	Module 21. Consumer & Worker Rights; Managing Time and Stress

What Makes a Good Direct-Care Worker?

A good direct-care worker has the knowledge, attitudes, and skills to assist consumers. Here are some examples.

Knowledge

A good direct-care worker knows about:

- ADLs
- Common diseases and problems
- Emergencies
- Healthy food
- Signs of abuse and neglect, and what to do about them
- The human body

A good direct-care worker knows how to:

- Assist different kinds of consumers
- Do his or her job well
- Keep germs from spreading

Attitudes

A good direct-care worker:

- Cares about consumers
- Feels curious about consumers
- Is patient with consumers
- Respects consumers who are different from him or her
- Takes pride in his or her work

What Makes a Good Direct-Care Worker?

Attitudes (continued)

A good direct-care worker:

- Shares personal information only with members of the consumer's health care team
- Does what he or she says he or she will do
- Gives consumers privacy
- Tells the truth
- Works well with other people

Skills

A good direct-care worker can assist consumers to:

- Bathe
- Eat
- Get around
- Get dressed
- Use the bathroom

A good direct-care worker can:

- Be gentle
- Cook, clean, and shop
- Listen and talk well
- Help the consumer to solve problems

Key Ideas: Person-Centered Care

It's important to understand some key ideas about being a direct-care worker. Here's what you need to know.

Give person-centered care.

In person-centered care, consumers and workers:

- Create a schedule that fits the consumer's life
- Have strong ties
- Make choices together

In person-centered care, the consumer:

- Has the right to choose, as much as possible, what kind of care he or she will get
- Is the expert on what he or she likes or dislikes

In person-centered care, workers:

- Care as much about the consumer's feelings as they do about the consumer's health
- Focus on the consumer, rather than on the consumer's problems
- Remember that the workplace is the consumer's home
- Treat the consumer as someone with unique wants and needs

Key Ideas: Consumer and Worker Rights

Consumers and workers have rights.

Consumers and workers have rights that are protected by law. They include the right to be free from abuse.

Other rights are based on the idea of person-centered care. They include the right to be treated with respect—whether you are a worker or a consumer. They also include the consumer's right to make choices.

Consumers have the right to:

- Choose a doctor
- Give themselves medicine, as long as it is safe to do so
- Help plan their care
- Keep and use their own things, as long as it is safe to do so
- Say yes or no to care
- Share a room with their husband or wife
- Take part in activities

Workers have the right to:

- Be treated with dignity and respect
- A safe working environment

Key Ideas: Confidentiality

Confidentiality—Keeping health information private

You can tell your supervisor about a consumer's health. This helps keep the consumer healthy.

But you **cannot** share health information with anyone else—including other direct-care workers—unless they also work with the consumer.

“Confidentiality” means sharing private information about consumers **ONLY** with the people who need to know. Confidentiality is required by law. It's also the right thing to do—it shows respect for the consumer's privacy.

You can keep health and personal information private. Read what these workers do.

Marty's tip—Be careful when talking on the phone.

“I don't leave private information on answering machines or in voicemail. If I do share information, I make sure I'm talking to the right person. And I make sure that I'm talking in a private area.”

Laura's tip—Be careful when talking in public places.

“If I need to talk to my supervisor about something private, I ask to go somewhere private. I stay away from dining rooms, elevators, snack rooms, and parking lots.”

Joe's tip—Be careful when using computers.

“When I keyboard something private, I make sure that no one can see the screen. I don't send information by email unless the computer that gets my message is private. I keep my access code a secret, and I log off when I'm done with the computer.”

Key Ideas: Confidentiality

Sara's tip—Be careful with your reports.

“I don't leave reports lying around. I put them in an envelope or folder instead.”

Review—Confidentiality:

- Be careful when talking on the phone.
- Be careful when talking in public places.
- Be careful when using computers.
- Be careful with your reports.

Key Ideas: Promoting Consumer Independence

Promoting the independence of consumers means asking them to do as much as they can.

It's important for consumers to make choices and do daily tasks as much as possible. This is called “consumer independence.”

This independence helps consumers:

- Be in charge of their own care
- Feel good about themselves
- Stay active—both mentally and physically

Do **not** assume that a consumer needs your help. Instead, ask the consumer what they want you to do.

Many consumers like the word “assist” better than the word “help.” It shows that the consumer is doing as much as they can.

Providing Personal Care Services to Elders and People with Disabilities¹

Module 2. Work Settings, Teamwork, and Professionalism

Goals

The goals of this module are to introduce participants to:

- The various long-term care settings.
- The use of care plans and the role of “observe, record, and report” in their work.
- The importance of teamwork in assisting and supporting consumers.
- What it means to conduct oneself “professionally” as a direct-care worker.

Time

3 hours and 40 minutes (includes 30 minutes for opening, closing, and break)

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SECTION A. INTRODUCTION AND ORIENTATION TO DIRECT-CARE WORK
Module 2. Work Settings, Teamwork, and Professionalism

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
2.1 Introduction to Work Settings	Interactive presentation, small-group work, and large-group discussion	1 hour & 20 minutes
<i>Break</i>		<i>10 minutes</i>
2.2 Teamwork and Team Building	Large-group exercise, large-group discussion, interactive presentation, small-group work, and large-group discussion	50 minutes
2.3 Professionalism	Interactive presentation, role play, large-group discussion, small-group work, and group reports and discussion	1 hour
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Manila envelopes
- Scissors
- Role play props—large coat for “direct-care worker,” shawl or large sweater for “consumer,” uniform to wear over your clothing, shoulder bag for supplies
- *Instructor’s Guide, Activity 2.2 (Step 2)*—Cooperative Squares
- *Instructor’s Guide, Activity 2.2 (Step 8)*—Members of the Consumer’s Team

Handouts

- Handout 2.1: Understanding Home Care
- Handout 2.2: Understanding Nursing Homes
- Handout 2.3: Understanding Adult Day Services
- Handout 2.4: Understanding Personal Care Homes and Assisted Living
- Handout 2.5: Understanding Consumer-Directed Care
- Handout 2.6: How to Read a Care Plan
- Handout 2.7: Observe, Record, and Report

- Handout 2.8: Members of the Consumer’s Team
- Handout 2.9: Professionalism: Doing a Good Job
- Handout 2.10: Getting Ready for Work
- Handout 2.11: Work Schedule and Contact Information
- Handout 2.12: Your First Meeting with a Consumer

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Opening

Plan an appropriate opening activity for this module. If this is the start of a new day of training, some kind of warm-up activity might be good to help focus participants’ attention on being back in the learning environment. If this is a continuation of a full-day session, resuming after lunch, a quick energizer might be useful to refocus participants mentally and physically after eating.

Activity 2.1 Introduction to Work Settings

Prepare flip chart pages for:

- “Learning Agenda” (Step 1)
- “Long-Term Care Work Settings” (Step 2)
- “Work Settings—Share What You Already Know” (Step 3)
- “Observe, Record, and Report” (Step 12)

Activity 2.2 Teamwork and Team Building

For this activity participants will be divided into groups of three. From the number of participants, figure out how many groups there will be. Then make one copy of the *Instructor’s Guide: Cooperative Squares*, for each group. Cut each puzzle into pieces, following the lines. Put the pieces of each puzzle in a separate manila envelope. After all the puzzle pieces are in their envelopes, take one piece out of each envelope and

put it in a different envelope. When you are done, all the envelopes will have the same number of pieces, but all of them will have one piece that belongs to another puzzle.

Prepare flip chart pages for:

- Cooperative Squares (Step 2)
- Team-Building: 4 C'S and an R (Step 7)
- Members of the Consumer's Team (Step 9—two pages).

Activity 2.3 Professionalism

Prepare four flip chart pages with the small-group assignments (Step 5).

Gather “props” for the role play—clothing for “Rose,” the unprofessional direct-care worker, and for Mrs. Smith.

Closing

Plan an appropriate closing activity for this module. Ask participants to reflect on what they have learned and how they can use it in their work or in their lives. If this was the second module of the day's training, include both the morning and afternoon modules in participants' reflections. Ask for remaining questions. If time allows, address them in this session; if not, post them in a “Parking Lot” list. Set the stage for the next module by noting the general topic and any logistical notes, such as date and time, as needed. (See the “Closing” for Module 1 as a guide.)

Activity 2.1 Introduction to Work Settings

1 hour & 20 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Describe some of the similarities and differences between the different settings for long-term care—home care, nursing homes, adult day facilities, assisted living (including personal care homes)—and for the consumer-directed model.

Describe the needs of consumers in those settings.

Explain the purpose of the service or care plan.

Explain the role of the direct-care worker to observe, record, and report changes in the consumer's condition, environment, and relationships.

Key Content

- Consumers of long-term care services are found in several settings—in their own homes (home care), in nursing homes, in personal care homes and assisted living centers, and in adult day facilities. In those settings, the direct-care worker is hired and supervised by an agency or facility. A different model of service delivery is consumer direction, in which the consumer does the hiring and supervision. This could happen in the consumer's home or in a personal care home.
- Although the principles of caregiving are virtually the same in all settings, each one has particular characteristics—the consumer and the worker have different titles in different settings; different services are provided in different settings; coordination between co-workers and supervisors is different in different settings; and the nature of the relationship between consumers and workers can be different in different settings.
- Service or care plans are vital in the job of a direct-care worker. The care plan is a document that specifically explains what the direct-care worker is expected to do to

assist the consumer. In home care, they are often the only basis for regular communication between a supervisor and a direct-care worker.

- Since the direct-care worker usually spends more time with the consumer than any other member of the care team, he or she is the “eyes and ears” of the care team. One of the direct-care worker’s most important responsibilities is to carefully observe any changes in the consumer’s condition or environment, write down their observations in clear and objective language (“record”), and pass that information on to the appropriate person (“report”). Recording and reporting may be different in different work settings, but the principles and the skills of observation are the same.

Activity Steps

Interactive Presentation—10 minutes

1. **Introduce the activity.** Review the “Learning Agenda” on the prepared flip chart.

Flip Chart

LEARNING AGENDA: MODULE 2
Work Settings, Teamwork, And
Professionalism

- Describe the different work settings for long-term care
- Explain the use of care plans
- Explain how to observe, record, and report
- Describe teamwork (4 C's and an R)
- List who is on the consumer's team

- 2. Set up small groups.** Review the first two bullets in “Key Content.” Post the prepared flip chart page with the five work settings (with assisted living and personal care homes as one setting). Split participants into five groups, and assign one of the settings to each group.

Flip Chart

LONG-TERM CARE
WORK SETTINGS

- Home care
- Nursing home
- Assisted living;
personal care home
- Adult day services
- Consumer direction

- 3. Give instructions.** Post the prepared flip chart page with group instructions. Explain that they will discuss the following questions and prepare to share their answers (and questions) with the rest of the group. Recommend that someone volunteer to take notes for their presentation, particularly their questions (4th bullet)—provide paper if needed. Explain that each group will work for about 10 minutes. Answer any questions they have about the instructions.

Flip Chart

WORK SETTINGS—
Share what you already know:

- Who are the consumers?
What type of care is provided?
- Do you know anyone who has worked in this setting? What was it like?
- Do you know anyone who has lived in this setting? What was it like?
- What else do you need to know before working there?

Teaching Tips

Having the group input at this point may seem odd, since they may not yet know much about the settings. However, it serves an important purpose that is fundamental to adult learner-centered training. Most people who decide to come for training as a direct-care worker have based their decision on what they have already heard about the work—either from friends or family, or their own experience doing this work in other places. They already have lots of ideas about what it will be like, and many of those ideas will be inaccurate. It is important to identify those ideas early in the training, correct any misconceptions, and affirm the correct information.

The instructor's time for presentation will be brief—about five minutes per work setting—but it will build on what participants already know, and it will address their immediate questions or misconceptions. Therefore, the focus of this activity is, primarily, to assess participants' awareness of and knowledge about the different work settings, and, secondarily, to begin to fill the knowledge gaps. The handouts will provide basic information about each

work setting, and you will continually add to the trainees' knowledge, especially in the modules that describe a consumer in each of these settings.

Small-Group Work—10 minutes

- 4. Begin small-group work.** Allow 10 minutes for groups to answer the questions on the flip chart.

Teaching Tips

Quickly visit each group to make sure participants understand their assignment. Since this is their first group work, you will want to keep checking on the groups to help them stay on task. Give them “time-checks” every two minutes prompting them to move on to the next question/bullet.

The discussion in each group will probably be dominated by one or two individuals. Remind the groups that the purpose of group work is to give everyone a chance to talk.

Large-Group Discussion—45 minutes

- 5. Facilitate reporting back to the large group.** Starting with the group that discussed home care, ask them to briefly share what they already know about home care and about the experiences of anyone they know who has worked in home care or been a home care consumer. Then ask what more they would want to know before working there.

Teaching Tip

Participants are usually reluctant to speak at length in the early stages of the training. At the same time, you may find that the stories about someone they know who was a consumer or a co-worker in each setting can get quite lengthy. To keep on time, the group reports should not be more than 3 minutes. Help the groups to focus on the key points: *Was it a positive or negative experience? What made it good? What made it bad?*

- 6. Give additional information.** Thank the group for their efforts. Then distribute and review **Handout 2.1: Understanding Home Care**. Note how the information fits with what they already know—or how it sounds different. Answer their questions about the work setting through the discussion of the handout, or provide additional information, if available. If their questions cannot be answered at this time, write them on a flip chart page called “Parking Lot,” to be answered during the training course.
- 7. Repeat this process for each group.** Listen to the report for each work setting and then distribute and discuss the handout. Spend about nine minutes per setting. Note that participants will be learning more about each setting in the modules that focus on individual consumers.

Interactive Presentation—15 minutes

- 8. Review the definition of ADLs.** Remind participants about the “activities of daily living” (ADLs) introduced in Module 1, and ask them to name all five. Note that each consumer has his or her own unique needs in terms of which ADLs he or she needs assistance with and what kind of assistance. In order to let direct-care workers know what they are expected to do—and, equally important, NOT do—all the work settings use some version of a service or care plan.
- 9. Distribute and review Handout 2.6: How to Read a Care Plan.** Explain that the care plan—sometimes called a service plan—is a form of communication from the agency to the direct-care worker, and that it assigns the tasks that the direct-care worker is expected to do. The care plan is initially created by a medical professional, who is responsible for managing the care for each consumer. The care plan does not get changed or written on by the direct-care worker. It is the first thing a direct-care worker should check when starting to work with a new consumer, to find out what specific tasks he or she needs to do with the consumer.
- 10. Give additional information.** Note that care plans may look different for different organizations or different work settings, but the information will be basically the same. In the later modules, participants will use care plans that have been filled out for the profiled consumer and will see how the care plan is an essential tool in guiding their work.

- 11. Make the connection with “observe, record, and report.”** Explain that, in the next activity, participants will learn about some of the other staff who work with consumers in different settings as part of a team. It is important to note now that *the direct-care worker usually spends more time with the consumer than any other member of the care team*. Thus, he or she is the “eyes and ears” of the care team. Direct-care workers are trained to identify and report potential problems so that the consumer can get medical attention or other assistance, if needed.
- 12. Post and review the prepared flip chart, “Observe, Record, and Report.”** Explain that one of the direct-care worker’s most important responsibilities is to carefully observe any changes in the consumer’s condition or environment. Ask participants to give examples of what kinds of changes they might observe.

Flip Chart

<p><u>OBSERVE, RECORD, REPORT</u></p> <p>OBSERVE:</p> <ul style="list-style-type: none">• Changes in consumer’s condition, environment, or relationships <p>RECORD:</p> <ul style="list-style-type: none">• Use clear, objective language• Use format provided by agency <p>REPORT:</p> <ul style="list-style-type: none">• To appropriate person for each work setting
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- 13. Distribute and review Handout 2.7: Observe, Record, and Report.** Note that trainees will be learning more about what to observe and how to record throughout this training.

Teaching Tip

On **Handout 2.7**, the answer for “Practice Being Objective” is “d.”

Activity 2.2 Teamwork and Team Building

50 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Describe the benefits of working as a team.

List positive behaviors that are helpful to teams.

Identify the members of the care team in various long-term care work settings.

Describe the role and explain the importance of the direct-care worker as a member of the team in person-centered care.

Key Content

- Wherever trainees provide care—whether in the consumer’s home, in a personal care/assisted living home setting, in adult day care, or in the nursing home—there is a group or “team” of individuals responsible for the consumer’s care.
- When a team works well together, it can provide far better, more comprehensive care to a consumer than individuals working separately. Elements of teamwork include good communication, cooperation, clarity, having a common goal, and respect for each other.
- Of all the team members, the direct-care worker is often the person who spends the most time with and becomes the closest to the consumer. The direct-care worker often knows the consumer’s likes and dislikes, personality or style, preferred ways of doing things, and the consumer’s background or life stories.
- Throughout this training, participants will be developing skills for working as members of a team. They will do this through the many small-group activities that emphasize learning from each other and working together to complete a task or achieve a common goal.

Activity Steps

Large-Group Exercise—10 minutes

- 1. Introduce the warm-up activity.** Explain that, regardless of the work setting, teamwork is essential in assisting and supporting long-term care consumers. To introduce the topic, participants will play a game called “Cooperative Squares,” that will help them to practice the process of team building. Divide participants into groups of 3; each group should have a flat surface (table or desk) to work on. Create some distance between the groups.
- 2. Set up the group exercise.** Explain that each group will get an envelope with cut-up pieces of paper that fit into a square. Post and review the prepared flip chart page with the instructions, “Cooperative Squares.”

Teaching Tip

During “Advance Preparation,” you already determined how many groups you will have. There will be one puzzle—or “square”—for each group. Replace the “X” on the flip chart page with the number of groups. It is important to note that the groups are not finished until all the squares, or puzzles, are completed.

Flip Chart

COOPERATIVE SQUARES

- The goal—Create “X” squares of equal size in 5 minutes.
- No verbal communication at all.
- Anyone can give a puzzle piece to any person.
- No one can take a puzzle piece from any person.

- 3. Distribute the materials and begin the activity.** Hand out the envelopes with the puzzle pieces to each group and say, “Go.”

Teaching Tips

The point of this exercise is that participants not only have to work within their small group to put their puzzle together, but they have to work with all the other groups to find their missing piece. Cooperation comes in when the groups realize that they have to give up their “odd” piece to another group in order to achieve the goal for the whole group.

Watch the behaviors of the small groups, noting how they initially work with each other and how long it takes them to move from their small groups and begin to work in a large group. Watch the dynamics of the large group as they help each other to complete all the squares. Make sure the activity remains non-verbal.

The trainees can get very frustrated during this game. It is important to watch for both the positive and negative behavior and help the trainees to process their experience after the game.

Large-Group Discussion—10 minutes

- 4. Lead a large-group discussion.** After all the squares have been completed—or after five minutes, whichever comes first—stop the activity and thank participants for their efforts. Then ask:

How did that game feel?

How did you finally accomplish your task?

How did it feel when you all came together finally?

What was frustrating about it?

- 5. Explain the significance of this exercise.** Acknowledge the behaviors that you observed—both “team-like” and not. Talk about how important cooperation and teamwork are, but acknowledge that they are not easy. Explain that in this field of work, people are expected to work together cooperatively for the benefit of the consumer.

6. Continue debriefing. Ask participants:

What did you learn about teamwork from this activity?

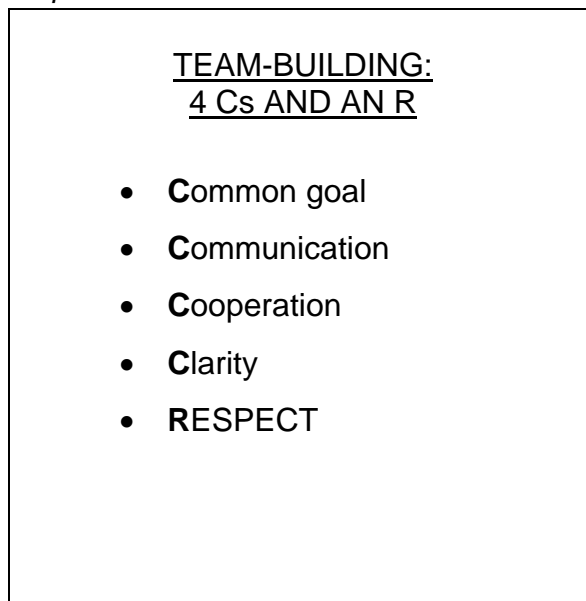
Teaching Tip

Responses should include:

- You need to communicate clearly and effectively to get the job done
- Group work is not easy—it takes effort and cooperation
- You must all know your goal and agree on it
- You must respect all members, and
- Everyone makes a difference in a well-functioning team

7. Summarize participants' comments. Then post and review the prepared flip chart page.²

Flip Chart



²Adapted from the Institute for Caregiver Education's 4Cs approach to team development.

Interactive Presentation—10 minutes

- 8. Discuss the purpose of the consumer’s team and who is on it.** Note that working on a team often involves having a common goal, something to work towards. Explain that in all the settings participants will learn about during this training there is a team in place. This team consists of several members with different roles, depending on the setting, and every team has one essential MVP (most valuable player)—the consumer. Ask participants:

What do you think is the common goal in providing long-term care services for an individual? [Responses may include: to keep the consumer as healthy as possible, to make the consumer happier, to help the consumer live independently, etc.]

- 9. List and define team-member job titles.** Post the two prepared flip chart pages for “Members of the Consumer’s Team.” Quickly review the list of workers, asking for input from participants about what some of the titles mean—e.g., occupational therapist, dietitian. (They will get a description of each position in **Handout 2.8: Members of the Consumer’s Team**. More detailed descriptions are provided for the instructor in the *Instructor’s Guide, Members of the Consumer’s Team*.)

Flip Chart

<p style="text-align: center;"><u>MEMBERS OF THE CONSUMER’S TEAM</u></p> <p><u>Direct contact</u></p> <p>Consumer</p> <p>Direct-care worker</p> <p>Nurse</p> <p>Doctor</p> <p>Social worker</p> <p>Recreational therapist</p> <p>Occupational therapist</p> <p>Physical therapist</p> <p>Speech therapist</p>

Chaplain or clergy
Van driver
The consumer's family

Flip Chart

MEMBERS OF
THE CONSUMER'S TEAM

No direct contact (usually)

Administrator
Dietitian
Food service worker
Pharmacist
Housekeeping staff
Maintenance workers

Small-Group Work—5 minutes

10. Set up small-group work. Ask participants to go into the same work-setting groups from Activity 2.1. Ask them to list all the people or positions who they think might be part of the consumer's "team" in their setting.

Large-Group Discussion—15 minutes

11. Facilitate reporting back to the large group. Ask each group to report their list. After each group reports, ask other participants if they have any additions or questions about that group's list. Correct as needed. Be sure that they include the consumer's family as appropriate.

12. Review the direct-care worker's role. Ask:

Which position do you think has the most contact with the consumer? [Answer: the direct-care worker!]

Explain the key role the direct-care worker plays for the consumer and the team, repeating the themes from “Observe, Record, and Report” about the importance of the direct-care worker’s observations.

13. Review the elements of an effective team. Summarize by explaining that each member of the team contributes to the overall quality of a consumer’s care. An effective team communicates with each other; respects each other’s talents, abilities and input; recognizes and appreciates the value of each team member’s efforts; encourages participation; and maintains focus on the goal. Such a team will succeed in supporting a person to live the highest-quality life possible. Further, direct-care workers will have key roles on their teams as the ones with the most familiarity with the consumer and the most awareness of the consumer’s needs and preferences.

14. Distribute Handout 2.8: Members of the Consumer’s Team. Tell participants to read it later and keep it in their binders.

Activity 2.3 Professionalism

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Define professionalism in direct-care work.

Explain the importance of timeliness and appearance in direct-care work.

Demonstrate how to effectively introduce themselves in a professional manner.

Key Content

- For many people, direct-care work is their first paid work experience. This module explores work readiness, timeliness, and professional demeanor so that participants feel better prepared for the work experience itself.
- “Professionalism” means working in a professional manner, or doing a good job at whatever one does. The way a worker looks, talks, and acts can show respect for the consumer and show pride in themselves and their work. Another aspect of professionalism is being on time and being ready to start work from the moment the worker arrives.

Activity Steps

Interactive Presentation—5 minutes

1. **Define professionalism.** Explain that professionalism may be an unfamiliar term. Ask what it means to participants. After a few responses, distribute **Handout 2.9: Professionalism: Doing a Good Job** and review.

Role Play and Large-Group Discussion—10 minutes

2. **Introduce the role play.** Explain that you will do a role play to give a focus for discussing what “professionalism” means and why it is important in direct care. In

this situation, you [the trainer] will play “Rose,” a new direct-care worker who is providing home care for “Mrs. Smith.” Ask for a volunteer to play “Mrs. Smith” — explain that “Mrs. Smith” sits in a chair the whole time and says nothing. Then set the scene by reading aloud:

Rose is going to the consumer’s house for the first time. The consumer’s name is Mrs. Smith. Rose has been assigned to work with her for two hours a day on Mondays, Wednesdays, and Fridays (from 8:00–10:00 am). Although this is her first day of work, and she’s thirty minutes late, Rose thinks she knows exactly what to do!

- 3. Conduct the role play.** Arrange chairs to set the “stage” for the role play (including the door that you open), get “Mrs. Smith” seated, put on your “uniform,” and begin the role play.

Teaching Tips

In this role play you want to convey that Rose is doing everything completely **WRONG**. Some ideas:

- Wear a raggedy shirt, or an overcoat inside out (make your appearance look haggard).
- When you get to the door, look at your watch and state loudly, “Well, they shouldn’t mind that I’m a half-hour late; it’s not like she’s going anywhere.”
- Open the door and walk in without waiting for the consumer to let you in.
- Without saying hello, start looking frantically for “the service plan,” saying loudly, “Where’s the service plan, where’s the service plan? I can’t do my job if I don’t have a service plan!”
- Take Mrs. Smith’s pulse without introducing yourself.
- Have your cell phone ring, and have it be your daughter calling for a ride to school.

- 4. Debrief the role play.** End the role play, and then ask participants:

How do you think Mrs. Smith might feel right now?

Do you think Rose acted professionally? Why or why not?

What might Rose have done differently to be more professional?

Small-Group Work—10 minutes

5. **Set up small-group work.** Explain that participants will now focus on four specific areas of professionalism—their appearance, being on time, being ready to work when they arrive, and taking care of home and personal issues so they are not distracted at work. Divide participants into four groups and give each group one of the prepared flip chart pages (below) and a marker. Ask each group to write down everything that comes to mind in their assigned area, with one person serving as the recorder for the group. Ask them to be prepared to report to the rest of the group.

What personal things should I take care of so I'm not distracted at work?

What should I do the day/night before to help me get there on time?

What should I wear?
What should I not wear?

What do I need to know so I'm ready to work when I get there?

Large-Group Exercise: Group Reports and Discussion—15 minutes

6. **Facilitate reporting back to the large group.** Ask each group's reporter to post his or her flip chart page and read it aloud to the large group. After each group's report, ask if anyone has questions, comments, or would like to add something to the list.

Teaching Tip

There may be some overlap between the group reports. For example, planning for childcare could be both a “personal thing to arrange for” and an item that falls under “what to do the day/night before.” If it is reported by both groups, simply note that both are correct.

- 7. Summarize the discussion.** Thank the groups for their work. Distribute **Handout 2.10: Getting Ready for Work**. Quickly review the points as a summary of the discussion, noting ideas that were not brought up in the group discussion. Note that all of the preparation steps are part of being professional. Although the preparation steps may change on different days or for different people, it is important to know what is involved in getting ready for a workday.
- 8. Distribute Handout 2.11: Work Schedule and Contact Information.** Discuss how to use this to organize for work.

Large-Group Discussion—10 minutes

- 9. Lead a discussion on elements of a professional introduction.** Note that, as the group discussed earlier, one thing Rose forgot to do when she got to Mrs. Smith’s house was to introduce herself. Ask participants:

When you introduce yourself to someone you are meeting in a work relationship, what information should you include? What is important to do/keep in mind?

- 10. Review key points.** After a few responses, distribute and review **Handout 2.12: Your First Meeting with a Consumer**.

Role Play and Large-Group Discussion—10 minutes

- 11. Introduce and conduct the next role play.** Explain that you will now “re-do” the role play with Rose and Mrs. Smith and show professionalism this time. Ask for another volunteer to be Mrs. Smith. Ask participants to call out what you should do this time to be professional. As they call out suggestions, act them out. Prompt participants to give you instructions in the right order (see Teaching Tips).

Teaching Tips

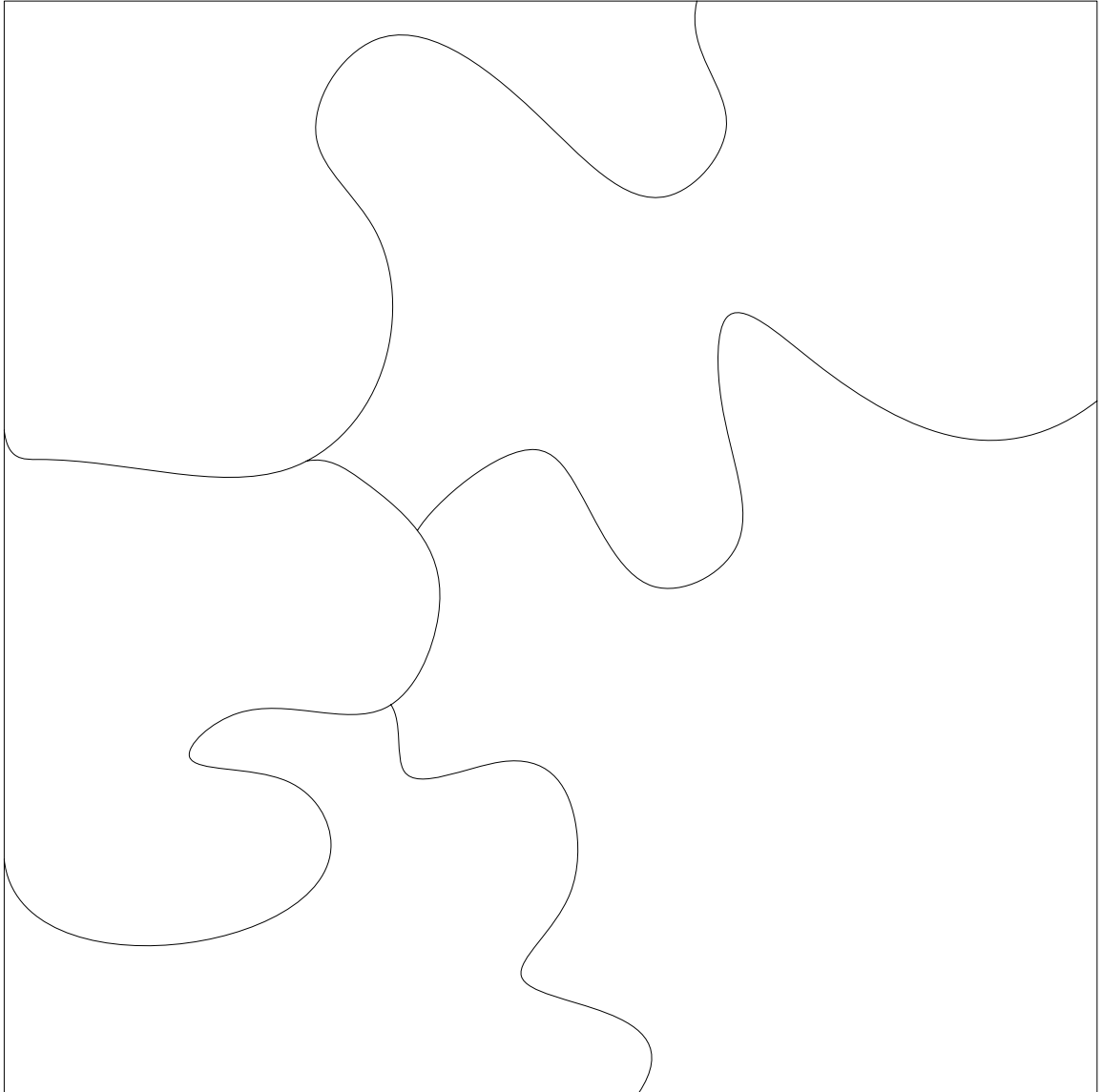
This time you want to demonstrate doing things RIGHT. Basic steps will include:

- Wear a uniform
- Wear a name tag
- Look at your watch and say, “I’m sure glad I took the early bus to get me here on time!”
- Say hello and introduce yourself. Mention your agency and your reason for being there. Ask if you are talking with Mrs. Smith.
- Wait for Mrs. Smith to invite you in.
- Ask where you can put your bag.
- Ask if you can use the bathroom to wash your hands before you get started.
- Ask Mrs. Smith where she keeps her care plan and if you can see it.
- Explain that you’d like to start by taking her pulse, if she doesn’t mind. Ask her where she would like you to do that and see that she makes herself comfortable.

12. Debrief the role play. To summarize this activity, review **Handout 2.9: Professionalism: Doing a Good Job** and ask participants why they think it is important in direct-care work.

Instructor's Guide, Activity 2.2 (Steps 2 and 3)

Cooperative Squares



Instructor's Guide, Activity 2.2 (Step 8)

Members of the Consumer's Team

Consumers—Consumers (and/or their representatives) are the most important members of the team! Consumers should be involved in making decisions about their care and be encouraged to express their feelings and desires. Due to cognitive impairments, sometimes consumers are limited in their ability to make decisions but all efforts should be made to include the consumer to the greatest extent possible.

Direct Contact

Direct-Care Workers—Personal Care Workers, Home Health Aides, and Certified Nursing Assistants—Direct-care workers (DCWs) spend more time with consumers than other members of the health care team; they are the “eyes and ears” of the team. Other team members will rely on the DCW to report changes in the consumer's condition or behavior.

Nurses—There are two kinds of nurses:

Registered Nurse (RN)—Registered nurses are licensed professionals responsible for providing skilled nursing care and developing care plans for consumers. The nurse assigns tasks and supervises the DCW's daily care of the consumer.

Licensed Practical Nurse (LPN)—Licensed practical nurses are licensed professionals who are usually in charge of giving medications and performing treatments. LPNs may also supervise DCWs under the supervision of an RN.

Doctors—Doctors (physicians) are licensed professionals who diagnose disease or disability and prescribe treatments. In home health care, the physician “prescribes” these services based on the consumer's medical condition.

Social Workers—Social workers are professionals who help consumers with complex social problems (relationships with others, family issues, financial problems, housing issues, etc.), provide counseling and emotional support, and may also make appointments and arrange services or transportation. In home health care, the social worker typically acts as the hospital ‘discharge planner’ and consults with the consumer about the range of medical and non-medical services required in the home.

The initial plan of care is completed by the social worker who contacts the licensed home health agency selected by the consumer.

Recreational Therapists—Recreational therapists provide social and recreational activities for the consumers. They work in nursing homes, adult day facilities, and assisted living centers.

Occupational Therapists (OTs)—Occupational therapists are licensed professionals who help consumers perform daily living tasks and adjust to their disabilities. OTs may work with consumers in all settings.

Physical Therapists (PTs)—Physical therapists are licensed professionals who administer therapy and exercise to muscles, bones, and joints to improve function. PTs may work with consumers in all settings.

Speech Therapists—Speech therapists are licensed professionals who help consumers speak when a physical disability has made it difficult.

Chaplains or Clergy—Chaplains address consumers' religious needs and provide emotional support.

Van Drivers—In some settings, especially consumer-directed and Adult Day Services, the van driver is a very important member of the team. The van driver can spend considerable time with consumers and may have good information about their physical capacities. The van driver also often interacts with the consumer's family or others that live with the consumer.

Consumer's Family—The consumer's family often contributes to the planning of the care as part of the team. When the consumer has significant cognitive, mental and/or physical limitations, a family member may be the designated "surrogate/representative" who makes decisions on the consumer's behalf.

Indirect Contact

Administrators—In a nursing facility, the administrator is legally responsible for the care that is provided and oversees all activities.

Dietitians—Dietitians are licensed professionals who create specific diets for consumers with special needs in order to help people learn to maintain or improve their health and to manage disease.

Food Service Personnel—Food service personnel prepare and deliver meals. In some nursing homes, food service workers also assist the consumer in eating meals.

Pharmacists—Pharmacists are licensed professionals who fill prescriptions and provide medications as ordered by the physician.

Housekeeping Personnel—Housekeeping personnel keep the environment clean and safe. In some nursing homes, housekeeping workers are encouraged to build relationships with consumers as they do their tasks.

Maintenance Workers—Maintenance personnel provide upkeep to the building and perform repair work.

Module 2. Work Settings, Teamwork, and Professionalism¹

Handouts

Activity 2.1: Introduction to Work Settings

Handout 2.1
Understanding Home Care

Handout 2.2
Understanding Nursing Homes

Handout 2.3
Understanding Adult Day Services

Handout 2.4
Understanding Personal Care Homes and Assisted Living

Handout 2.5
Understanding Consumer-Directed Care

Handout 2.6
How to Read a Care Plan

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Activity 2.2: Teamwork and Team Building

Handout 2.7

Observe, Record, and Report

Handout 2.8

Members of the Consumer's Team

Activity 2.3: Professionalism

Handout 2.9

Professionalism: Doing a Good Job

Handout 2.10

Getting Ready for Work

Handout 2.11

Work Schedule and Contact Information

Handout 2.12

Your First Meeting with a Consumer

Understanding Home Care

What is home care?

Home care means taking care of people in their homes. Usually the direct-care worker works for a home care agency. The agency assigns the worker to one or more consumers.

What are the workers called?

Workers in home care are called home attendants, home care attendants, home health aides, personal care attendants, personal care assistants, or direct support professionals.

Who are the consumers of home care?

The consumers may be people who are:

- Sick or hurt, but getting better
- Sick or disabled for the rest of their lives
- Elderly and needing assistance
- Dying

Why do consumers get home care?

Consumers get home care because:

- They want to stay at home.
- Their family and friends cannot give them all the care they need.

Understanding Home Care

What types of care do direct-care workers give in the home?

Direct-care workers may give:

- Comfort and companionship
- Assistance with activities of daily living
- Assistance with cleaning, shopping, and getting to appointments
- Health-related care (depending on their training)

What are the hours for direct-care workers in the home?

The work hours depend on the consumer's needs. Often the work is part time.

Understanding Nursing Homes

Handout 2.2

What is a nursing home?

A nursing home is a place where people can live and get a full range of services: health care, personal care, meals, and activities.

What are the workers called?

Workers in nursing homes are called nurse aides (sometimes “certified nurse aides” or CNAs) or nursing assistants.

Who lives in a nursing home?

People who live in a nursing home are called “residents.” There are two types:

- Short-term residents are there just until they are well enough to go back home.
- Long-term residents have moved in, with no plans to leave.

Why do residents enter a nursing home?

They need more care than they can get at home, but not enough to be in a hospital. They may be hurt, sick, or old.

What types of care do direct-care workers give in nursing homes?

Direct care workers may give:

- Comfort and companionship
- Assistance with activities of daily living
- Health-related care (depending on their training)

What are the hours for direct-care workers in nursing homes?

Most nursing homes have 3 shifts—day (7 to 3), evening (3 to 11), and night (11 to 7). Workers may be full time or part time. They usually take turns working on weekends and holidays.

Understanding Adult Day Services

Handout 2.3

What are adult day services?

Adult day services are social activities, health services, and personal care supports. These services are provided at a special place called an adult day center.

Staff make sure consumers are safe during the day when family caregivers are not home.

Who uses adult day services?

Consumers may be people who are:

- Old
- Sick
- Physically injured
- Brain injured

What types of care do direct-care workers give in adult day services?

Direct-care workers may give:

- Comfort and company
- Help with daily tasks
- Personal care

What are the hours for direct-care workers in adult day services?

Hours are usually day-time. They may be full time or part time.

Understanding Personal Care Homes and Assisted Living

Handout 2.4

What are personal care homes and assisted living?

Personal care homes and assisted living facilities are both places where people can live and get some services.

Who lives in a personal care home or assisted living facility?

Most residents:

- Can do most personal care and tasks of daily living by themselves
- Can get around by walking or using a cane
- Have had a big change in their health
- Lived at home until now
- Are old

What types of care do direct-care workers give in personal care homes and assisted living facilities?

Direct care workers may give:

- Assistance with cleaning
- Comfort and company
- Help with daily tasks
- Personal care

What are the hours for direct-care workers in personal care homes and assisted living?

There are usually shifts, like in nursing homes. Hours may be full time or part time.

Understanding Consumer-Directed Care

Handout 2.5

What is consumer-directed care?

In consumer-directed care, consumers live at home and are in charge of their own care. The consumer hires and supervises the direct-care worker either independently or through a support organization such as a Center for Independent Living (CIL).

Who are the consumers of consumer-directed care?

The consumers usually:

- Are able to manage their own care
- Are adults who have recently been disabled
- Are adults who have had a disability from birth
- Have trouble doing daily tasks

What types of support do direct-care workers give in consumer-directed care?

The types of support depend on the consumer. Consumers may ask you to assist with:

- Personal care
- Daily tasks
- Going to work, appointments, or community activities

What are the hours for direct-care workers in consumer-directed care?

The hours depend on the consumer.

How to Read a Care Plan

The care plan (or service plan) describes all the tasks that a direct-care worker is expected to do with the consumer. If a task is NOT on the care plan, the worker is not supposed to do it.

Care plans look different for different agencies and different work settings. Even so, all care plans should have the following information:

- The consumer's name (and in home care, the address)
- Signature of the consumer or someone representing them
- The agency providing care or services, the person who wrote the care plan, and that person's signature
- The type of worker that is required for each task
- The date that the plan was written and the date when care should start

How to Read a Care Plan

Types of tasks—including how often they should be done and any special instructions

- Personal care—e.g., bathing, dressing, using the toilet
- Activities or exercises—e.g., how to get around, transfers needed
- Care of the home and non-personal care—e.g., cleaning, shopping, going with consumer to appointments
- “Treatments”—health-related tasks—e.g., assisting in changing bandages, measuring food “input” and waste “output,” assisting with medications
- Food-related instructions—e.g., diet, meal preparation, or assisting with eating

Observe, Record, and Report

Direct-care workers spend more time with consumers than any other health care worker. That makes them the “eyes and ears” of the care team. Things that direct-care workers notice about consumers could improve—or even save—their lives!

Direct-care workers should keep notes of when they do the tasks that are listed on the care plan. They also should note what they observe while doing those tasks and while spending time with the consumer.

This important part of the worker’s job is called “Observe, Record, and Report”—or ORR, for short. These tips will help you to do this job well.

What should I observe?

- Changes in the consumer’s condition—physical, mental, emotional
- Changes in the environment, or setting, that could affect the consumer’s health
- Changes in relationships with family and friends that could affect the consumer’s health

Changes in the consumer’s condition—look for:

- Signs of physical discomfort
- Changes in what the consumer can do
- Changes in behavior
- Changes in physical appearance

Observe, Record, and Report

Changes in the consumer’s environment—look for:

- Potential safety hazards
- Health hazards

Changes in relationships with family and friends—look for:

- Family or friends who used to visit regularly and don’t anymore
- Family or friends who suddenly start visiting regularly

How do I “record” it?

Different agencies will have different forms that they want you to use for recording.

What should I write?

Be “objective.” That means, don’t try to figure out why something is happening—write only what you observe or what happens.

- Write only what you see
- Write only what you hear
- Write only what you do
- Date all of your observations
- Sign your name

Observe, Record, and Report

Practice being “objective.”

Mrs. Hernandez, your consumer, is very cranky today. She yells at you, and says, “Don’t ever come here again!” What should you write on your report?

- a) Mrs. Hernandez’s condition is getting worse.
- b) Mrs. Hernandez does not like me.
- c) Mrs. Hernandez was cranky today.
- d) Mrs. Hernandez yelled at me, and said I should not come back.

Who do I “report” my observations to?

It may be your supervisor, a service coordinator, or a nurse. Each agency will have different guidelines. They will tell you whom to report to when you start working.

Members of the Consumer's Team

Taking care of consumers is a team effort. The people who make up that team are different in different work settings. Here are descriptions of different types of workers that will be involved in different settings. Some people see and talk with the consumer (direct contact). Other people do not, but their work still affects the consumer (indirect contact).

Consumer

The consumer is the most important member of the team. In most cases, consumers say what they want and help plan their care. When consumers have trouble thinking, they cannot make many choices. But they should still be heard.

People with direct contact with the consumer

Direct-Care Worker

The direct-care worker spends more time with the consumer than any other member of the team. They keep an eye on the consumer. Other team members rely on direct-care workers to tell them about any changes they see.

Nurse

There are two kinds of nurses: RNs and LPNs.

- The Registered Nurse is called an RN for short. RNs offer the consumer skilled nursing care and make the care plan. They give direct-care workers tasks and supervise them.
- The Licensed Practical Nurse is called an LPN for short. The LPN is often in charge of treating consumers and giving them medicine, and may supervise direct-care workers.

Members of the Consumer's Team

Doctor

The doctor figures out what's wrong with the consumers' health. The doctor says what should be done to help them get better.

Social Worker

The social worker helps the consumer with issues like money, housing, and getting along with other people. The social worker may also talk with the consumer about feelings.

Recreational Therapist, or Rec Therapist for Short

The rec therapist offers the consumer fun things to do. This can include going to music programs, making crafts, or going on outings.

Occupational Therapist, or OT for Short

The OT assists the consumer to do daily tasks. The OT helps consumers work around their limitations.

Physical Therapist, or PT for Short

The PT assists the consumer to move their muscles, bones, and joints to make them work better.

Speech Therapist

The speech therapist assists the consumer to speak clearly.

Chaplains or Clergy

Chaplains or clergy gives consumers religious help and talk to them about life challenges.

Van Driver

The van driver takes consumers where they need to go. The driver may spend a lot of time with the consumer and his or her family.

The Consumer's Family

The consumer's family often helps plan and give the care.

Members of the Consumer's Team

People who may not have direct contact with the consumer, but whose jobs affect the consumer

Administrator

The administrator is in charge of the nursing home.

Dietitian

The dietitian plans what the consumer should eat and drink to be as healthy as possible.

Food Service Workers

Food service workers make and deliver meals. In some nursing homes, food service workers assist the consumer in eating meals also.

Pharmacist

The pharmacist provides the medicines ordered by the doctor.

Housekeeping Workers

Housekeeping workers keep the world around the consumer safe and clean. In some nursing homes, housekeeping workers are encouraged to build relationships with consumers as they do their tasks.

Maintenance Workers

Maintenance workers keep the building in good shape.

Professionalism: Doing a Good Job

Professionalism means working in a professional way, or always doing your best work.

As a professional, you show pride in yourself and your work. And you also show respect for the consumer.

- You show professionalism in the ways you look, talk, and act;
AND
- By being on time and ready to start work from the moment you arrive.

Getting Ready for Work

Getting Ready for Work

Here are some important things to remember about being prepared to do your best work:

What things could I wear?

- Wear clean clothes.
- Wear clothes and shoes that are easy and safe to work in.
- Wear a name badge that is easy to see and read.
- Follow the rules of your agency (e.g., uniforms might be required, white clothes or shoes, etc.)

What things should I not wear?

- Do not wear clothes that are too tight or show too much skin.
- Do not wear something that you mind getting dirty.
- Do not wear clothes with holes or wrinkles.
- Do not wear large earrings, rings and bracelets

What should I do the day or night before to help me get to work on time?

- Check the weather for the next day.
- Plan what to wear. Iron your clothes, if needed.
- Pack the things you will need.
- Make sure there is gas in the car, or you have money for the bus or train.
- Take the route to work, to see how long it takes.
- Set your alarm clock.

Getting Ready for Work

What do I need to know so I'm ready to work when I get there?

- Your schedule—days and times
- Where you need to go and how to get there
- What to do if you will be late
- The name of your consumer
- The name and contact number of your supervisor
- Who you are supposed to see when you get to work (in addition to the consumer, if anyone)
- What kinds of assistance you will be providing

Personal things to take care of so I'm not distracted at work:

- Plan child care, if needed. Have a back-up plan.
- Let people know they can't reach you when you're at work, except for emergencies.
- Don't answer your cell phone at work, unless it's an emergency.
- Reschedule any appointments that conflict with work time.
- Get a good night's sleep.

Work Schedule and Contact Information

Here is the kind of information that you will need to keep track of your schedule. The contact information will be useful to you. You may also want to give it to your children's school or day-care providers, in case of emergency.

Start Date
Days of the Week (that I work)
Hours

Work Address
Name of my contact person at work
Number where I can be reached in family emergencies

Things I need to bring with me:

Other notes:

Your First Meeting with a Consumer

Your first meeting with a consumer is important for establishing a good working relationship. Here are some important things to remember.

- Introduce yourself—use your first and last name.
- Always wear a name badge in plain view and with large print.
- Refer to the consumer as “Mr./Mrs. Smith” unless they request that you call them by their first name or nickname. Do not use slang terms such as “sweetie” or “dear.”
- Use a friendly tone of voice. But also stay focused on your job—this will help show your professionalism.
- Get the consumer’s permission before beginning a task. Explain what you are going to do.

Special tips for home care:

- Say what agency you are from and why you are there. If you are greeted at the door by a family member, introduce yourself to the family member and then repeat your introduction when you meet the consumer.
- Wait to be invited into the home. Wait to be invited to sit and talk.
- Ask for permission to use the bathroom to wash your hands.