

Providing Personal Care Services to Elders and People with Disabilities¹

Module 9. Supporting Consumers at Home

Goal

The goals of this module are to:

- Introduce the unique characteristics of person-centered care in the home and the skills and knowledge required to meet consumer needs in this environment.
- Practice communication skills in the context of caring for a consumer who is from a different culture or background than the direct-care worker.

Time

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

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SECTION C. PERSON-CENTERED CARE
Module 9. Supporting Consumers at Home

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
9.1 Introduction to a Consumer Living at Home	Interactive presentation, pairs work, and large-group discussion	40 minutes
9.2 Care of the Home	Interactive presentation and pairs exercise	30 minutes
<i>Break</i>		<i>10 minutes</i>
9.3 General Safety and Emergency Procedures in the Consumer's Home	Large-group exercise, brainstorming, interactive presentation, role play, and large-group discussion	1 hour
9.4 Assisting with Self-Administered Medications; Caring for Eyeglasses, Hearing Aids, and Prostheses	Interactive presentation, pairs exercise, and demonstration	50 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Supplies needed for care of the home—e.g., broom, whisk broom, dustpan, scrub brush, rags, mop, cleanser or soap, baking soda
- Samples of different types of medications, both prescription and over-the-counter
- Samples of personal appliances—glasses, hearing aids, orthotics, prostheses
- Small prizes such as candy, erasers, stars
- *Instructor's Guide, Activity 9.1: "Mrs. Carmen Garcia"*

Handouts

- Handout 9.1: Understanding Mrs. Carmen Garcia
- Handout 9.2: Sample Care Plan for Mrs. Garcia, Home Care
- Handout 9.3: Tips for Care of the Home

- Handout 9.4: Tips for Cleaning Each Room
- Handout 9.5: What Is Not Safe Here?
- Handout 9.6: Keeping Mrs. Garcia's Home Safe
- Handout 9.7: Safety Checklist for Fires
- Handout 9.8: What to Do in an Emergency
- Handout 9.9: 8 Kinds of Medicine
- Handout 9.10: Assisting Mrs. Garcia to Take Her Medicines
- Handout 9.11: 2 Ways to Remember
- Handout 9.12: Reading Prescription Labels
- Handout 9.13: Reading Prescription Labels: Shortcuts
- Handout 9.14: Reading Labels on Over-the-Counter Medicines
- Handout 9.15: Assisting Consumers with Taking Medicines: What to Do and What Not to Do
- Handout 9.16: Assisting Consumers with Eyeglasses, Contact Lenses, and Hearing Aids
- Handout 9.17: Assisting a Consumer with an Artificial Body Part

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants. For **Handout 9.2: Sample Care Plan for Mrs. Garcia, Home Care**, prior to copying, check off the boxes that apply to Mrs. Garcia (house cleaning and assisting with medications).

Gather all necessary supplies and equipment.

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 9.1 Introduction to a Consumer Living at Home

Prepare the following flip chart pages:

- “Learning Agenda: Module 9” (Step 2)
- “Observe, Record, and Report” (Step 10)

Activity 9.2 Care of the Home

Gather cleaning equipment and supplies to be displayed at the front of the room.

Prepare the following flip chart pages:

- “Why is housekeeping important in home care?” (Step 1)
- “Why is a clean and neat home important?” (Step 2)
- “How is cleaning a consumer’s home different from cleaning your own home?” (Step 2)
- “Guidelines for Time Management” (Step 4)
- “Tips for Time Management” (Step 4)
- “Tips for Using Electrical Equipment” (Step 6)

Prepare four flip chart pages with two headings each from **Handout 9.4: Tips for Cleaning Each Room** (Step 7).

Write each bullet item from **Handout 9.4** on an index card.

Activity 9.3 General Safety and Emergency Procedures in the Consumer’s Home

Prepare a flip chart page with the title, “Types of Accidents” (Step 5).

Activity 9.4 Assisting with Self-Administered Medications; Caring for Eyeglasses, Hearing Aids, and Prostheses

Prepare the following flip chart pages:

- “Types of Medications” (Step 2)
- “How Can the Direct-Care Worker Assist the Consumer with Meds?” (Step 3)
- “The Five Rights” (Step 5)
- Sample prescription label shown in **Handout 9.12** (Step 6)
- “Prescription Abbreviations” (Step 7)
- “Over-the-Counter Medicines” (Step 8)
- “Do” and “Do Not” (2 pages, Step 9)

Gather samples of various types of medications (empty) to pass around the classroom. Prepare for the demonstration by filling an empty liquid medication bottle (e.g., cough syrup) with water, and getting a calibrated medication cup.

Print each bullet from the “Do” list and the “Do not” list (from **Handout 9.15**) on a half-sheet of 8 ½" x 11" colored (pale) construction paper or on a large index card (one item per sheet or card). Make sure you do NOT label the item as “Do” or “Do Not.” Laminate, if possible, so they can be reused in multiple workshops.

Display samples of hearing aids, prostheses (if available), and contact lens equipment.

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 9.1 Introduction to a Consumer Living at Home

40 minutes

Learning Outcomes

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

Demonstrate the use of listening skills to learn about a new consumer.

Identify differences and similarities with a consumer from a different background.

Describe some of the unique aspects of working in the consumer's home.

Explain how to use the care plan in home care.

Identify what to observe, record, and report for this consumer.

Key Content

- Direct-care workers provide care and support to people with diverse backgrounds. The care and support provided must transcend any kind of barriers that exist because of cultural or other differences between a worker and a consumer. This module gives participants a chance to apply what they learned from Module 7, “Respecting Differences,” to a specific consumer.
- When assisting consumers who live at home, the direct-care worker is supporting the consumer to live independently. The worker may be involved in a variety of assistance tasks—from housekeeping to meal preparation to general safety and emergency preparedness. Regardless of the task, it is important for the worker to encourage consumers to do as much as possible on their own. It is also important to use communication skills to assess how a consumer wants to be assisted.
- When the consumer receives care through an agency, the care plan is developed by a nurse (or other agency staff) with the consumer. This is the main tool of

communicating to the direct-care worker what he or she is expected to do to assist the consumer. Thus, it is the first thing that a worker looks for when he or she comes into the home.

- The care plan also guides the worker to focus on particular areas to observe, record, and report (ORR). In addition, the general rule for ORR applies to home care—to become familiar with what is normal for the consumer, and then to observe, record, and report any changes from normal.

Activity Steps

Interactive Presentation—10 minutes

- 1. Introduce the module.** Explain that this curriculum uses stories (or profiles) about fictional consumers to illustrate the needs of consumers in different long-term care settings. Each is told from the consumer’s own perspective, to help participants better understand the person, his or her situation, and needs. The goal of using these stories is to help participants apply their learning to “real” people and learn important communication skills that will help them build relationships. Explain that this module will introduce participants to the first consumer, Mrs. Carmen Garcia, who speaks Spanish and just a little English and lives at home.

Teaching Tip

“Carmen Garcia” is from the Dominican Republic, living in Philadelphia. If this background is not very different from that of most of the participants, or if particular details do not make sense for the area where you are training, create a different profile that will present more cultural differences or be more appropriate.

- 2. Review the learning agenda.** Post the flip chart page with the topics to be covered in Module 9, which focuses on Carmen Garcia. Note that this module will give participants a chance to apply what they learned in Module 7, “Respecting Differences,” as well as other knowledge, attitudes, and skills already covered in this training. Note that some of what they learn in this module will be applied in other work settings as well.

Flip Chart

LEARNING AGENDA: MODULE 9
Supporting Consumers at Home

- Respecting differences
- Care of the home
- General safety and emergency procedures
- Assisting consumers to take their own medicines
- Assisting consumers to care for glasses, hearing aids, and other devices

- 3. Introduce this activity.** Explain that you are going to read aloud Mrs. Carmen Garcia’s story. Tell participants this is a good chance to practice their listening skills. Ask them to imagine, while they are listening, that they are meeting Mrs. Garcia for the first time—picturing the look on her face and tone of her voice and the environment in which she lives. After that, participants will be talking with each other about working with someone from a different culture—i.e., Carmen Garcia—and working in her home.
- 4. Read the consumer profile out loud to participants.** Read the *Instructor’s Guide, Activity 9.1: Mrs. Carmen Garcia* (page 9.12) out loud to participants.

Teaching Tip

Do not distribute the *Instructor’s Guide* for “Mrs. Carmen Garcia” as a handout. It is more realistic for participants to *hear* a consumer’s story than to read it. Also, they will be developing their listening skills to be better able to learn what they need to know from listening to consumers.

Pairs Work—10 minutes

- 5. Set up pairs work.** Ask participants to form pairs. Distribute **Handout 9.1: Understanding Mrs. Carmen Garcia** and ask each pair to answer the questions on the handout. One of them can make notes on his or her handout to share with the large group afterwards. Ask them to be brief because they have only 10 minutes. Participants already discussed their cultural backgrounds in Module 7, “Respecting Differences,” so they should focus here on the specific differences and similarities with Carmen’s culture.

Teaching Tip

Give a “time-check” after five minutes so they make sure they get through all five questions.

Large-Group Discussion—15 minutes

- 6. Facilitate reporting back to the large group.** Ask each group to share their answers for the first question, not repeating but building on what has already been stated by a previous group. Write their responses on a flip chart page.

Flip Chart

<p><u>WHAT DO YOU REMEMBER ABOUT</u> <u>MRS. CARMEN GARCIA?</u></p>

- 7. Continue discussion for each question.** Ask participants to share their answers for Questions 2–5, but do not record them on flip chart pages. Allow for brief discussion of Questions 4 and 5, focusing on concrete strategies for coping with differences between the consumer and the worker, including language.

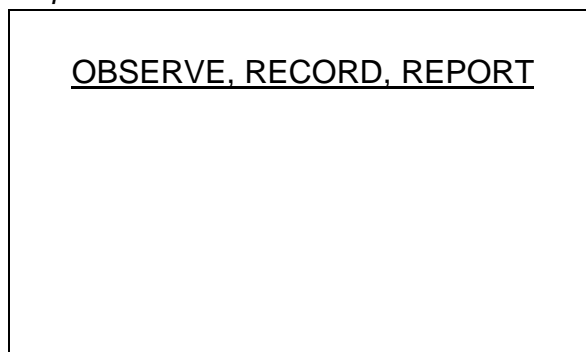
Interactive Presentation—5 minutes

8. **Introduce and discuss the care plan.** Note that, as a home care consumer, Carmen will have a care plan that the direct-care worker must follow. Distribute **Handout 9.2: Sample Care Plan for Carmen Garcia, Home Care** and ask participants to identify what tasks they are expected to carry out with Carmen (see Advance Preparation).
9. **Emphasize the person-centered aspect of care plans.** Remind participants that the care plan specifies *what* they are supposed to do. The principle of person-directed care means that, as much as possible, we respect the consumer’s preferences in *how* their care is provided.
10. **Lead ORR skills practice.** Post the prepared flip chart page—Observe, Record, and Report (ORR). Ask participants:

From what you know so far, what would you need to observe, record, and report for Mrs. Garcia?

Note their answers on the flip chart page. Explain that, every so often throughout the activities, you will stop and ask participants what they need to observe, record, and/or report, based on what they have learned so far. Their ideas will be listed on the flip chart page, as reminders throughout the training. Remind them of the basic principle of ORR—that they should become familiar with what is normal for Mrs. Garcia and observe, record, and report changes from normal.

Flip Chart



11. Wrap up the activity. Thank participants for their listening and sharing. Ask them to keep Carmen and her needs in mind as they learn about the aspects of home care that are involved in her care plan.

Instructor's Guide, Activity 9.1: Mrs. Carmen Garcia

(translated from Spanish) You can call me Carmen. I was born in Santo Domingo. I moved to the United States with my husband, Hector, and my children when I was 20 years old. Ever since we came here, we lived in places where everybody spoke Spanish, so I never had to learn English. Sometimes I wish I had, because now I need help and not everyone speaks Spanish.

Hector and I had four children, two boys and two girls. Hector always had a job but he never made much money. I used to take care of children in my home, and sometimes I took care of sick people in their homes. Now I need someone to take care of me.

Hector died 15 years ago and I still miss him. One of my daughters still lives nearby. When she was younger, her children were here a lot. She was working, always working. I think my grandchildren saw more of me and Hector than they did their own mother! Now the grandchildren are having children. I still see some of them, but everyone is so busy now, and the little ones—all they can think about is the TV, and the music, and the video games. I love them and it's nice to see them, but I don't have the energy for them that I used to.

The past few years have been hard. First, I fell and broke my arm. Then I had a stroke and didn't walk so good after that. My daughter says she can't be here as much as I need her—and the others live so far away—so now I have people like you come into my house to help me, just like I used to do. I guess it is good because I want to stay in my own home as long as I can. I need help keeping the place clean. Also, I need to take these medicines I get from the doctor—there are so many and I can't keep them straight! There's one that's twice a day, and two that are once a day. My daughter understands it but I don't.

So here you are. It's hard for me to get around like I used to but I don't know what I'd do without my church and visiting my friends. My daughter gets nervous when I go out so she bought me this walker thing. I really don't like it but I have to get used to it or she will be upset with me. Besides, I know she loves me and only wants to be sure I don't hurt myself again.

Activity 9.2 Care of the Home

30 minutes

Learning Outcomes

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

List reasons why a clean, orderly home is beneficial to home care consumers.

Describe three ways in which housekeeping in home care differs from the housekeeping you do in your own home.

Key Content

- Helping consumers to take care of the home encourages self-sufficiency and independence for consumers. By helping the consumer and family to maintain a safe and healthy home environment, the worker enables the consumer to live at home longer.
- A clean and orderly home helps to prevent infection and avoid accidents. It also provides a more comfortable and pleasant home environment for consumers.
- Housekeeping in the consumer's home is different from housekeeping in one's own home. The direct-care worker needs to respect the consumer's way of living and arranging personal belongings.
- Good body mechanics and time management are important in care of the home, as well as in personal care.

Activity Steps

Interactive Presentation—20 minutes

- 1. Facilitate a large-group discussion.** Explain that, as with any other service you provide for consumers in home care, the direct-care worker's role in housekeeping is to help the consumer and family to take care of their own home as much as possible. Ask participants:

Why is housekeeping an important part of home care?

After a brief discussion, post the prepared flip chart page and summarize. Note that these reasons apply to elder consumers and younger consumers with physical disabilities, as well as people of any age coming home after being in the hospital. (Inform participants that they will be getting handouts with this information, so you would like them to listen and participate in the discussion.)

Flip Chart

Why is housekeeping important in home care?

- Supports the consumer's independence, so they can stay in the home longer (or return sooner after an illness)
- Makes the home environment safer and healthier for consumers

2. Invite participants to share their thoughts. Ask the following questions.

Why is it important to keep the home clean and orderly (neat)?

How does cleaning in your home differ from cleaning in a consumer's home?

After some discussion, post and review the flip chart page for each question as a way of summarizing the discussion.

Flip Chart

Why is a clean and neat home important?

- Control bacteria
- Control insects and other pests
- Contribute to orderly living
- Reduce accidents
- Lift the spirit
- Make people more comfortable and relaxed

Flip Chart

How is cleaning a consumer's home different from cleaning your own home?

- Different ideas about what "clean" is
- Consumers may resent someone else doing their "jobs"
- Different cleaning supplies and equipment
- Different routines
- Different idea of where things "belong"
- Consumer may have allergies to some cleaning products

3. Continue the discussion. Ask participants:

Where do you start cleaning in a consumer's home?

[Response: Where the consumer spends most of his/her time.]

Why are proper body mechanics important in housekeeping?

[Response: Using proper body mechanics saves energy and avoids injury in housekeeping, as well as in personal care. This is especially important when lifting or moving objects.]

- 4. Introduce “Time Management.”** Note that fitting housekeeping into the other tasks a worker needs to do with a consumer can be challenging. Time management involves planning one’s time and organizing jobs. Ask participants:

How do you save time when doing your own housekeeping?

After a few responses, post and review the two flip chart pages on “Time Management.”

Flip Chart

**GUIDELINES FOR TIME
MANAGEMENT**

- Follow the care plan
- Have the consumer help you whenever possible
- Remember your time for housekeeping is limited.

Flip Chart

TIPS FOR TIME MANAGEMENT

- Make a plan
- Break a large job into smaller tasks
- Keep end-time in view and revise plan as needed
- Do two things at once
- Combine tasks that can be handled in the same place

- 5. Lead a discussion on cleaning supplies and equipment.** Point out the supplies and equipment you have gathered in the room. Ask participants:

How would you use these in the consumer's home?

[This may seem obvious, but may generate some interest when you get to the baking soda.]

- 6. Review key points about using electrical equipment.** Post and review the flip chart page on “Tips for Using Electrical Equipment.”

Flip Chart

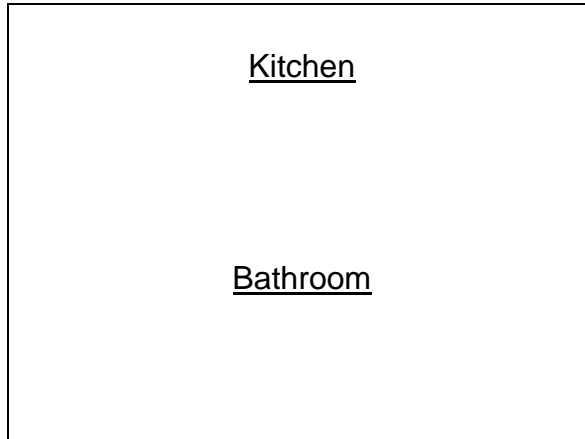
Tips for Using Electrical Equipment:

- Don't put in water!
- Don't plug too many things into one outlet!
- Keep equipment clean and dry
- Unplug before cleaning
- Never poke with metal objects
- Never use an appliance with a frayed cord
- Never use near the sink or bathtub

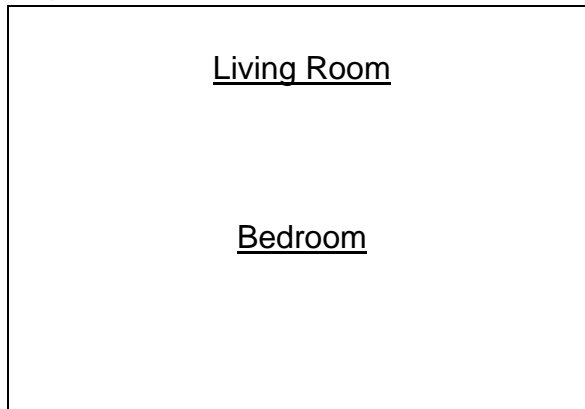
Pairs Exercise—10 minutes

- 7. Set up pairs exercise.** Post the four prepared flip chart pages as shown below. Make sure tape is near each sheet.

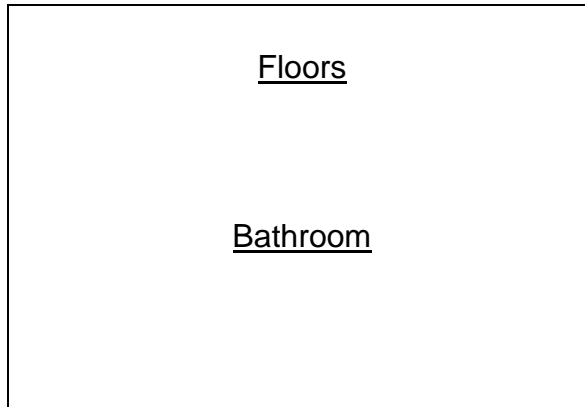
Flip Chart



Flip Chart



Flip Chart



Flip Chart



8. **Give instructions.** Ask participants to form pairs (or groups of three, if you have 15 or more participants). Point to the different flip chart pages around the room, and read the headings. Explain that each one is a part of the house or a task that is involved in caring for Mrs. Garcia’s home. Explain that they will get housekeeping tips on cards, and their task is to decide which area of the house or which task their tip fits best. Once they decide that, they will go and tape the card to that flip chart page.
9. **Distribute materials and conduct the exercise.** Pass out the index cards with the “tips,” at least two cards to each pair or group (see Advance Preparation). Note that some tips could apply to more than one room or task—participants should just choose the area of the house where it is most useful and post it there.
10. **Facilitate a large-group discussion.** After participants have placed all their cards, review the tips on each of the flip chart pages, discussing and moving cards as necessary.

Teaching Tip

Since some of the tips do apply to more than one area, they do not have to be posted exactly as shown in the handout. If participants have put the card with a different area than is shown on the handout, but it still applies to that area, just note the other area where it could also apply.

11. Wrap up the activity. Ask:

Did you learn anything new in this discussion about care of the home?

What is one way you can use what we discussed?

What would you add to the ORR flip chart page?

12. Distribute Handout 9.3: Tips for Care of the Home and Handout 9.4: Tips for Cleaning Each Room.

Activity 9.3 General Safety and Emergency Procedures in the Consumer's Home

1 hour

Learning Outcomes

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

Observe and document key information about safety in the home environment.

Describe procedures for fire and medical emergencies.

Key Content

- As adults, participants have already learned a lot about safety in the home—and they do not need to look far to find additional warnings about what to do or not do (e.g., plastic wraps, hair dryers, heavy equipment). In the next activities, participants will review what they already know and will learn some new information and “how-to’s” about common equipment found in health care.
- The question, “Is it safe?” should constantly be in the minds of workers assisting the consumer. Safety extends to the consumer, family members, and the worker.
- Using a safety checklist can help create a safer work and living environment. It is essential that workers discuss any risks they observe with consumers *before* making any changes. Direct-care workers may wish to share the safety checklist with consumers early on.
- Direct-care workers may find themselves in situations that will require them to be knowledgeable and responsible during an emergency situation. It is important to know how to help the consumer exit the home safely and how to respond to medical emergencies.

Activity Steps

Large-Group Exercise²—5 minutes

1. **Set up the exercise.** Begin this topic area by distributing, face down, **Handout 9.5: What is Not Safe Here?** Tell participants to keep it face down until you give them the instructions.
2. **Give instructions:** Say:

On the other side of the paper is a picture of a living room. Find six unsafe things in the room and write them on the paper. The first person to find AND write down the six unsafe things in the room wins a prize. Once you have finished, hold your paper in the air and shout “safe!”

3. **Conduct the exercise.** Once participants are clear about the instructions, ask them to begin by flipping the paper over. Once you have a winner(s), give the rest a few seconds to finish up.
4. **Have the “winner” share his or her answers.** Ask the first person who shouted “safe” to share what she or he wrote. Award a prize if all the answers are correct.

Teaching Tip

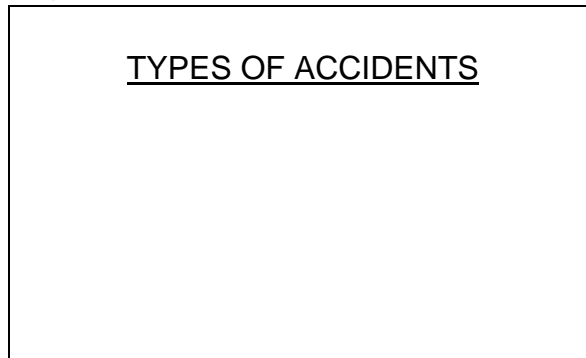
Answers: 1) Cord under the rug, 2) rug is loose, 3) candle near the curtain, 4) someone could trip on the lamp cord, 5) popcorn could bring unwanted “visitors” —mice, rats, cockroaches— and 6) someone could trip on the shoes.

Brainstorming—10 minutes

5. **Facilitate brainstorming.** Next, ask participants to list all the various types of accidents that can occur in any home. Write their responses on flip chart paper. [Some examples include: falls, slips, choking, cuts, burns, electrocution, poisoning.]

² This activity is adapted from “Competence with Compassion: Universal Core Curriculum—Entry-Level Training for Direct-Care Workers in Long-Term Care.” Better Jobs Better Care—PA, A Division of the Center for Advocacy for the Rights and Interests of the Elderly (CARIE). Philadelphia, PA, March 2007.

Flip Chart



6. Continue the discussion. Ask:

What could the direct-care worker do to minimize or eliminate the risk of each of these types of accidents in the home?

Affirm all appropriate responses. To save time, do NOT write answers on the flip chart page—participants will get this information in a handout.

Interactive Presentation—15 minutes

- 7. Discuss the safety checklist.** Distribute and review **Handout 9.6: Keeping Mrs. Garcia’s Home Safe**. Explain that this checklist will help create a safer work and living environment. It is essential that the worker discuss any risks she or he observes with the consumer before making any changes. Direct-care workers may wish to share this checklist with consumers, too. Note that this list is only a guide and all things on it may not be applicable to a particular consumer’s home.

Teaching Tip

If time permits, review the list by doing a go-round, asking for each item, “What type of accident could this prevent?”

- 8. Discuss the balance between safety and consumer needs/preferences.** Reinforce with the participants that the question, “Is it safe?” should constantly be in the minds of workers assisting the consumer. Safety extends to the consumer, family members,

and the worker. However, the consumer will arrange various household items or furniture according to his or her needs and it is important for the direct-care worker to honor the consumer's decision about where things go, discussing safety concerns if they arise.

Role Play and Large-Group Discussion—10 minutes

- 9. Set up and conduct the role play.** Ask for a volunteer to help in a role play. Ask participants to imagine that the room in “What’s Unsafe about this Room?” is in Carmen’s house. Ask the volunteer to play the role of the direct-care worker, while you play the role of Carmen. The direct-care worker has identified some safety problems from using the checklist and is trying to explain to Carmen why they need to make some changes in the room arrangement. (Example: Carmen’s favorite chair for reading has a lamp next to it with a cord that runs under the throw rug and is easy to trip over.)
- 10. Debrief in the large group.** In the large group, discuss what the “direct-care worker” did well—both in terms of using communication skills effectively and in terms of pointing out the relevant risks to Carmen—and what he or she could do better.

Interactive Presentation—20 minutes

- 11. Invite participants’ to share fire safety tips.** Ask participants to think about their own homes and what kinds of precautions they take against fire. Write their responses on a flip chart page.

Teaching Tip

Some responses may include:

- Fire extinguisher easy to find
- Fire ladder for upstairs windows
- Smoke detector with working batteries
- Carbon monoxide detector
- Fire Department number by telephone
- Cigarette smoking outside only

- 12. Review fire safety precautions for consumers' homes.** Emphasize that the same precautions should be employed in a consumer's home as in their own homes. Explain to participants that they should make sure that a consumer's home has a smoke detector and a carbon monoxide detector with working batteries, fire extinguisher, and easily identifiable exits. Participants should talk to a consumer who does not follow these precautions. If a consumer does not want to follow these basic safety measures, the direct-care worker should report this as part of ORR, unless there is an immediate risk involved—in which case they should report to their supervisor right away. Distribute **Handout 9.7: Safety Checklist for Fires**.
- 13. Lead a discussion on emergency fire response.** Ask participants what they would do first if they smelled smoke or saw fire in the consumer's home. After discussing a few responses, distribute **Handout 9.8: What to Do in an Emergency**, and review the guidelines for helping a consumer to exit the home.
- 14. Continue to discuss of emergency protocols.** Ask participants:

What would be called a "medical emergency?"

After a few responses, explain that medical emergencies can result from sudden illness or accidents. Heart attacks, stroke, diabetic emergencies, choking, automobile accidents, and gunshot wounds are all medical emergencies. Falls, burns, and cuts can also be emergencies when they are severe. Review the guidelines regarding medical emergencies from **Handout 9.8: What to Do in an Emergency**. As time permits, ask participants what experience they have had with emergencies like these.

Activity 9.4 Assisting with Self-Administered Medications; Caring for Eyeglasses, Hearing Aids, and Prostheses

50 minutes

Learning Outcomes

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

Explain why direct-care workers must assist consumers to take medications, rather than give (i.e., administer) the medications themselves.

Describe what direct-care workers can do to assist consumers in taking their own medications and what they should not do.

List the “Five Rights” and demonstrate how to make sure they are correctly followed.

Define common abbreviations on prescription labels.

Identify various types of personal appliances for eyesight and hearing.

Explain what a prosthesis is.

Describe how to help consumers care for eyeglasses, contact lenses, hearing aids, and prostheses.

Key Content

- Medications can be very helpful in relieving discomfort and curing or even preventing disease. However, the same medication that can be helpful in one circumstance can also be harmful if taken by the wrong person, in the wrong amount, or at the wrong time. Thus, direct-care workers can play a very important role in helping consumers to ensure that they are getting the right medication and are taking

it the right way. But they must also ensure that the consumer is the one who actually gives him- or herself the medication and takes full responsibility for whatever effect it may have.

- The direct-care worker can assist the consumer by bringing the medication container to him or her and helping to open it, reading the label and confirming the “Five Rights,” checking for the expiration date of the medication, providing water or other appropriate means to help take the medication, positioning the consumer to be able to take the medication, documenting all medications that are used, and putting away any equipment involved.
- The direct-care worker can help the consumer by checking for the “Five Rights”—the right person is getting the right medication at the right time in the right dose and by way of the right route.
- Eyeglasses and hearing aids are common assistive devices for consumers and are often essential to the consumer’s safety and quality of life. Direct-care workers can assist consumers to take care of these everyday but vital appliances.
- A prosthesis is a mechanical device that replaces a part of the body that has been surgically removed. This may have been due to illness (such as diabetes), injury, or conditions from birth. Such devices are fitted by medical personnel and the consumer is instructed in how to take off, put on, and clean the device. The direct-care worker’s role is to help the consumer to carry out those tasks, as needed.

Activity Steps

Interactive Presentation—20 minutes

1. Introduce the topic. Ask participants:

What is the purpose of medications?

How can medications hurt us as well as help us?

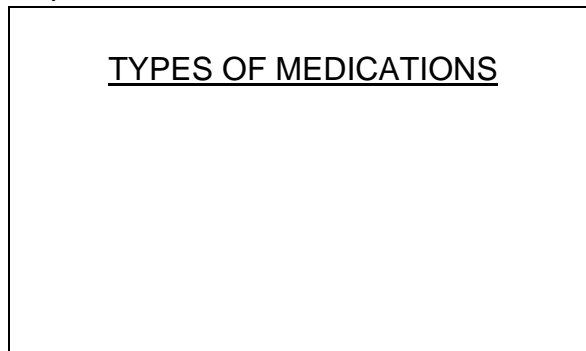
Explain why it is important that direct-care workers do not actually administer—or give—medications, but only “assist” the consumer to take his or her own medicines.

2. Conduct the first brainstorm. Ask:

What are the different types of medications?

Write all correct answers on a flip chart page [pills and capsules, patches, drops (eye, ear, nose), ointment, oxygen, injections, liquids, and suppositories]. Add missing items until the list is complete. Ask participants to explain what each one is:

Flip Chart



3. Conduct the second brainstorm. Ask:

How can we “assist” the consumer to take a medication without actually giving it to him or her?

If necessary, refer to the different types of medications to prompt participants’ thinking about how to assist. After a brief brainstorming, post the prepared flip chart page. Let participants know that they will get handouts with all this information at the end of the activity.

Flip Chart

How can the direct-care worker assist the consumer with meds?

- Pick up meds at pharmacy; purchase meds over-the counter
- Read labels for expiration date
- Open the container
- Read the labels for special instructions
- Bring the meds; bring water, if needed
- Remind consumer when to take the medication and how much
- Position consumer; steady consumer's hands
- Observe, Record, & Report

- 4. Review safety protocols.** Note that hands should always be washed before handling any equipment (e.g., spoons, cups) that comes in contact with a medication. The worker should never touch any medicine directly with his or her hands. If it is necessary to assist a consumer in removing oral medications from a container, shake the required amount onto a clean surface (bottle top, dish, or paper towel).
- 5. Explain the “Five Rights.”** List them on a flip chart page (using the TRAMP mnemonic); ask what each word means to participants.

Flip Chart

<u>THE FIVE RIGHTS</u>	
The Right:	Time
The Right:	Route
The Right:	Amount
The Right:	Medication
The Right:	Person

- 6. Review prescription information.** Show samples of different types of prescription medicines, different packaging, and different labeling. Post the flip chart page with a sample of a prescription label (based on **Handout 9.12: Reading Prescription Labels**, page 2). Ask participants to point out where they can find the information for the “Five Rights”; circle this information on the flip chart page.

Flip Chart

[Sample Prescription Label]

- 7. Review prescription abbreviations.** Post the flip chart page with abbreviations. Let participants know they will be getting a handout with this information and remind them to carry it when they work to help them remember. Review the list.

Flip Chart

PRESCRIPTION ABBREVIATIONS

Q.D.	Once a day
Q.O.D.	Every other day
B.I.D.	Twice a day
T.I.D.	Three times a day
Q.I.D.	Four times a day
H.S.	At bedtime
P.R.N.	As needed
Pt	Patient
P.T.	Physical therapist
P.O.	By mouth

- 8. Review information on non-prescription medicine.** Distribute Handout **9.14: Reading Labels on Over-the-Counter Medicines** and samples of different over-the-counter medications. Looking at the handout, ask participants to point out where they can find the information for the “Five Rights.”

Pairs Exercise—10 minutes

- 9. Set up pairs work.** As a review, quickly put participants in pairs. Distribute the cards with “Do’s and Don’ts”—at least one to each pair. Give the pairs a moment to read their cards, and ask them to decide if this is something that a direct-care worker *can* do when assisting a consumer to take medications (DO) or if it’s something they should *not* do (DO NOT). While they are discussing, post two blank flip chart pages, and write DO at the top of one and DO NOT at the top of the other, in very large letters.

Flip Chart

<u>DO</u>

Flip Chart

<u>DO NOT</u>

10. Conduct the exercise. Ask each pair to read their card out loud and state whether they think it's a DO or a DO NOT. If they are correct, tape the card to the correct flip chart page. If they are not correct, ask the other participants to help explain why their answer is not correct. Then post the card on the correct flip chart page.

Demonstration—5 minutes

11. Set up and conduct the demonstration. Show how to assist “Carmen” to take a liquid medication. (Ask for a participant to volunteer to be “Carmen.”) Carmen can only use one hand and that hand is shaking.

Teaching Tip

The Rule: the consumer always holds the medicine. In this demonstration, you hold the cup in one hand and, with your other hand, guide the consumer's shaking hand while pouring. Then transfer the cup to the consumer's shaking hand and guide her hand to hold the cup to her lips.

12. Distribute remaining handouts. Pass out all additional handouts for this part of the activity, i.e. **Handouts 9.9–9.13** and **9.15**.

Interactive Presentation—15 minutes

- 13. Review how to care for eyeglasses and contact lenses.** Ask participants who wear eyeglasses to share how they take care of their eyeglasses. Ask if anyone ever lost their eyeglasses and what happened after that. Ask if anyone wears contact lenses and would be willing to share how they take care of them.
- 14. Explain the importance of vision and hearing aids.** Note that, as they experienced in Module 6, “Working with Elders”, vision and hearing loss is a very frustrating experience, and can be a safety problem. Common devices such as eyeglasses and hearing aids are extremely important to many consumers and need to be taken care of properly.
- 15. Review and demonstrate information on handout.** Distribute **Handout 9.16: Assisting Consumers with Eyeglasses, Contact Lenses, and Hearing Aids**. Show samples of the different types of hearing aids, or refer to the handout with illustrations. Demonstrate how to clean a hearing aid, following the guidelines on the handout.
- 16. Discuss and demonstrate appropriate assistance with prostheses.** Ask if anyone knows a person who has a prosthesis and would like to share what that is. If not, explain what a prosthesis is, and why it is used. Distribute and review **Handout 9.17: Assisting a Consumer with an Artificial Body Part**. If samples of prostheses are available, demonstrate how to clean them.
- 17. Relate this topic to ORR.** Ask:

What would you add to the ORR list now?

Module 9. Supporting Consumers at Home¹

Handouts

Activity 9.1: Introduction to a Consumer Living at Home

Handout 9.1

Understanding Mrs. Carmen Garcia

Handout 9.2

Sample Care Plan for Mrs. Carmen Garcia, Home Care

Activity 9.2: Care of the Home

Handout 9.3

Tips for Care of the Home

Handout 9.4

Tips for Cleaning Each Room

Activity 9.3: General Safety and Emergency Procedures in the Consumer's Home

Handout 9.5

What Is Not Safe Here?

Handout 9.6

Keeping Mrs. Garcia's Home Safe

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Handout 9.7
Safety Checklist for Fires

Handout 9.8
What to Do in an Emergency

Activity 9.4: Assisting with Self-Administered Medications; Care of Eyeglasses, Hearing Aids, and Prostheses

Handout 9.9
8 Kinds of Medicine

Handout 9.10
Assisting Mrs. Garcia to Take Her Medicines

Handout 9.11
2 Ways to Remember

Handout 9.12
Reading Prescription Labels

Handout 9.13
Reading Prescription Labels: Shortcuts

Handout 9.14
Reading Labels on Over-the-Counter Medicines

Handout 9.15
Assisting Consumers with Taking Medicines: What to Do and What Not to Do

Handout 9.16
Assisting Consumers with Eyeglasses, Contact Lenses, and Hearing Aids

Handout 9.17
Assisting a Consumer with an Artificial Body Part

Understanding Mrs. Carmen Garcia

Work with a partner. Answer these questions together.

1. What do you remember about Mrs. Garcia?
2. Think about your cultural background. How is your culture like Mrs. Garcia's?
3. How is your culture different from Mrs. Garcia's?
4. How would you deal with the differences if you worked with Mrs. Garcia?
5. You and Mrs. Garcia don't speak the same language. How would you understand each other?

Sample Care Plan for Carmen Garcia,
Home Care

Handout 9.2



Personal Care Assistance, Inc.
14 Forest Way, Applewood, ME

Direct-Care Worker Plan of Care HHA PCW
HMKR HAttD

Name:	Region:	Program:	Team:
Address:	Case #:	RN:	<input type="checkbox"/> DNR <input type="checkbox"/> DNT <input type="checkbox"/> Adv. Directives
Date of Plan: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Renewal			

In case of an after-hours emergency (Monday-Friday after 6:00 pm;
Weekends and Holidays after 4:30 pm) call: 215-555-1000.

Directions To RN Case Manager: Circle the number of tasks to be provided, provide specific instructions as needed and enter frequency. Tasks assigned must be appropriate to worker's scope of practice.

PERSONAL CARE	Frequency/ Notes	ACTIVITIES/ EXERCISES	Frequency/ Notes
Skin Care		Walking	
Nail Care: Toes Fingers		Walking w/device <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches	
Foot Care		Transfer <input type="checkbox"/> 1 person <input type="checkbox"/> 2 person	
Mouth Care		Transfer <input type="checkbox"/> slide board; mechanical lift	
Bed Bath		Turning and Positioning	
Sponge/Towel Bath		Exercises, Other	
Shower		Active Range of Motion <input type="checkbox"/> R arm <input type="checkbox"/> L arm <input type="checkbox"/> R leg <input type="checkbox"/> L leg	
Tub/Bath		<input type="checkbox"/> Neck	

Sample Care Plan for Carmen Garcia,
Home Care

Handout 9.2

Shampoo		Passive Range of Motion <input type="checkbox"/> R arm <input type="checkbox"/> L arm <input type="checkbox"/> R leg <input type="checkbox"/> L leg <input type="checkbox"/> Neck	
Toileting <input type="checkbox"/> Brief <input type="checkbox"/> Bedpan <input type="checkbox"/> Urinal <input type="checkbox"/> Commode <input type="checkbox"/> Toilet		Assist with application of medical device	
Dressing		TREATMENTS	Frequency/Notes
VITAL SIGNS	Frequency/Notes	Output measure/record	
Temp <input type="checkbox"/> Oral <input type="checkbox"/> Rectal <input type="checkbox"/> Axil		Input measure/record	
Pulse		Assist in nebulizer treatment	
Respirations		Feeding tube	
Blood Pressure		Tracheotomy care	
Weight		Assist in clean dressing change	
ENVIRONMENTAL/NON PERSONAL CARE	Frequency/Notes	Catheter care	
Clean: <input type="checkbox"/> Consumer's Bedroom <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Equipment		Medications: Assist only (Check med containers; bring meds to consumer; open med containers; observe, record, report)	
Grocery Shopping		SAFETY/ OTHER INSTRUCTIONS	
Laundry		Supervise safety of consumer, do not leave unattended	
Accompany consumer to appt. <input type="checkbox"/> medical <input type="checkbox"/> other		Supervise safety of consumer, bed rails up when in bed (<input type="checkbox"/> one <input type="checkbox"/> both)	
NUTRITION	Frequency/Notes	NUTRITION	Frequency/Notes
Meal Prep: <input type="checkbox"/> Brkfst <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		Assist Consumer during meals <input type="checkbox"/> Full <input type="checkbox"/> Partial assist <input type="checkbox"/> Supervise only	
Remind of diet instruction			

**Sample Care Plan for Carmen Garcia,
Home Care**

Handout 9.2

Special Circumstances/Tasks

All of the following statements must be affirmative in order to complete tasks below.

Statement	Yes	No
The direct-care worker must be certified and not a trainee.		
The consumer is self-directing which is defined as having the ability to make choices about activities of daily living, understand the impact of these choices, and assume the responsibility for the results of these choices.		
The consumer has a need for assistance with the task or activity for routine maintenance of his/her health.		
Consumer cannot physically perform the task /activity due to his/her disability.		
The consumer has no informal caregiver available at the time the task or activity must be performed, or that caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the consumer.		
The nurse has taught the procedure(s) to the direct-care worker.		
The direct-care worker has demonstrated the ability to correctly perform the procedure through a return demonstration.		
The nurse has demonstrated that the direct-care worker has been taught and provided a return demonstration in the progress notes.		
Special Circumstances Duties (see above qualifications)	Fre- quency	Notes
Administer SC Insulin Pre-filled		
Perform finger stick (Blood glucose monitoring)		
Assist with nebulizer (w/prescription medication)		
Administer feeding tube via GT		
Apply hot application		
Apply cold application		
Administer fleet enema		
Administer medications (Remove proper amount from container; Place meds in consumer's hand/mouth; Observe, Record, Report)		

Requested start date: _____ **Time needed:** _____ AM PM

I understand and agree to the above Plan of Care:

Consumer, Family Member or Designee: Signature Date

Nurse Signature Date



Tips for Care of the Home

Assisting a consumer to keep their home clean is an important part of home care. Read how these workers help consumers at home.

Why is it important?

Andre’s tip—Cleaning lets people stay in their homes longer.

“When I clean, I know I’m helping the man I work for keep his independence. His family can’t always be there. And sometimes the place gets really messy. He doesn’t care much, but if I didn’t help him keep the place clean, people might say—“He can’t go on living on his own like that!” So I help him stay on his own by keeping the place clean.”

Jackie’s tip—Cleaning keeps the consumer safe and healthy.

“I feel good about cleaning because I know it’s good for my consumer. Cleaning gets rid of germs and controls bugs. Picking up the floor keeps her from tripping and falling. And I know she feels better in a clean house.”

Isn’t it the same as cleaning your own home?

Lara’s tip—Cleaning for others is different than cleaning your own home.

“There can be some tension. The woman I work for doesn’t always agree with me about the right way to clean. She likes different products. And believe it or not, she doesn’t always want her home cleaned! I try to remind myself—it’s her house, not mine.”

Tips for Care of the Home

Be organized!

Peggy’s tip—Plan ahead.

“Before I go to Mrs. Garcia's home, I make a plan. Then I get my supplies ready. That way I can do my job better—and faster.”

To make a plan:

- Follow Mrs. Garcia's care plan.
- Decide which jobs are most important. Make sure those get done.
- Do as much cleaning as you can in the time you have.
- Ask Mrs. Garcia to do as much as she can.

Tameshia’s tip—Break big jobs into smaller ones.

“I look at all the jobs on my list. I think about the best way to get them done in the time that I have. Sometimes when I have a really big job, like washing all the floors, I break it down into smaller tasks—like first I’ll do the kitchen and then I’ll do the bathroom. That makes the job easier to manage.”

Gilbert’s tip—Save time.

“I save time by cleaning one room at a time. That way, I don't waste time moving around. Plus, I try to do more than one task at a time. For example, if I start the clothes in the washer, I can sweep the floor while they're washing. That way I'm doing two things at once!”

Tips for Care of the Home

Mona's tip—Get ready

“I gather all my supplies before I start.”

Here are some of the things you'll need:

- Baking soda
- Broom
- Cleanser or soap
- Mop
- Rags
- Scrub pad
- Whisk broom or scrub brush

Be safe!

Andre's tip—Use machines safely.

“I'm extra careful with machines, like the blender. I always follow safety rules.”

To use a machine safely:

- Keep it away from sinks and bathtubs.
- To clean it, unplug it. Then wipe it clean.
- Use it only if the cord is in good shape.”
- Don't poke it with metal objects.

Review—Tips for Care of the Home:

- Cleaning lets people stay in their homes longer.
- Cleaning keeps the consumer safe and healthy.
- Cleaning for others is different than cleaning your own home.
- Be organized.
- Use machines safely.

Tips for Cleaning Each Room

Cleaning Mrs. Garcia's home is a big job. Keeping these tips in mind will make the job easier.

To clean her kitchen:

- Soak hard-to-clean dishes and pots before washing.
- Throw out garbage every day.
- Wipe up spills right away.

To clean her bathroom:

- Clean often to get rid of germs and bad smells.
- Wipe up spills right away.

To clean her bedroom:

- Change sheets and blankets once a week.
- Clean, dust, vacuum, and air every day.

Tips for Cleaning Each Room

To clean her floors:

- Move as much as you can off floors before cleaning.
- Nail down loose rugs.
- Sweep wooden floors. Vacuum rugs. Sweep and mop kitchen and bathroom floors.
- Wipe up spills right away.

To control insects and other pests:

- Cover food.
- Fix holes in screens and windows.
- Keep things as clean as possible.

To do her laundry:

- Before washing clothes, fix any damage.
- If you don't know how to use the machine, ask for help.
- Take clothes out of dryer as soon as they are dry.

What Is Not Safe Here?



In this room are 6 things that are not safe. Write them below. Then hold your paper up and yell, "Safe!"

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Keeping Mrs. Garcia's Home Safe

Keeping Mrs. Garcia's home safe is a big job. Check off each step you take.

To keep her home safe:

- Keep a first-aid kit on hand.
- Label cleaning products. Keep them in a safe place.
- Make sure Mrs. Garcia can reach the things she needs.
- Place night lights in bedrooms, bathrooms, and halls.
- Wipe up spills right away.

To keep her kitchen safe:

- Turn pot and pan handles toward the back of the stove.

To keep her bathroom safe:

- Label medicines clearly. Throw out old medicines.
- Place rubber mats in the bathtub and shower.
- Put in hand grips by the bathtub, shower, and toilet.

Keeping Mrs. Garcia's Home Safe

To keep her bedroom safe:

- Place a light by the bed.

To keep her stairs safe:

- Put in strong railings.

To keep her floors safe:

- Clean up clutter, especially on stairs and in doorways.
- Get rid of throw rugs. Or nail them down.
- Place furniture so that it's easy for Mrs. Garcia to move around.

Safety Checklist for Fires

There are lots of things you can do to help prevent a fire in Mrs. Garcia's home, or to be prepared in case a fire starts.

Make sure Mrs. Garcia's home has the following:

- Fire extinguisher—is it easy to find?
- Fire ladder—is it easy to get to?
- Smoke detector—are the batteries working?
- Carbon monoxide detector—are the batteries working?
- Is the Fire Department number by the telephone?

Here are some things you can do to prevent a fire:

- Make sure people smoke cigarettes outside only.
- Keep heaters away from things that could burn.
- Keep candles away from things that could burn. Never leave a candle burning if you are not in the room.
- Make sure power cords are in good shape. **Don't** run them under rugs.

Safety Checklist for Fires

Make a fire escape plan:

- Find out where all the exits are.
- Keep exits clear (no furniture or boxes blocking them).
- Learn how to assist Mrs. Garcia to get out in a hurry.
- Make an exit plan with Mrs. Garcia and anyone else who lives in the house. Talk about how they would get out if there is a fire. Make a plan to meet outside so they will know if everyone got out safely.
- “Rehearse” calling 911—what do you say?

What to Do in an Emergency

When bad things happen, you must protect yourself and Mrs. Garcia. Take these steps.

Fire

1. Stay calm.
2. Assist Mrs. Garcia to get out of the house.
 - If your clothes catch on fire, stop, drop to the ground, and roll to put out the flames. Do **not** run.
 - Feel a door before touching the handle. If the door is hot, use a different exit.
 - Close doors to stop smoke from spreading.
3. Call 911.

What to Do in an Emergency

Medical Emergency

If Mrs. Garcia needs medical care right away:

1. Stay calm. But act fast.
2. Find out if Mrs. Garcia is conscious. Tap her and say, “Are you all right?”
3. If Mrs. Garcia does **not** answer, call 911 right away.
4. If Mrs. Garcia does answer, check her health.

Call 911 if she has:

- Bad bleeding
 - Skin with a strange color or feel
 - Swelling
 - Trouble breathing
5. Talk with Mrs. Garcia. Try to find out what happened.
 6. Don’t move Mrs. Garcia. Get a blanket to keep her warm.
 7. Don’t give Mrs. Garcia any foods or liquids.
 8. Make sure you are not exposed to body fluids. Use gloves.
 9. Write down key facts, such as the time.

8 Kinds of Medicine

There are 8 kinds of medicine. Each kind is used in a different way.

Learn what they are:

1. **Drops** are put in the eyes, ears, or nose.
2. **Injections** are poked under the skin.
3. **Liquids** are swallowed.
4. **Ointments** are put on the skin.
5. **Oxygen** is breathed through a mask.
6. **Pills** and **capsules** are swallowed.
7. **Patches** are stuck to the skin.
8. **Suppositories** are placed in the rectum.

Assisting Mrs. Garcia to Take Her Medicines

Mrs. Garcia is responsible for taking her own medicines.

As a direct-care worker, you can assist her in some ways but not in others.

You can take these steps:

1. Remind Mrs. Garcia:
 - Which medicine to take
 - How much to take
 - When to take it
 - How to take it
2. Check to make sure Mrs. Garcia is taking her own medicines, and not someone else's.
3. Make sure the medicine is fresh. Check the date on the label to find out when it's too old.
4. Bring Mrs. Garcia everything she needs to take her medicine.
5. Read the label to Mrs. Garcia.
6. Assist Mrs. Garcia to open the container and get into the right position to take it herself.
7. Steady Mrs. Garcia's hand as she pours the medicine and drinks it.
8. Watch, write down, and report which medicines Mrs. Garcia takes.
9. Clean up.

2 Ways to Remember

Getting the wrong medicine, or taking it at the wrong time, or in the wrong amount, can cause serious problems for consumers. Helping consumers to avoid these mistakes is an important job.

Here are 2 ways to remember what to do:

1. Remember the 5 Rights

Make sure the **right person**

Gets the **right medicine**

In the **right dose**

At the **right time**

Using the **right route**.

2. Remember the Word “TRAMP”

T = Time

R = Route

A = Amount

M = Medicine

P = Person

Reading Prescription Labels

Some medicine has to be ordered by a doctor. This is called “prescription” medicine.

Always read prescription labels. The label **MUST** include “**The 5 Rights.**”

1. **Right person.** The label tells the name of the person taking the medicine. Make sure this is the consumer's name.
2. **Right medicine.** The label tells which medicine this is. Make sure the consumer is supposed to take this medicine.
3. **Right dose.** The label tells how much medicine the consumer should take. Make sure they take this dose.
4. **Right time.** The label tells when the consumer should take the medicine. Make sure they take it at those times.
5. **Right route.** The label tells how the consumer should take the medicine. Make sure they take it in this way.

Reading Prescription Labels

Prescription labels also tell:

- When the pharmacy filled the prescription
- The doctor's name
- The pharmacy's name, address, telephone number, and I.D. number
- The prescription number

Here's a real prescription label (with the name and address changed). Find and circle the 5 Rights.

CVS Pharmacy #0329 45 Main Street Smithville, NY 12345
Jane Doe 63 Baker Street Smithville, NY 12345
LORAZEPAM 0.5 MG TABLET MYL Substituted for Activan 0.5 mg tablet BIO
TAKE ONE TABLET BY MOUTH EVERY 6 TO 8 HOURS AS NEEDED
Quantity: 15 Refills require authorization
Store Phone: 201 234-5678
RX#: C23456
Prescriber: Marcus Welby, M.D.

Reading Prescription Labels: Shortcuts

Prescription labels can look like a foreign language! A lot of the information is given in abbreviations. An abbreviation is a short way to say something.

Here are some abbreviations found on prescription labels:

Q.D. = Once a day

B.I.D. = Twice a day

T.I.D. = Three times a day

Q.I.D. = Four times a day

H.S. = At bedtime

Q.O.D. = Every other day

P.R.N. = As needed

P.O. = By mouth

Pt = Patient

P.T. = Physical therapist

Reading Prescription Labels on Over-the-Counter Medicines

Handout 9.14

Some medicine does not have to be ordered by a doctor. This medicine is called “over-the-counter,” or “non-prescription.”

These labels are longer and harder to read, but they still contain the 5 Rights.

Here's a real over-the-counter label. Find and circle the 5 Rights.

DO NOT USE IF SEAL AROUND BOTTLE CAP OR NECK IS BROKEN OR MISSING
Read all product information before using.
Active ingredients (in each geltab) Purposes: Acetaminophen 200 mg Pain reliever Aspirin 200 mg Pain reliever
Use: Treats migraine
Warning: Children and teenagers who...should not use this product. Consult a doctor if... Allergy alert: Aspirin may cause a severe allergic reaction...
Do not use: If allergic to any of the ingredients... Stop use and ask a doctor if an allergic reaction occurs...If pregnant or breast-feeding... Keep out of reach of children. Overdose warning...
Directions: Do not use more than directed. Adults: take 2 geltabs with a glass of water. If symptoms persist or worsen, ask your doctor. Do not take more than 2 geltabs in 24 hours, unless directed by a doctor. Under 18 years of age, ask a doctor.
Distributed by: XYZ Pharmaceuticals, Newtown NY 11111 Visit us at: www.xyzpharm.com

Assisting Consumers with Taking Medicines: What to Do and What Not to Do

Handout 9.15

Page 1 of 2

As a direct-care worker, you can assist the consumer to take their own medicines. But you cannot do things that make it look like you are “giving” the medicines directly to the consumer. Here are some of the “do’s” and “don’t’s” of assisting consumers with their medicines:

DO

- Remind the consumer when it’s time to take the medicine
- Read the label for the 5 Rights
- Check for expiration dates
- Bring the container to the consumer
- Assist the consumer to open the container
- Steady the consumer’s hand while pouring out or counting medicine
- Steady the consumer’s hand while drinking medicine
- Bring liquids to help with swallowing medicines
- Observe, Record, and Report what medicines the consumer took and when
- Put medicines and other equipment away

Assisting Consumers with Taking Medicines: What to Do and What Not to Do

DO NOT:

- Count out the medicines yourself
- Hand pills or capsules to the consumer
- Pour the liquid medicine into the consumer's mouth
- Place pills or capsules in the consumer's mouth
- Open the container for the consumer
- Let the consumer take a medicine that is expired
- Give the consumer some of your medicine, in case his or hers runs out
- Take some of the consumer's medicine, if you're having the same symptoms
- Advise the consumer to stop taking medicine once they feel better

Assisting Consumers with Eyeglasses, Contact Lenses, and Hearing Aids

Handout 9.16

Page 1 of 2

You can assist consumers to care for their eyeglasses, contact lenses, and hearing aids. Here's how.

Eyeglasses

To care for eyeglasses:

- Hold them by their frames.
- Wash them with water and a mild soap.
- Dry them with a tissue or soft cloth.
- Put them away in a case.
- Check the tops of the consumer's ears and nose for red marks.

Contact Lenses

To care for contact lenses:

- Clean and store them in a special way.
- Most consumers care for their own lenses. If the consumer wants you to assist them, ask what to do.

Hearing Aids

To care for hearing aids:

- Clean the earpiece with soap and water.
- Wipe wax from the tubing.
- Make sure batteries work. Replace as needed.
- Look for redness in the ears around hearing aids.
- Check for and report wax build-up.

Assisting Consumers with Eyeglasses, Contact Lenses, and Hearing Aids

Handout 9.16

Page 2 of 2

You can assist consumers to put in hearing aids.

Take these steps:

1. Before putting in the hearing aid, turn the sound up as high as it can go. Replace batteries if you don't hear a whistle.
2. Turn the sound to low.
3. If the hearing aid goes in the ear, gently put the earpiece in the consumer's ear canal. Make sure it feels OK.
4. If the hearing aid goes over the ear, loop the tubing over the consumer's ear.
5. Assist the consumer to make the sound higher or lower. Make sure the sound is OK.

You can assist consumers to take out hearing aids.

Take these steps:

1. Turn the sound to low. Or turn off the hearing aid.
2. Gently lift the earpiece up and out of the consumer's ear.
3. Use tissues to clean wax off the earpiece.
4. Take out the battery. Or open the battery case.
5. Put the hearing aid away in a safe place.

Assisting a Consumer with an Artificial Body Part

Handout 9.17

Jen's Story

“I help a woman who has an artificial arm. The nurse calls it a “prosthesis.” My consumer knows how to use her prosthesis. The nurse taught her how to take care of it, too. But sometimes she needs my help.”

Read Jen's tips for assisting a consumer with a prosthesis.

Make sure the prosthesis:

- Works well
- Is being used right

Look for and report:

- Damage to the prosthesis
- Signs that the prosthesis is hurting the consumer's skin. Check for pain, redness, cuts, or scrapes.

When the prosthesis is not being used:

- Handle it with care.
- Clean it, as needed.
- Put it away in a safe place.

Providing Personal Care Services to Elders and People with Disabilities¹

Module 10. ADL: Ambulating; Making a Bed

Goals

The goals for this module are for participants to:

- Observe, practice, and demonstrate assisting consumers to use assistive devices for walking, including assisting them to sit at the edge of the bed and stand prior to ambulating, and transferring them from bed to wheelchair.
- Observe, practice, and demonstrate how to properly make a bed, both occupied and unoccupied.

Time

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

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SECTION C. PERSON-CENTERED CARE
Module 10: ADL: Ambulating; Making a Bed

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
10.1 Assisting a Consumer to Stand, Transfer, and Use Assistive Devices for Ambulation	Interactive presentation and demonstration	45 minutes
10.2 Making a Bed	Interactive presentation, demonstration, and large-group discussion	1 hour
<i>Break</i>		<i>10 minutes</i>
10.3 Practice Lab—Assisting to Stand, Transfer, and Ambulate; Plus, Making a Bed	Practice triads	1 hour & 15 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Samples of assistive devices for ambulation—canes, walkers, crutches, wheelchairs
- One or two single beds
- Each bed needs two (2) sets of sheets, pillows and pillowcases, draw sheet and bed protector, mattress pad, blanket, and cover

Handouts

- Handout 10.1: Show Your Skills: Assisting the Consumer to Stand from Bed
- Handout 10.2: Show Your Skills: Assisting the Consumer to Transfer from a Bed to a Wheelchair or Chair
- Handout 10.3: Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair
- Handout 10.4: Kinds of Walkers
- Handout 10.5: Kinds of Canes and Crutches
- Handout 10.6: Making a Bed: Why It Matters
- Handout 10.7: Making a Bed Safely
- Handout 10.8: Show Your Skills: Making an Empty Bed
- Handout 10.9: Show Your Skills: Making a Bed with Someone in It

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

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 10.1 Assisting the Consumer to Stand, Transfer, and Use Assistive Devices for Ambulation

Prepare a flip chart page with the Module 10 “Learning Agenda” (Step 1).

Set up practice stations around the training space for the following: stand and transfer (from to bed to wheelchair); stand and transfer (from chair to walkers), canes, crutches, and bedmaking. Practice stations will be used for both demonstration and practice.

Post the ORR flip chart page from Module 9.

Activity 10.2 Making a Bed

Set up the demonstration area for making an unoccupied bed, including all the bedding, sheets, and pillows. Remove all bedding prior to starting the demonstration.

Have a second set of all the bedding ready to demonstrate how to change an occupied bed.

Activity 10.3 Practice Lab: Assisting to Stand, Transfer, and Ambulate; Plus, Making a Bed

Copy performance checklists or guidelines for each practice station (one per participant).

Make an additional set of performance checklists for instructors to use in assessing return demonstrations.

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 10.1 Assisting a Consumer to Stand, Transfer, and Use Assistive Devices for Ambulation

45 minutes

Learning Outcomes

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

Define assistive devices.

List the types of assistive devices available to assist consumer's mobility and explain how they are used.

Key Content

- “Assistive device” is the term for any piece of equipment that helps the consumer to do routine tasks more easily and independently. The purposes of assistive devices are to enable the consumer to:
 - Do tasks more easily and quickly
 - Remain or become independent
 - Maintain their chosen lifestyle
- Walkers, canes, crutches, and wheelchairs are examples of assistive devices that consumers commonly use to get around more safely and easily, whether inside or outside the home.
- Medical personnel determine what type of assistive devices a consumer needs. A physical therapist determines the right size for the device and teaches the consumer how to use it properly. The direct-care worker's role is to assist the consumer in following the proper steps for use, and to observe, record, and report key information about the consumer's walking experiences.

- In order to use assistive devices for ambulation, many consumers need assistance getting out of bed and/or positioning themselves. Assisting a consumer to get into a standing position from the bed and transferring the consumer from the bed to a chair or wheelchair are two important procedures that support the consumer’s ability to use assistive devices and to stay mobile.

Activity Steps

Interactive Presentation—5 minutes

- 1. Introduce the module.** Explain that this module is a companion to Module 9, in which participants “met” Carmen Garcia, a consumer living at home. Post the prepared flip chart page with the Module 10 “Learning Agenda” and review. In this module, participants will learn about one of the activities of daily living—ambulation—and the use of assistive devices to help consumers move around. They will also learn about making a bed—both when it is empty and while someone is still in it. Note that these are key skills that will be used wherever they work, not just in home care.

Flip Chart

LEARNING AGENDA:MODULE 10
ADL: Ambulating; Making a Bed

- Assisting a consumer to stand from bed
- Assisting a consumer to transfer from bed to a chair or wheelchair
- Assistive devices for ambulation
- Making a bed—empty and with someone in it

2. **Define “ambulation.”** This is the activity of daily living that means being able to move from one place to another. Much of our independence and self-esteem are based on being able to get around, especially within our own homes. That mobility allows us to do other things for ourselves, such as cooking, cleaning, or going to the bathroom.
3. **Define “assistive device.”** This is the term for any piece of equipment that helps the consumer to do routine tasks more easily and independently. The purposes of assistive devices are to enable the consumer to:
 - Do tasks more easily and quickly
 - Remain or become independent
 - Maintain their chosen lifestyle
4. **Give additional information.** Assistive devices for ambulation include walkers, canes, crutches, and wheelchairs. These will be discussed in detail a bit later. It is important to note that the consumer must be standing up and steady before starting to use a walker, cane, or crutches. So the first step in assisting a consumer to use these devices may be assisting him or her to get into a standing position from a chair or a bed. Similarly, before using a wheelchair, the consumer may need assistance in transferring from a chair or bed into the wheelchair.

Demonstration—20 minutes

5. **Set up and conduct the first demonstration.** Therefore, the first skills participants will learn in this module are: how to assist a consumer to stand up from bed and how to transfer a consumer from a bed to a chair or wheelchair. Ask for a volunteer to help you demonstrate by playing the role of Carmen Garcia and lying down in the bed, under the covers. Bring a chair next to the bed (for support when the consumer is standing) and place the walker within reach. Demonstrate each step as described in **Handout 10.1: Show Your Skills: Assisting a Consumer to Stand from Bed.** Explain each step and answer any questions as you demonstrate.
6. **Continue the demonstration.** With the volunteer holding onto the chair for support, reach for the walker and bring it to the volunteer. Note the importance of having the

consumer standing and steady before you reach for the assistive devices. (You will show how to use the walker later.)

- 7. Wrap up the demonstration and discuss the handout.** Thank the volunteer and ask him or her to go back to his or her seat. Distribute **Handout 10.1: Show Your Skills: Assisting the Consumer to Stand from Bed**. Give participants a few minutes to review the checklist. Then ask:

What steps are most important to ensure the consumer's safety?

How are proper body mechanics used to ensure that the direct-care worker doesn't get hurt?

Are there any additional questions?

- 8. Set up and conduct the second demonstration.** Ask for a new volunteer to assist you. Ask the volunteer to sit back down on the edge of the bed. Demonstrate transferring the volunteer to a wheelchair, following the steps in **Handout 10.2: Show Your Skills: Assisting the Consumer to Transfer from a Bed to a Wheelchair or Chair**. Prompt the volunteer to resist some of your transfer efforts to demonstrate how to handle such situations. Ask for and answer questions as you go. Thank your volunteer at the end.

- 9. Review and discuss the handout.** Distribute **Handout 10.2: Show Your Skills: Assisting the Consumer to Transfer from Bed to Wheelchair**. Give participants a few minutes to review the handout. Then ask:

What are the most important steps to remember to ensure the consumer's safety?

How are proper body mechanics used to ensure that the direct-care worker doesn't get hurt?

Are there any additional questions?

- 10. Explain that participants will practice these skills later.** Note that participants will each get a chance to practice these procedures during the practice lab at the end of the module.

Demonstration—20 minutes

11. Set up and conduct the third demonstration. Ask for a new volunteer to be “Carmen Garcia” for your demonstrations. Ask participants to assume that you have already helped “Carmen” into a steady standing position. (Ask the volunteer to stand near you, and hold onto the chair back for support.) Using **Handout 10.3: Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair** as a guide, demonstrate how to:

- Assist a consumer to use a walker
- Assist a consumer to use a cane
- Assist a consumer to use crutches
- Assist a consumer to use a wheelchair

12. Review and discuss the handout. Distribute **Handout 10.3: Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair**. Give participants a few minutes to review the handout. Then ask:

What are some important safety tips when assisting a consumer to use a walker, cane or crutches?

What are some important safety tips when assisting a consumer to use a wheelchair?

13. Display a selection of assistive devices. Distribute **Handout 10.4: Kinds of Walkers** and **Handout 10.5—Kinds of Canes and Crutches**. Show the examples of walkers, canes, and crutches that you have available. Note that there are many different types of walkers, canes, and crutches, but that the steps for using them are basically the same.

Teaching Tip

You may want to note that wheelchairs will be addressed in Module 15.

14. Review ORR protocols. Refer to the “Observe, Record, Report” flip chart sheet from Module 9. Ask what they would add to the list for Mrs. Garcia, based on what they learned from this activity.

15. Wrap up the activity. Conclude this section by noting that each consumer is unique in how they would prefer to be assisted in using a walker, cane, or crutches. Communication is key to providing consumers with the assistance they need in the way that makes them most comfortable and respects their dignity.

Activity 10.2 Making a Bed

1 hour

Learning Outcomes

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

Explain the importance of keeping a clean and comfortable bed for the consumer.

List key points of infection control during bedmaking.

Describe how to make a bed, both occupied and unoccupied.

Key Content

- Some consumers will spend much of their time in bed, due to illness or a disabling condition. Having a clean, neat bed is important for both health and comfort. Wrinkled sheets or food crumbs can irritate the skin, causing pressure ulcers. Soiled sheets can spread infection.
- Good body mechanics are important in making a bed, especially when making an occupied bed. Infection control is important when bed covers have body fluids on them.
- The schedule for changing the bed with clean sheets is worked out with the care plan and the consumer's preference. Consumers who are in bed most of the time should have their sheets changed daily. Consumers who are rarely in bed may only need to have their sheets straightened and smoothed each day and changed weekly.

Activity Steps

Interactive Presentation—10 minutes

1. Invite participants to share their experience. Ask:

What are your first memories of making a bed?

Who first uttered the words “make your bed”?

Then ask:

What reasons were you given to make your bed?

Note that they were probably told to make their beds early on in life by their mother or another authority figure. It is also likely that they were not told *why* “bedmaking” was important—other than “because I said so!”

- 2. Discuss the handout.** Distribute and review **Handout 10.6: Making a Bed: Why It Matters**.
- 3. Discuss the next handout.** Distribute and review **Handout 10.7: Making a Bed Safely**.

Demonstration—40 minutes

- 4. Conduct the first demonstration.** Starting with a bare bed, demonstrate making a bed by following the steps in **Handout 10.8: Show Your Skills: Making an Empty Bed**. Explain why each step is important. Answer any questions.
- 5. Conduct the second demonstration.** Ask a volunteer to help you by getting into the bed. Demonstrate how to change the bedding while the consumer is still in the bed, following the steps in **Handout 10.9: Show Your Skills: Making a Bed with Someone in It**. Explain each step as you do it. Don’t forget to communicate with the consumer! Answer any questions.

- 6. Distribute the related handouts.** Thank the volunteers for their help with the demonstrations. Give each participant **Handout 10.8: Show Your Skills: Making an Empty Bed** and **Handout 10.9: Show Your Skills: Making a Bed with Someone in It**. Allow a few minutes for participants to review the handouts.

Large-Group Discussion—10 minutes

- 7. Review the key points.** To review both skills, ask:

How is making a bed for a consumer different from making your own bed?

What steps are most important to ensure proper infection control?

What steps protect a consumer from having skin problems?

Any other questions?

Activity 10.3 Practice Lab—Assisting to Stand, Transfer, and Ambulate; Plus, Making a Bed

1 hour & 15 minutes

Learning Outcomes

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

Demonstrate how to assist a consumer to stand from bed.

Demonstrate how to assist a consumer to transfer from bed to chair or wheelchair.

Demonstrate how to assist a consumer to use key assistive devices for ambulation, including cane, walker, and crutches.

Demonstrate how to make an occupied and unoccupied bed.

Key Content

- Assisting a consumer to stand and transferring a consumer are key skills that form the basis of many tasks of a direct-care worker. It is important to use good body mechanics and communication skills to do these tasks effectively and without injuring either the worker or the consumer.
- Knowing how to use an assistive device is different from knowing how to *help someone else* to use it. In this practice lab, participants will practice the necessary communication skills to enable them to find out *what* assistance the consumer needs and *how* the consumer wants that assistance to be provided.

Activity Steps

Practice Triads—1 hour and 15 minutes

- 1. Introduce the activity.** Explain to participants that most of the practice labs will be conducted through “practice triads.” Participants will form teams of three. Practice stations are set up around the training space. Each team will start at a different practice station, but will move around the room until they have completed their skills practice at each practice station.
- 2. Give instructions for the practice triads.**
 - In their groups of three (“triads”), participants will take turns playing different roles. One person will be the direct-care worker, one person will be the consumer, and the third person will be the observer.
 - When performance checklists are available for a particular task or skill, the observer will use the checklist to provide guidance to the trainee who is practicing and to give feedback afterwards. This is also a tool to help the “observers” informally reinforce their knowledge of the steps involved in performing the task. If a checklist is not available, they will follow whatever guidelines have been provided for that task.
 - After one person completes the task, participants switch roles so that the second person can practice being the direct-care worker, the third can be the consumer, and the first can be the observer. After one more switch, all three participants will have performed in all three roles.
 - Then the team will move on to the next available practice station.
- 3. Explain the instructors’ role.** Explain that the instructor(s) will be moving around the room to monitor how participants are doing, to answer questions, and to provide additional instruction as necessary.
- 4. Point out the practice stations.** Practice stations for this practice lab include: assisting to stand and transfer from bed to wheelchair; assisting to stand from chair to walker, cane, and crutches; and bedmaking (unoccupied and occupied).

Teaching Tips

Ideally, you will set up as many practice stations as the number of triads in your group. You can have more than one station for walkers or canes.

Encourage participants in the “consumer” role to incorporate as much of the profiled consumer as possible (in this case, Carmen Garcia). At times you may want to develop new consumer roles for a particular practice station—be creative!

Some trainees will be ready to do their “return demonstration” during this practice lab. Have extra performance checklists on hand to record these demonstrations, as this is part of each participant’s formal evaluation. Give feedback following the return demonstration. If a participant’s performance is not satisfactory, encourage him or her to practice more and do another return demonstration at a later date.

- 5. Wrap up the practice triads and prepare for the closing activity.** When all the triads have rotated through all the practice stations, bring participants back to the large group for the closing activity. If there is not enough time for all participants to complete all the practice stations, keep the equipment and materials available for the next practice lab.

Module 10. ADL: Ambulating; Making a Bed¹

Handouts

Activity 10.1: Assisting a Consumer to Stand, Transfer, and Use Assistive Devices for Ambulation

Handout 10.1

Show Your Skills: Assisting the Consumer to Stand from Bed

Handout 10.2

Show Your Skills: Assisting the Consumer to Transfer from a Bed to a Wheelchair or Chair

Handout 10.3

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

Handout 10.4

Kinds of Walkers

Handout 10.5

Kinds of Canes and Crutches

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Module **10.** ADL: Ambulating; Making a Bed

Activity 10.2: Making a Bed

Handout 10.6
Making a Bed: Why It Matters

Handout 10.7
Making a Bed Safely

Handout 10.8
Show Your Skills: Making an Empty Bed

Handout 10.9
Show Your Skills: Making a Bed with Someone in It

Show Your Skills: Assist the Consumer to Stand from Bed

Handout 10.1

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Prepare yourself and the consumer		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name. Tell your name if they don't know you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Provide for privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Tell the consumer that you are ready to assist them to get out of bed and stand up. Explain what you are going to do.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position bed and chair or assistive device		
5. If a hospital bed is being used, lock the wheels of the bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. A) If preparing for transfer to a wheelchair or chair, bring the wheelchair or chair close to the bed, with the arm of the chair almost touching the bed. Lock the wheels or make sure the chair won't move. B) If preparing to use a walker, cane, or crutches, bring those within reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If transferring to a wheelchair, place a pillow, folded blanket, towel, or cushion on the seat of the wheelchair. Fold the footrests out of the way.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Raise or lower the bed to a level where the consumer can sit on the side with feet flat on the floor (Step 11).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assist the Consumer to Stand from Bed

Handout 10.1

Assist consumer to sitting position on edge of bed		
9. Ask the consumer to move to the side of the bed. Assist as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Raise the head of the bed and allow the consumer to lie on their side, with their head raised, for a couple of minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Put one arm around the consumer's shoulders. Put the other arm around the consumer's knees. Bend your knees; spread your feet apart. Count 1-2-3 and rock back. While you do this, slowly swing the consumer's legs over the side of the bed and help them to sit up. Their feet should be flat on the floor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Allow the consumer to sit for a couple of minutes. Put a chair in front of the consumer for support, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Put non-skid shoes on the consumer's feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist consumer to stand		
14. Explain again what the next steps will be—what the consumer will do and what you will do.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Stand in front of the consumer, with your feet apart and back straight. Bend your knees so that your shoulders are at about the same level as the consumer's. Put your knees against the consumer's knees to help keep their legs steady.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assist the Consumer to Stand from Bed

Handout 10.1

<p>16. Put your arms under the consumer’s arms. Lock your fingers behind them, or grasp one of your wrists with your other hand. Ask the consumer to put their arms around your neck or shoulders, like a hug.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>17. Count 1-2-3, rocking slightly. On “3” you and the consumer both begin to slowly straighten your legs and stand up.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>18. Wait a moment and make sure the consumer is steady before continuing.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>19. Bring assistive device to consumer and assist as needed while they use it (Handout 10.3). Or, continue with for transfer to chair or wheelchair.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting the Consumer to Transfer from a Bed to a Wheelchair or Chair

Handout 10.2

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Assist consumer to stand		
1. Follow the steps in Handout 10.1 to assist the consumer to stand up. Bringing the chair next to the bed (and locking the wheels) is part of those steps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Bring the chair next to the bed with the arm of the chair almost touching the bed. Make sure the chair won't move (for a wheelchair, lock the wheels).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Place a pillow, folded blanket, towel, or cushion on the seat of the chair. For a wheelchair, fold the footrests out of the way.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist consumer to pivot and sit in chair		
4. Still holding on to each other, both you and the consumer take small steps, and gradually turn your whole body toward the chair. Stop when the consumer's back is toward the chair and legs are against the seat.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Ask the consumer to take their arms away from your shoulders and reach back for the chair arms, to help steady themselves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Count 1-2-3, and slowly bend your knees and hips (together) to lower the consumer into the chair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting the Consumer to Transfer from a Bed to a Wheelchair or Chair

Handout 10.2

Make sure the consumer is safe and comfortable		
7. Ask the consumer to move their hips against the back of the chair. Assist if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If using a wheelchair, put the footrests down and position the consumer's feet on them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Assist the consumer to get comfortable. Bring a blanket, if requested. If using a wheelchair, assist them to go where they want to go.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Record any unusual observations during the transfer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

Handout 10.3

Page 1 of 5

Assistive devices are types of equipment or gadgets that make it easier for consumers to do Activities of Daily Living (ADLs).

These assistive devices make it easier for the consumer to get around (ambulate):

- Canes and walkers make it easier to keep their balance while walking.
- Crutches make it easier to get around when one leg is weak.
- Wheelchairs let the consumer roll along when both legs are weak.

Sometimes, consumers want or need your assistance to use a cane, walker, crutches, or wheelchair. Always ask if they want you to assist them. If they say yes, make sure you are clear about what they want you to do.

Here are some guidelines for assisting the consumer with assistive devices for ambulating.

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

Handout 10.3

Page 2 of 5

WALKER

To assist a consumer to use a walker:

1. Make sure the consumer is wearing shoes that won't slip.
2. Make sure the rubber tips on the walker are in good shape. Take off any items that are hanging from the walker.
3. Put the walker about 1 foot in front of the consumer. Make sure all 4 wheels or legs are on the ground.
4. Assist the consumer to stand (if needed/requested).
5. Ask the consumer if they want tips on using the walker.

If they say yes, tell them:

- Grasp the bar with both hands, one on each side.
 - Stand still and move the walker forward.
 - Then move one foot at a time toward the walker.
6. Walk beside the consumer as they use the walker.

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

CANE

To assist a consumer to use a cane:

1. Make sure the consumer is wearing shoes that won't slip.
2. Make sure the rubber tip on the cane is in good shape.
3. Put the cane where the consumer can reach it.
4. Assist the consumer to stand (if needed/requested).
5. Ask the consumer if they need tips on how to use the cane.

If they say yes, tell them:

- Move in this order—cane, weaker leg, stronger leg.
 - If your right leg is weak, hold the cane in your left hand.
 - If your left leg is weak, hold the cane in your right hand.
6. Walk next to the consumer on their weaker side as they use the cane.

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

Handout 10.3

Page 4 of 5

CRUTCHES

To assist a consumer to use crutches:

1. Make sure the consumer is wearing shoes that won't slip.
2. Make sure the rubber tips on the crutches are in good shape.
3. Put the crutches where the consumer can reach them.
4. Assist the consumer to stand (if needed/requested).
5. Ask the consumer if they need tips on how to use crutches.

If they say yes, tell them:

- Lean on the hand bars. Do **not** lean on the armpit rests.
 - Move the crutch forward; then bring their legs forward.
6. Walk next to the consumer as they use the crutches.

Guidelines for Assisting Consumers to Get Around with a Walker, Cane, Crutches, or Wheelchair

Handout 10.3

Page 5 of 5

WHEELCHAIR

To assist a consumer to use a wheelchair:

1. Ask the consumer if they want you to assist them. (Not all consumers need to be transferred, but most will need some assistance.) If they say yes, ask what they want you to do.
2. Make sure both wheel brakes are locked before the consumer gets into or out of the chair.
3. Follow the steps in Handout 10.2 to transfer the consumer to the wheelchair.
4. Assist the consumer to use the foot and calf rests.
5. Make sure the consumer is comfortable and safe before releasing the brakes.
6. Make sure that the consumer's clothing or blanket does not trail behind or get caught in the wheels.
7. Back up the wheelchair when going:
 - Over bumps
 - Down a hill

Kinds of Walkers

There are different kinds of walkers.

- Folding walker
- Walker with wheels and hand brakes
- One-button foldaway
- Walker with wheels

Kinds of Canes and Crutches

There are different kinds of canes and crutches.

CANES

- Single tipped cane
- Trip-pod cane
- Four point or quad cane
- Ortho cane with handle

CRUTCHES

- Forearm crutches with release handles keep arms in place.
- Platform crutches allow for weight bearing in the forearms and for greater stability.

Note: For most older adults, standard crutches are seldom used.

Making a Bed: Why It Matters

Making the bed is an important job. Read why it matters to these workers.

Don's tip—Making the bed is good for the consumer's skin.

“Wrinkled sheets can hurt the skin. They can even cause bed sores! So I try to keep the sheets smooth.”

Abdul's tip—Making the bed makes the consumer happy.

“People here spend a lot of their day in bed. I think they should have a clean place to rest.”

Pat's tip—Making the bed gets rid of germs.

“Sheets can have body fluids on them. That means germs. I don't want those germs on me, or anyone else!”

Jamie's tip—Making the bed keeps bugs away.

“Quite a few of the folks here eat in bed. Food can bring bugs. And who needs that?”

Review—Why Making a Bed Matters:

- Making the bed is good for the consumer's skin.
- Making the bed makes the consumer happy.
- Making the bed gets rid of germs.
- Making the bed keeps bugs away.

Making a Bed Safely

It's important to make a bed safely. Take these steps.

To keep germs from spreading:

- Wear gloves when you touch dirty linens.
- Fold dirty linens. Hold them away from your body. **Don't** shake them.
- Put dirty linens in a laundry bag or covered hamper right away. Wash them as in Module 3.
- Wash your hands before touching clean linens. Wash them again after making the bed.
- Put clean linens in a clean place.
- Keep all linens—clean and dirty—off the floor.

To keep from getting hurt:

- Use good body mechanics for reaching, lifting, and turning.

To protect the consumer's skin:

- Put sheets and pillow cases over plastic covers.
- Smooth out wrinkles.

Show Your Skills: Making an Empty Bed

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready to make the bed.		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Get the clean linens you will need. These may include: <ul style="list-style-type: none"> ● Bedspread ● Blanket ● Bottom sheet ● Top sheet ● Draw sheet ● Pillowcase ● Bed protector ● Mattress pad 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Put the clean linens in a clean place near the bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If the consumer's bed adjusts, raise the bed to a good height for working.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Put on gloves if bedding is soiled with body fluids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Strip the bed		
6. Take off bedding that will be used again. Fold them. Put them in a clean place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Take off dirty linens. Fold them, holding them away from your body.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Put dirty linens in a laundry bag or covered hamper	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Remove and discard gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Making an Empty Bed

Make the bed		
10. Smooth out wrinkles in the mattress pad. Or put on a clean one.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Put the clean bottom sheet in the middle of the bed. Unfold it. Tuck it in. Miter corners, if it's a flat sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Put the draw sheet in the middle of the bed, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Put the clean top sheet in the middle of the bed. Unfold it, with the wrong side up and the wide hem at the top. Tuck it in, and miter corners.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Put the blanket in the middle of the bed. Unfold it. Tuck it in, and miter corners.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Put the bedspread in the middle of the bed. Unfold it. Make sure it covers the sheets and blanket.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Put on the clean pillowcase. Here's how: <ul style="list-style-type: none"> • Open the pillowcase. • With one hand, hold the case by the middle of the bottom seam. • Still holding the seam, fold the case over your hand. • With the same hand, hold the end of the pillow in the middle. • With your other hand, pull the case over the pillow. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Put the pillow at the top of the bed, with the open end away from the door. Pull the bedspread over the pillow.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Making an Empty Bed

Handout 10.8

Finish making the bed		
18. Lower the bed, if you raised it before.	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
19. Attach a call bell to the bed, if the bed is in a nursing home.	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
20. Wash your hands.	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Making a Bed With Someone in It

Handout 10.9

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready to make the bed.		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Tell the consumer what you will do. Keep talking while making their bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Get the clean linens you will need. These may include: <ul style="list-style-type: none"> ● Bedspread ● Blanket ● Bottom sheet ● Top sheet ● Draw sheet ● Mattress pad ● Bed protector ● Pillowcase 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Put the clean linens in a clean place near the bed.	<input type="checkbox"/>	
7. If the consumer is in a hospital bed, raise the bed to a good height for working. Lower the head of the bed. Lower the side rail on the side where you will start.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Take off linens that will be used again. Fold them. Put them in a clean place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Making a Bed With Someone in It

Handout 10.9

Make one side of the bed		
9. Put on gloves if you might touch body fluids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Loosen the dirty top sheet and blanket at the bottom of the bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Assist consumer to turn on their side, facing away from you. Loosen the dirty bottom sheet on the side near you. Move it to the middle of the bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Put on a clean bottom sheet on the side near you. Tuck it in.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist consumer to turn on their other side, onto the clean bottom sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If the consumer's bed has side rails, raise the side rail by the consumer's face.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Make the other side of the bed		
15. Go to the other side of the bed. Lower the side rail, if there is one.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Take off the dirty bottom sheet. Fold it, holding it away from your body. Put it in a laundry bag or covered hamper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Tuck in the clean bottom sheet. Smooth out wrinkles.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Take off the dirty top sheet. Fold it, holding it away from your body. Put it in a laundry bag or covered hamper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Cover the consumer with the clean top sheet. Tuck it in, and miter corners.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Making a Bed With Someone in It

Handout 10.9

Finish making the bed		
20. Cover the consumer with the clean blanket. Tuck it in, and miter corners.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Put the bedspread in the middle of the bed. Unfold it. Make sure it covers the sheets and blankets.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Gently take the pillow out from under the consumer's head. Take off the dirty pillowcase. Fold it, holding it away from your body. Put it in a laundry bag or covered hamper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Put on the clean pillowcase. Follow steps in Handout 10.8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Gently put the pillow back under the consumer's head. Assist the consumer to get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Raise the side rail. Lower the bed, if you raised it before.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. If the consumer is using a call bell, make sure it is within reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Providing Personal Care Services to Elders and People with Disabilities¹

Module 11. Supporting Consumers' Dignity while Providing Personal Care

Goals

The goals of this module are to:

- Introduce participants to the unique aspects of working in a nursing home environment.
- Provide an overview of personal care tasks and the importance of maintaining the dignity of the consumer at all times.

Time

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

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SECTION C. PERSON-CENTERED CARE

Module 11. Supporting Consumers' Dignity while Providing Personal Care

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
11.1 Introduction to an Elder Consumer in a Nursing Home	Interactive presentation, small-group work, and large-group discussion	45 minutes
11.2 Overview—Personal Care and Supporting Consumers' Dignity	Brainstorming and large-group discussion	35 minutes
<i>Break</i>		<i>10 minutes</i>
11.3 Bathing with Dignity	Interactive presentation, individual exercise, and large-group discussion	45 minutes
11.4 Demonstration—Bed Bath with Pericare	Go-round, demonstration, and large-group discussion	55 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Two beds, with bedding
- All supplies needed to demonstrate a complete bed bath
- Pericare models (male and female)
- *Instructor's Guide, Activity 11.1—Mr. Oscar Feldman*

Handouts

- Handout 11.1: Care Plan for Mr. Oscar Feldman, Nursing Home
- Handout 11.2: Assisting Mr. Feldman while Maintaining His Dignity
- Handout 11.3: Bathing: Why It Matters
- Handout 11.4: Assisting Mr. Feldman to Bathe
- Handout 11.5: Show Your Skills: Giving a Bed Bath
- Handout 11.6: Show Your Skills: Cleaning Between the Legs (Pericare)

Advance Preparation

Review all training and presentation materials for this module.

Obtain a sample care plan from a nursing home in your area to use for **Handout 11.1**. Before photocopying the care plan, fill it in for Mr. Feldman, checking bed bath, pericare, and all the personal care tasks that are taught in Modules 11 and 12.

Copy the 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 11.1 Introduction to an Elder Consumer in a Nursing Home

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Mr. Oscar Feldman” (Step 4)
- “What do you remember from what Mr. Feldman said?” (Step 5)
- “Observe, Record, Report” (Step 10)

Activity 11.2 Overview: Personal Care and Supporting Consumers' Dignity

Prepare the following flip chart pages:

- “Taking Care of Our Bodies” (Step 2)
- “Dignity” (Step 4)

Activity 11.3 Bathing with Dignity

Prepare the following flip chart pages:

- “Purposes of Bathing” (Step 1)
- “Tips for Assisting with Bathing” (Step 14)

Activity 11.4 Demonstration: Bed Bath with Pericare

Gather all the bathing supplies that you will need for the bed bath demonstration. Set up a work station to demonstrate bed bathing. This should be as similar to an actual work setting as possible.

The day before, identify a participant to be the “consumer” in your demonstration, so that he or she can bring a change of comfortable clothes for the demonstration. The participant should be aware ahead of time of all the actual washing that will be done, including foot-washing, because some people have reservations about having their feet washed. Washing the genitals and private areas is simulated with genital models.

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 11.1 Introduction to an Elder Consumer in a Nursing Home

45 minutes

Learning Outcomes

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

Identify similarities and differences between themselves and a profiled consumer.

Identify open-ended questions to begin building a relationship with that consumer.

Describe the needs of the profiled consumer in a nursing home.

Key Content

- Participants will be introduced to the second consumer profiled in this training, Mr. Oscar Feldman. In keeping with the principles of person-centered care, participants will begin building a relationship with Mr. Feldman, first by identifying how their lives are similar to or different from his. They will also identify his needs, and how their approach to meeting those needs might be different in the nursing home setting than if Mr. Feldman were being cared for at home.

Activity Steps

Interactive Presentation—10 minutes

1. **Introduce the module.** Note that for this module and the next, the consumer is Mr. Oscar Feldman, an 84-year-old man who is in the rehabilitation wing of a nursing home. Post the flip chart page with the “Learning Agenda” for Module 11 and review. Note that personal care tasks, especially bathing, require that participants use all the skills and knowledge they have gained thus far—infection control, body mechanics,

body systems, working with elders, respect, and communication skills. Also, the information, attitudes, and skills addressed in this module do not apply only to nursing home care, but will be applied later on in the training and in other settings in which they may work.

Flip Chart

LEARNING AGENDA:MODULE 11

Supporting Consumers' Dignity
while Providing Personal Care

- Individual needs of a consumer in a nursing home setting
- Maintaining the consumer's dignity while providing personal care
- Bed bathing, with pericare

- 2. Introduce the activity.** Explain that, as before, you will read Mr. Feldman's story aloud. Again, participants should be working on their listening skills! While they are listening, they should imagine that they are meeting Mr. Feldman for the first time. Ask them to imagine the look on his face, the tone of his voice, and the room where he is staying. After that they will talk with other participants about working with Mr. Feldman.
- 3. Read the *Instructor's Guide, Activity 11.1*—Mr. Oscar Feldman out loud to participants.**

Teaching Tip

See page 11.10. Again, do not distribute the *Instructor's Guide* for "Mr. Oscar Feldman" as a handout. It is more realistic for participants to *hear* a consumer's story than to read it. Also, they will be developing their listening

skills to be better able to learn what they need to know from listening to consumers.

Small-Group Work—10 minutes

- 4. Give instructions for small-group work.** Ask participants to form groups of three. Post the prepared flip chart page with discussion questions. Ask the groups to answer the questions, with one of the group members making notes on blank paper, so they can share their answers in the large group afterwards. Tell them they will have 10 minutes.

Flip Chart

<p style="text-align: center;"><u>MR. OSCAR FELDMAN</u></p> <ul style="list-style-type: none">• What do you remember from what Mr. Feldman said?• How is Mr. Feldman different from you? How is he similar?• What do you think he will need from you?• How are his needs different, living in the nursing home, than if he were at home?

Teaching Tip

Give a “time-check” after 5 minutes, so participants make sure they get through all four questions.

Large-Group Discussion—25 minutes

- 5. Facilitate reporting back to the large group.** Ask each group to share their answers for the first question. Write their responses on a flip chart page—this will serve as a “profile” for Mr. Feldman. Post the flip chart page for the first question where it can be seen throughout this module and the next.

Flip Chart

<p><u>What do you remember from what Mr. Feldman said?</u></p>

- 6. Continue group reports.** Ask participants to share their responses to the rest of the questions, with brief discussion—do not write on flip chart pages.
- 7. Brainstorm questions to ask Mr. Feldman.** Reiterate that this training will repeat the themes of relationship and communication. They are inseparable in everything we do when working with consumers, their families, and co-workers. Ask participants:

Based on what you know about Mr. Feldman, and your similarities and differences, what questions could you ask him to begin building a relationship?

Note these questions at the bottom of the flip chart page, “What do you remember...” or on a new page.

- 8. Review the sample care plan.** Distribute **Handout 11.1: Care Plan for Mr. Oscar Feldman, Nursing Home** and ask participants to identify what tasks they are expected to carry out with Mr. Feldman. [These include skin care, hair care, nail care, and bathing.] Ask:

How do you think it will be different providing these services in a nursing home instead of in the consumer's home?

- 9. Remind participants to find out the consumer's preferences.** While the care plan specifies *what* direct-care workers are supposed to do, the principle of person-directed care means that, as much as possible, we respect the consumer's preferences in *how* their care is provided. Ask participants:

How do we learn about the consumer's preferences?

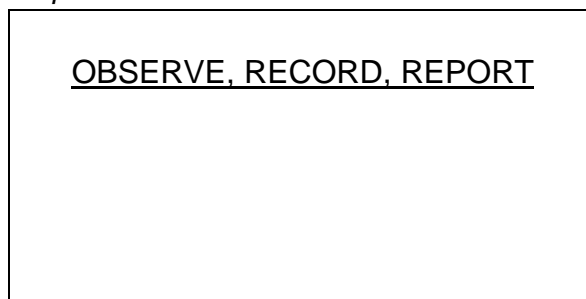
[Answer: Ask open-ended questions!] Note that they will practice asking open-ended questions in the up-coming activities.

- 10. Review ORR.** Post the prepared flip chart page, "Observe, Record, Report." Ask participants:

From what you know so far, what would you need to observe, record, and report for Mr. Feldman?

Note their answers on the flip chart page. Explain that, every so often throughout the activities, you will stop and ask participants what they need to observe, record, and/or report, based on what they have learned so far. Their ideas will be listed on the flip chart pages, as reminders throughout the training.

Flip Chart



- 11. Wrap up the activity.** Thank participants for their listening and sharing. Ask them to keep Mr. Feldman and his needs in mind as they learn about maintaining dignity while providing personal care to consumers.

Instructor's Guide, Activity 11.1

Mr. Oscar Feldman

Hello, my name is Oscar Feldman. You can call me Mr. Feldman.

My parents came to America from Germany and I was born in Pittsburgh in 1923. I got married young. I joined up to go fight in World War II, and marrying my girlfriend seemed like the right thing to do, you know, just in case. . . . But I loved her and never regretted it. Needless to say, I survived the war. We had one daughter by the time I got home and the second one came soon thereafter.

Now I have eight grandchildren and four great-grandchildren! My daughters always stayed close to home, and I have enjoyed seeing the grandchildren grow up. That's especially important because both of my parents had a lot of family still in Germany during the war, and many of them died in concentration camps. My parents never made a big deal about going to synagogue, but we always lit the candles on Friday nights and did special things with the whole family on the high holidays. My wife always took care of those things, but, since she died, that's kind of gone from my life, too.

With all that family around, I never thought I'd be in a nursing home. My problems started when I got arthritis, and it got harder and harder to walk, and then 5 years ago I had both knees replaced. Then, a while ago—I can't even remember when exactly—I had a very bad lung infection and they had to put me on a machine to help me breathe. I was in the hospital for almost a month, and hardly got out of bed. After that, I could barely walk at all. So the hospital sent me to this nursing home so I can get my strength back and walk on my own again. But sometimes I get so discouraged, and I wonder if I will ever leave. I think I've been here over a month now, I'm not sure. I find what I miss the most, after seeing the children, of course, is the little things, like lighting the Sabbath candles.

Activity 11.2 Overview—Personal Care and Supporting Consumers' Dignity

35 minutes

Learning Outcomes

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

Define “dignity.”

List ways a direct-care worker can help to maintain the consumer's dignity while providing personal care.

Key Content

- Maintaining the consumer's dignity is a key element of person-centered care. Dignity is a sense of pride and self-respect, and feeling worthy of respect from others.
- When someone is in a position of needing assistance, he or she may feel inferior, weak, inadequate, helpless, dependent, depressed, powerless, or useless—any of which could lead to a person feeling a loss of dignity (i.e., not worthy of respect).
- Ways that a direct-care worker can help to maintain the dignity of their consumers and the consumer's family include:
 - Treat consumers how they (the consumers) wish to be treated
 - Appreciate the consumer's individuality
 - Honor the choices and preferences of the consumer and his or her family
 - Maintain privacy
 - Engage consumers in activities as much as possible
 - Encourage independence and help consumers to do things on their own as much as possible
 - See consumers as adults with a lot of life experience

Activity Steps

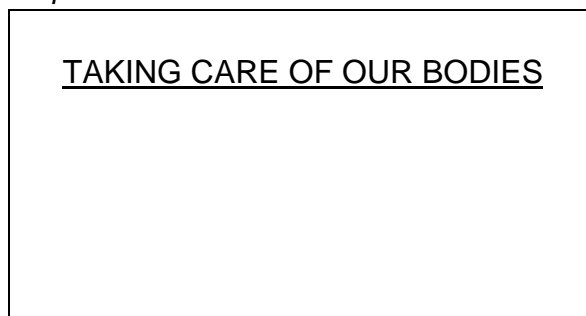
Brainstorming—5 minutes

1. **Conduct brainstorming.** Ask participants:

What are things that you do for your body every day—normal, routine things that make you feel ready to start the day?

2. **Discuss and classify responses.** List all answers on a flip chart page, “Taking Care of Our Bodies.” If applicable, identify which tasks are related to other Activities of Daily Living (toileting, eating, or dressing) and note that they will be covered in other modules. Explain that the rest of the items on the list (bathing, hair care, mouth care, nail care) are considered “personal care.”

Flip Chart



Large-Group Discussion—30 minutes

3. **Invite participants to imagine how consumers feel.** Ask:

How would you feel if you couldn't do these things for yourself—if someone had to do them for you?

Teaching Tip

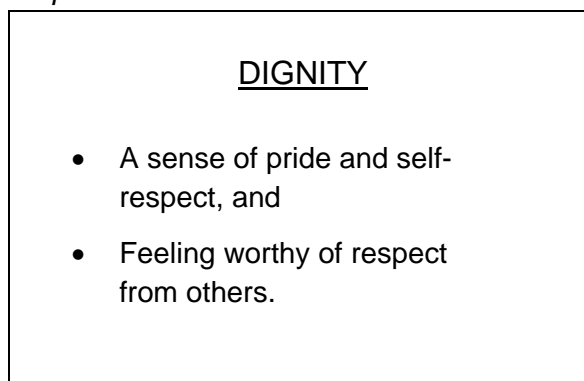
Responses might include: *helpless, embarrassed, powerless, frustrated, or useless.* Do not save these words on flip chart paper because we want to emphasize the positive aspects of dignity from this point on.

4. **Introduce and define “dignity.”** Thank participants for their responses and note that you have another question for them. Ask:

What does dignity mean to you?

After a few responses, post the prepared flip chart page with the definition and read it aloud.

Flip Chart



5. **Invite participants to share their reactions.** Ask:

How does this definition compare to your feelings about NOT being able to do your own personal care? The same? Different?

[Expected answer: The opposite! Not being able to do your own personal care feels UN-dignified.]

6. **Explain how needing help can feel undignified.** After a few responses, note that dignity is an important principle of person-centered care, closely linked to respect. Explain that when consumers need assistance with basic tasks that they used to do on their own—such as bathing, preparing meals, shampooing their hair, going to the bathroom—they may feel inferior, weak, inadequate, helpless, dependent, powerless, or useless. These are all emotions that can leave a person feeling a loss of dignity.

- 7. Invite participants to consider how to maintain a consumer's dignity.** Ask them to think about Mr. Feldman for a moment and imagine that they will need to give him a bath. Ask:

What could you do to help maintain Mr. Feldman's dignity in this situation?

- 8. Review tips for maintaining a consumer's dignity.** After a couple of responses, distribute **Handout 11.2: Assisting Mr. Feldman while Maintaining His Dignity**. Ask participants to take turns reading aloud the tips from direct-care workers.
- 9. Wrap up the activity.** Note that participants will now explore further how to maintain dignity in one of the most intimate personal care tasks—bathing.

Activity 11.3 Bathing with Dignity

45 minutes

Learning Outcomes

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

Explain the purposes of bathing in personal care.

List the principles of bathing consumers.

List things to observe, record, and report during bathing.

Explain personal and cultural reasons why some people may be resistant to or embarrassed about being bathed.

Explain the importance of communicating with the consumer and respecting dignity, privacy, and the consumer's preferences during bathing.

Key Content

- Bathing has many purposes in terms of the health and well-being of consumers. However, it also plays a different role in different cultures, and is one of the most personal tasks that direct-care workers can assist a consumer to perform. Therefore, this activity focuses on reaching an understanding with a consumer about how he or she would like to be bathed and encouraging the consumer to do as many of the steps as he or she is able.

Activity Steps

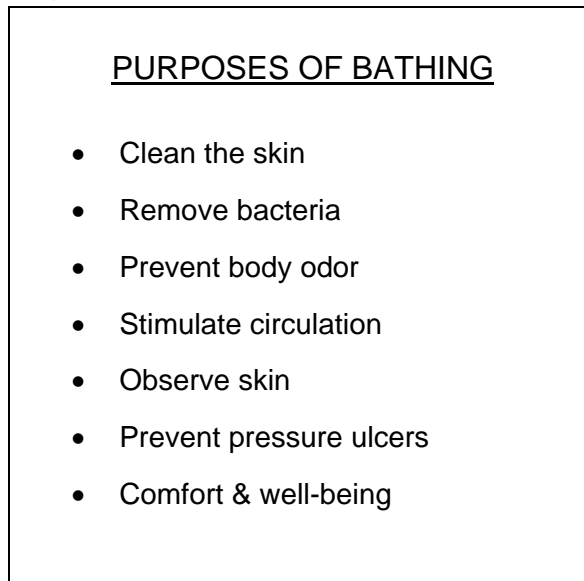
Interactive Presentation—10 minutes

1. Discuss the purposes of bathing. Ask participants:

Why do you think bathing is important in personal care?

After a couple of responses, post and review the prepared flip chart page, “Purposes of Bathing.” Note that participants will get a handout with this information, so they can listen fully now.

Flip Chart



2. Invite participants to share their thoughts. Note that, per the discussion they just had, being bathed by another person is often an area where consumers feel a loss of dignity. Ask participants:

Since bathing has so many important purposes—both physical and emotional—why do you think some people dislike or resist being bathed by someone else?

Teaching Tip

Responses should cover the following points.

Consumers may feel:

- Embarrassed about being seen naked by a stranger
- Ashamed of having to be bathed by another person
- Embarrassed about their bodies
- Vulnerable, unprotected
- Unsafe because they are not as steady on their feet as they used to be (shower)
- Unaccustomed to a particular kind of bathing (e.g., never used a shower, or always did a sponge bath)

3. **Emphasize the private and personal nature of bathing.** There are many very understandable reasons why a consumer, like Mr. Feldman, might not want you to help him with bathing. In addition, there may be cultural issues. For example, some cultures see bathing as a time when the body can become chilled and, therefore, sicker. Thus, it is very important for workers to discuss with the consumer how she or he feels about being bathed, what his or her normal routine was before, and how you can assist in a way that would help to overcome his or her discomfort. Once again, communication is the first step!

Individual Exercise—5 minutes

4. **Introduce the exercise.** Explain to participants that, in order to respect the consumer's concerns and preferences about bathing, it may be helpful to think about their own unique bathing habits. Ask participants to close their eyes and think about the following questions. They will not answer these questions out loud, just think to themselves.
5. **Conduct the exercise.** Slowly read the guided meditation below (about three lines per minute), allowing a few moments after each question for participants to think about what you asked.

Think about a satisfying bathing experience for you—in the tub, shower, Jacuzzi, lake, whatever.

Where are you? What does the room around you look like?

What odors can you smell? What sounds can you hear?

What is your favorite soap or other skin cleanser? Do you have bubbles in the bath?

How long do you spend bathing? What would be the ideal length of time to spend bathing?

What is your favorite kind of towel? How does the towel feel against your skin?

What do you put on your skin after you are dry?

What is it about this experience that makes it the perfect bathing experience for you?

Large-Group Discussion—20 minutes

- 6. Facilitate debriefing.** Ask participants to open their eyes, and share their answers to the following questions with a show of hands.

How many people imagined themselves in a tub? In a shower? Somewhere else?

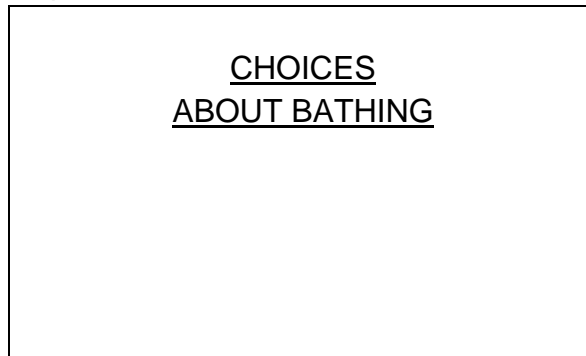
- 7. Invite participants to share their thoughts.** Ask for a few volunteers to share what makes bathing a satisfying experience for them.

- 8. Focus on choices about bathing.** Ask participants:

What choices (or decisions) did you make in your imaginary bathing experience?

Write responses on a flip chart page; shorten responses before adding them to the list—e.g., “when,” “where,” “for how long,” etc.

Flip Chart



- 9. Consider not being able to bathe oneself.** Ask participants to imagine now that they are NOT able to bathe themselves. Ask:

How would that make your “ideal” experience different?

[Expected responses: there is a lot about their ideal bathing experience that they wouldn't be able to do if someone had to help them, or it would be more awkward...]

- 10. Emphasize the need to honor consumer preferences.** Note that consumers like Mr. Feldman made their own decisions and choices about bathing when they were able to bathe themselves. Part of respecting a consumer's dignity is to find out how that person would like to be bathed and to do as much as you can to honor his or her preferences, within the guidelines of the facility where you are working.

- 11. Brainstorm questions to ask the consumer about bathing.** Ask:

What questions could you ask Mr. Feldman to find out how he feels about bathing and what his preferences would be?

Remind participants that they can create questions around the list of “Choices about Bathing.” Also note the importance of respecting the consumer's dignity while asking the questions.

Teaching Tip

Participants may feel awkward imagining asking a consumer how they like to bathe. Acknowledge the awkwardness and gently prompt a few questions, if necessary. You can take the role of Mr. Feldman in this discussion, answering the questions as they are asked. Or, if participants seem stuck, you can ask them to put themselves in the role of the consumer, while you ask some questions.

- 12. Summarize this section.** Note that, if participants were embarrassed to think about asking questions about bathing, imagine how the consumer feels about being bathed! This is why sensitivity and respect for the consumer's dignity are so important when assisting with bathing.

Interactive Presentation—10 minutes

- 13. Invite participants to share their knowledge.** Ask:

How can you help to make the bathing experience more pleasant for Mr. Feldman?

- 14. Provide bathing tips.** After a few responses, distribute and review **Handout 11.4: Assisting Mr. Feldman to Bathe**. Post the prepared flip chart page with summary points and review any that were not brought up by participants. Place the flip chart page where participants can see it throughout the remainder of this module and the next.

Flip Chart

TIPS FOR ASSISTING WITH
BATHING

- Get everything you need before you start
- Treat Mr. Feldman with respect
- Let Mr. Feldman do as much as he can for himself
- Keep yourself and Mr. Feldman safe
- Keep Mr. Feldman from getting cold
- Follow cleaning tips
- Pat dry and put on lotion (if okay)

15. Wrap up the activity. Distribute **Handout 11.3: Bathing: Why It Matters** for participants' binders.

Activity 11.4 Demonstration—Bed Bath with Pericare

55 minutes

Learning Outcomes

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

Explain the importance of body mechanics during bathing.

List the steps of infection control during bathing.

List the steps of bed bathing and shampooing, including perineal care (pericare).

Key Content

- The goal of this activity is to prepare participants to provide a complete bed bath, using proper body mechanics and infection control practices, and respecting the dignity and personal preferences of the consumer.

Activity Steps

Go-Round—10 minutes

- 1. Introduce the activity.** Explain that Mr. Feldman is not doing well and hasn't been able to get out of bed this week. As a result, he needs a bed bath. When giving a bed bath, maintaining dignity is very important. So is infection control and using proper body mechanics—which keep both the consumer and the direct-care worker safe.
- 2. Explain how the “go-round” works.** Note that infection control and body mechanics were addressed in Modules 3 and 4, so a quick review would be good. Explain that you will ask each participant to name one of the rules of infection control and body

mechanics in a quick pass around the room (this is called a “go-round”). A volunteer starts the go-round by stating one of the rules for body mechanics. The participant next to that person states another rule, and so on until all the rules have been named. Explain the “pass rule”: if someone can't think of an answer when it is their turn, they can “pass,” but you will come back to them later.

- 3. Conduct the go-round.** Ask for one participant to volunteer to start the go-round, by naming one rule of body mechanics. Repeat the process with infection control. Spend five minutes or less on this exercise, going around the room as many times as it takes (depending on the number of participants) to cover the basic rules.

Teaching Tip

You are looking for participants to list the five bullets from **Handout 3.5: Infection Control and Standard Precautions** and five bullets from the “Review” box in **Handout 4.2: Using Good Body Mechanics**. Give them hints if needed.

- 4. Review rules of infection control and good body mechanics.** After the go-round, refer participants to **Handout 3.5** and **Handout 4.2** as a reminder about rules of infection control and body mechanics. Note that they will apply these rules throughout the rest of the training, whenever they are practicing direct contact with a consumer.

Teaching Tip

Make a flip chart page for “Infection Control” with the five bullets from Handout 3.5 and one for “Good Body Mechanics” with the five bullets from the “Review” box in Handout 4.2. Keep these posted where they can be seen for the remainder of the training, to reinforce the core importance of using these skills in direct-care work.

- 5. Consider how infection control and body mechanics apply to bed baths.** Ask participants how these rules might apply when giving a consumer a bed bath.

Teaching Tip

Prompt participants as necessary with questions like the following:

- When should you use gloves?

- When should you wash your hands?
- What part of bathing would require good body mechanics?

Demonstration—40 minutes

6. **Set up the demonstration.** Explain that you are now going to demonstrate giving a bed bath. Ask the participant-volunteer to go change into the comfortable clothes that he or she brought (see Advance Preparation). Ask participants to gather around the demonstration area that you set up earlier (see Advance Preparation), standing where they can see. Ask the volunteer to assume the role of Mr. Feldman and get into the bed.

Teaching Tip

Participants may want to take notes while you are doing the demonstration. However, writing can distract people from observing what you are doing and listening to your explanations—especially since they will be standing and will not have a hard surface to write on. Encourage them instead to focus on watching and listening. Explain that they will be given their own copies of the checklists to review at the end of the demonstration.

7. **Start the demonstration.** Begin with a conversation with “Mr. Feldman” about having a bed bath. Encourage “Mr. Feldman” to do as much as he can, letting you know if he wants to do something for himself.
8. **Complete the demonstration.** Following the steps in **Handout 11.5: Show Your Skills: Giving a Bed Bath**, explain why each step is done a particular way. Reinforce the importance of:
 - Communicating with the consumer, especially using open-ended questions
 - Respecting privacy and dignity
 - Body mechanics
 - Infection control
 - Encouraging the consumer to do as much as he or she can
 - Observing the consumer’s skin condition and sensitivity, noting sores, discoloration, or pain that should be recorded and reported

- 9. Demonstrate pericare.** Demonstrate cleaning the genitals using rubber models for BOTH the vulva and the penis/scrotum. Emphasize the importance of being professional and keeping one's reactions, including facial expressions, neutral. Note that erections for men during bathing are fairly common, and are probably more embarrassing for the consumer than for the direct-care worker. Different people will have different ways of responding to this situation. Discuss some of the ways a worker can deal with a male consumer getting an erection during bathing.

Large-Group Discussion—5 minutes

- 10. Distribute and review checklists.** Distribute **Handout 11.5: Show Your Skills: Giving a Bed Bath** and **Handout 11.6: Show Your Skills: Cleaning Between the Legs (Pericare)**. Give participants a few minutes to review them. Then ask:

What steps are important to remember to ensure the consumer's privacy and dignity when giving a bed bath?

What are the most important steps for infection control?

What steps are important to remember to ensure the consumer's safety and your own safety?

- 11. Revisit ORR.** Ask participants what they should add to the “Observe, Record, Report” flip chart page for this module. Write appropriate responses on the flip chart page.
- 12. Wrap up this module.** Thank the volunteer for his or her patience and good humor! Ask if participants have any questions. Explain that they will have a chance to practice bed bathing and pericare in Module 12.

Module 11. Supporting Consumers' Dignity While Providing Personal Care¹

Handouts

Activity 11.1: Introduction to an Elder Consumer in a Nursing Home

Handout 11.1
Care Plan for Mr. Oscar Feldman, Nursing Home

Activity 11.2: Overview: Personal Care and Supporting Consumers' Dignity

Handout 11.2
Assisting Mr. Feldman while Maintaining His Dignity

Activity 11.3: Bathing with Dignity

Handout 11.3
Bathing: Why It Matters

Handout 11.4
Assisting Mr. Feldman to Bathe

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Activity 11.4: Demonstration: Bed Bath with Pericare

Handout 11.5

Show Your Skills: Giving a Bed Bath

Handout 11.6

Show Your Skills: Cleaning Between the Legs (Pericare)

Care Plan for Mr. Oscar Feldman

Handout 11.1

Note to Trainers: Insert a care plan from a local nursing home. Fill it in to reflect Mr. Feldman's profile.

Assisting Mr. Feldman While Maintaining His Dignity

Handout 11.2

Page 1 of 2

People with dignity have a sense of pride. They respect themselves and feel other people should respect them, too.

Read how these workers maintain Mr. Feldman's dignity while assisting him with personal care tasks.

Nadia's tip—Remember the person is an individual.

“Mr. Feldman is a human being, just like me. He has his own ideas and feelings.”

Larry's tip—Give Mr. Feldman what he wants.

“I ask him what he wants, or how I can help. Then I try to make that happen.”

Sue's tip—Treat Mr. Feldman like an adult.

“He may have trouble doing some things, but he's still a grownup. And he has some great stories to tell!”

Julie's tip—Give Mr. Feldman privacy.

“He's shy about things like bathing and using the toilet. So I give him as much privacy as I can.”

Donna's tip—Assist Mr. Feldman to do things on his own.

“At first I thought Mr. Feldman would need me to do everything for him. But he just needs a little help sometimes. For example, brushing his teeth—if I bring him the toothbrush and toothpaste and a cup of water, he can brush his teeth himself. And he looks so satisfied after he does that.”

Paul's tip—Assist Mr. Feldman to do things with a group.

“We have Jewish services here. I asked him if he'd like to go. He said yes—if I would help him get down the hall.”

Assisting Mr. Feldman While Maintaining His Dignity

Handout 11.2

Page 2 of 2

Review—Assisting Mr. Feldman while maintaining his dignity:

- Remember the person is an individual.
- Give Mr. Feldman what he wants.
- Treat Mr. Feldman like an adult.
- Give Mr. Feldman privacy.
- Assist Mr. Feldman to do things on his own.
- Assist Mr. Feldman to do things with a group.

Bathing: Why It Matters

Bathing is important. Here's why.

Taking a bath is good for Mr. Feldman because it:

- Cleans off dirt and germs
- Gets his blood moving
- Makes him feel and smell good
- Prevents bedsores

Giving Mr. Feldman a bath lets you:

- Check his skin for problems
- Talk with him

Assisting Mr. Feldman to Bathe

Bathing is important, but a lot of people do not like having someone else bathe them. If you pay attention to these key areas, you can assist Mr. Feldman to bathe, respecting his dignity and comfort. Here's how.

To get ready:

- Check Mr. Feldman's care plan, to see what kind of bathing he wants.
- Get all the things you'll need before you start.

To treat Mr. Feldman with respect:

- Before starting, ask Mr. Feldman if he is ready for bathing.
- Tell him what you will do.
- Ask him to do as much as he can.
- Give him as much privacy as possible.
- Cover up any parts of his body that you're not cleaning.
- If he doesn't like being uncovered, bathe him under a blanket or bath sheet.
- Chat with him during the bath.

To keep you and Mr. Feldman safe:

- Follow safety rules for infection control.
- Use good body mechanics.
- Watch out for wet spots on the floor or objects that might make you or Mr. Feldman fall.

To keep Mr. Feldman from getting cold:

- Work as quickly as you can, but without making Mr. Feldman feel rushed.
- Add warm water as needed.
- Keep Mr. Feldman covered with a bath sheet or blanket, except for where you're washing him.

Assisting Mr. Feldman to Bathe

To get Mr. Feldman clean:

- As you wash his body, start with the cleaner areas and move to the dirtier areas.
- Change the water if it's too dirty or soapy.
- Rinse off all the soap.
- Wash his hair last, if he wants it.

To finish:

- Gently pat Mr. Feldman's skin dry—don't rub with the towel.
- Use lotion, if he wants it.

Show Your Skills: Giving a Bed Bath

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Tell the consumer your name, if they don't know you. Ask if they have ever had a bed bath. If they say "yes," ask what that was like. Keep talking with them during the bath.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Tell the consumer what you will do.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Get the things you will need. Put them by the bed. <ul style="list-style-type: none"> • Gloves • Washbasin • Liquid soap, or soap dish and soap • Bath blanket (optional) • Washcloths (3) • Face towel • Bath towels (2) • Clean clothing (for after the bath) • Brush and/or comb • Other personal items (deodorant, body lotion, etc.) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Giving a Bed Bath

6. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Raise the bed to a good height for working, if possible; keep the side rail raised.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Bring a basin of warm water to the bed. Make sure it's no hotter than 110 degrees F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Lower the side rail. Assist the consumer to lie on their back. Take off or fold back the blanket and top sheet. Assist the consumer to take off their gown. Cover them with a bath blanket or top sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wash the consumer's face.		
10. Ask the consumer if they want to wash their own face. If they say "no," wash it for them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Use plain water. Do not use soap. Wash each eye from the inside corner to the outside corner. Wash the rest of the face. Pat dry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wash the front of the consumer's body and feet.		
12. Move from shoulders to feet. Wash with soap, rinse, and dry one part at a time. Put a towel under the part being washed. Keep the rest of the body covered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Put the basin on a towel by the consumer's feet. Put one foot in the basin. Wash, rinse, and dry that foot. Then do the other foot.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Change the water in the basin. Get a clean washcloth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Giving a Bed Bath

Wash the back of the consumer's body.		
15. Assist the consumer to turn on their side, facing away from you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Clean the consumer's back, buttocks, and thighs. Wash, rinse, and dry one part at a time. Put a towel under the part being washed. Keep the rest of the body covered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Rub the consumer's back with lotion. Then assist the consumer to turn onto their back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Ask the consumer if they can wash between their legs. If they say "no," do the tasks on Handout 11.6, "Cleaning Between the Legs," beginning with step 13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finish and clean up.		
19. Assist the consumer to put on a clean gown.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Comb or brush the consumer's hair, if they want assistance (see Handout 12.8).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Shave men (see Handout 12.11).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Dump out the basin. Clean and put away the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Write down and report any problems you saw, such as bruises or red areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Cleaning Between the Legs (Pericare)

Handout 11.6

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name and tell them your name, if they don't know you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Tell the consumer what you will do. Answer their questions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Get the things you will need and put them near the bed. <ul style="list-style-type: none"> • Gloves • Washbasin (with warm water, no hotter than 110 degrees F.) • Liquid soap, or soap dish and soap • Washcloths (3) • Bath towel • Bath blanket • Waterproof protector pad • Plastic bag • Toilet tissue 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If using a hospital bed, lock the wheels, raise the side rails, and then raise the bed to a good height for working. Lower the side rail closest to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Cleaning Between the Legs (Pericare)

Handout 11.6

8. Fold top bedding down to foot of bed. (Take it off, if soiled, and put in laundry bag or hamper.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Cover the consumer with a bath blanket, arranged like a diamond shape, with one point extending between the legs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Help the consumer to bend their knees and spread their legs. Fold back the point of the bath blanket toward their belly. Keep their legs covered for warmth and privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Put a clean bed protector under the consumer's buttocks. (If bottom sheet is soiled, remove this first, the same way you do when making an occupied bed, and put in laundry bag or hamper.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Keep the consumer covered as much as possible while you clean them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean between the legs (for a woman).		
<p>13. Follow these steps in order:</p> <ul style="list-style-type: none"> ● Apply a small amount of soap to washcloth. ● Wash the outer lips of the vagina first. Wipe from front to back. Wipe once down each side, and once down the center. Use a clean part of the washcloth for each stroke. ● Rinse the cloth in warm water and wipe from front to back again to remove the soap. (If the washcloth becomes soiled with stool at any point during washing, replace with a clean cloth.) ● Flip the washcloth and then soap it lightly. Spread the outer lips. Wash the inner lips with three wipes as in Step b. ● Rinse and flip the washcloth. Rinse the inner lips with three wipes. . ● Pat the area dry. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Cleaning Between the Legs (Pericare)

Handout 11.6

Wash between the legs (for a man).		
13. Follow these steps in order: <ul style="list-style-type: none"> ● Soap a clean washcloth. ● Push back the foreskin, if he has one. Wash the tip of the penis in a circle. ● Rinse and flip the washcloth. Wipe the tip of the penis. Pat dry. Put the foreskin back in place, if he has one. ● Flip the washcloth. Wash the shaft of the penis, moving away from the tip. ● Rinse and flip the washcloth. Rinse the shaft of the penis. ● Flip and soap the washcloth. Wash the far side of the groin with one stroke. Wash the near side with another stroke. Wash the scrotum in a circle. ● Rinse and flip the washcloth. Rinse the groin and scrotum. ● Pat the scrotum and penis dry. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean the consumer's bottom.		
14. Assist the consumer to turn on their side, facing away from you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Spread the buttocks. If soiled, wipe the area with toilet paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Soap a clean washcloth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Clean the area between the buttocks with three strokes. Wipe from front to back each time (or from belly to buttocks). Use a different part of the washcloth for each stroke.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Cleaning Between the Legs (Pericare)

Handout 11.6

18. Rinse and flip the washcloth. (Use a clean washcloth if the first one is soiled.) Wipe and pat dry the buttocks and the area between the buttocks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Make the consumer comfortable and put things away.		
19. Take off the wet bed protector.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Put a dry bed protector under the consumer. (If you removed soiled bedding, put clean bedding on before the bed protector.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Assist the consumer to get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Lower the bed, if you raised it before. Raise the side rails.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Clean and put away the things you used. (If you removed soiled bedding, take the laundry bag or hamper to the laundry.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Take off your gloves and throw them away. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Write down and report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Providing Personal Care Services to Elders and People with Disabilities¹

Module 12. ADL: Bathing and Personal Care

Goal

The goals of this module are to:

- Prepare participants, through demonstration and practice, to provide personal care for consumers, including bathing and skin care.
- Provide an opportunity for participants to practice all the skills taught so far and to perform return demonstrations.

Time

7 hours (including 60 minutes for opening, closing, and several breaks; lunch is additional time)

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SECTION C. PERSON-CENTERED CARE
Module 12. ADL: Bathing and Personal Care

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
12.1 Demonstration and Practice— Care of the Skin, Hands, Fingernails, Feet, and Toenails	Interactive presentation, demonstration, large-group discussion, practice pairs, and practice triads	1 hour & 35 minutes
12.2 Demonstration and Practice— Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, and Shaving	Interactive presentation, demonstration, large-group discussion, and practice triads	1 hour & 25 minutes
12.3 Practice Lab and Return Demonstrations (for Modules 3, 4, 10, 11, and 12)	Practice triads and return demonstrations	3 hours
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Two beds, with bedding (more than two, if you have more than 15 trainees and enough space)
- All supplies needed to demonstrate a complete bed bath and shampoo
- Pericare models (male and female)
- Tub and shower “models”—i.e., materials or furniture arranged to simulate getting in and out of tub and shower, including shower chair and tub bench
- All supplies needed to demonstrate skin, mouth, and nail care, plus shaving and shampoo
- Lotions for massage
- Assistive devices for bathing and grooming
- Paper towels, antimicrobial liquid soap
- Disposable gloves in range of available sizes
- Disposable aprons, masks, eye protectors
- Plastic garbage bags
- Trash cans
- Heavy objects for practicing body mechanics
- Wheel chairs and assistive devices for practicing assisting consumers to stand or transfer

Handouts

For Activity 12.1

- Handout 12.1: Changes in the Skin
- Handout 12.2: Routine Skin Care
- Handout 12.3: Special Skin Care
- Handout 12.4: Show Your Skills: Giving a Back Rub
- Handout 12.5: Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails
- Handout 12.6: Show Your Skills: Assisting a Consumer to Care for Feet and Toenails

For Activity 12.2

- Handout 12.7: Show Your Skills: Assisting a Consumer to Take a Tub Bath
- Handout 12.8: Show Your Skills: Assisting a Consumer to Take a Shower
- Handout 12.9: Show Your Skills: Assisting a Consumer to Care for Their Hair
- Handout 12.10: Show Your Skills: Assisting a Consumer to Wash Their Hair
- Handout 12.11: Show Your Skills: Assisting a Consumer to Care for Their Mouth (While Sitting or in Bed)
- Handout 12.12: Show Your Skills: Assisting a Man to Shave
- Handout 12.13: Bathing and Grooming Assistive Devices

For Activity 12.3

- Handout 3.11: Show Your Skills: Washing Your Hands
- Handout 3.12: Show Your Skills: Putting on and Taking Off Gloves
- Handout 4.3: Show Your Skills: Lifting a Thing
- Handout 4.5: Show Your Skills: Raising a Consumer's Head and Shoulders
- Handout 4.6: Show Your Skills: Moving a Consumer to the Side of the Bed
- Handout 4.7: Show Your Skills: Assisting a Consumer to Move Up the Bed
- Handout 4.8: Show Your Skills: Turning a Consumer in Bed
- Handout 10.1: Show Your Skills: Assisting a Consumer to Stand from Bed
- Handout 10.2: Show Your Skills: Assisting a Consumer to Transfer from a Bed to a Wheelchair or Chair
- Handout 10.8: Show Your Skills: Making an Empty Bed
- Handout 10.9: Show Your Skills: Making a Bed with Someone in It
- Handout 11.5: Show Your Skills: Giving a Bed Bath
- Handout 11.6: Show Your Skills: Cleaning Between the Legs (Pericare)

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for Activity 12.1 for participants. For the skills checklists, make two copies for each participant—one to give to participants after the demonstration and one for instructors to use for assessing return demonstrations.

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 12.1 Demonstration and Practice—Care of the Skin, Hands, Fingernails, Feet, and Toenails

Prepare a flip chart page with the Module 12 “Learning Agenda” (Step 1).

Set up the following demonstration areas around the training space:

- Back rub (in a bed)
- Hand and fingernail care
- Foot and toenail care

If you have enough space, you should set up the demonstration and practice stations for Activity 12.2 at the same time (see below). Otherwise, you will need to do those during the break.

For skills practice (Step 21), set up enough practice stations so that every triad can be involved with some skill at all times. (The demonstration area for each skill can be used as one of the practice stations.)

Activity 12.2 Demonstration and Practice—Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, and Shaving

Set up the following demonstration areas around the training space. Assistance with shampooing can be done with a sink, tub, shower, or in bed. Decide which of these shampoo techniques you want to demonstrate, based on the most likely situation for your trainees.

- Tub bath
- Shower
- Hair care
- Shampoo
- Mouth care
- Shaving
- Assistive devices for bathing and grooming

For skills practice (Step 8), set up enough practice stations so that every triad can be involved with some skill at all times. (The demonstration area for each skill can be used as one of the practice stations.)

Mouth care and shaving are scheduled to be practiced in Activity 12.3. However, if you have a small group (i.e., fewer than ten participants), there may be time to do the practice in this activity.

Activity 12.3 Practice Lab and Return Demonstrations (for Modules 3, 4, 10, 11, and 12)

This three-hour practice lab is intended to give participants a chance to practice bed bathing for the first time, review and practice other skills learned up to this point, and successfully complete return demonstrations. Additional instructors will be needed to assess return demonstrations.

Setting up the space for this activity will vary widely depending on the number of participants, the number of instructors available to observe return demonstrations, and the training space and supplies available. Some options for use of time and space include:

- With limited space, divide the skills into 2 or 3 groups, and set up practice stations for one group at a time. Divide the time accordingly, as well.
- With adequate space and staff, set up two practice stations for each skill. Use one station for practice and the other for return demonstrations. Participants and instructors can then move from station to station as needed, throughout the entire 3 hours.

In addition to the skills practice stations from Activity 12.1, set up additional practice stations for the following skills:

- Washing hands (the use of gloves is demonstrated in bed bath)—requires a working sink
- Body mechanics—lifting and moving objects, and positioning a consumer in bed
- Bed bath, with pericare
- Bedmaking (occupied and unoccupied)
- Assisting consumers to stand, transfer, ambulate

This is the first time participants will be able to practice bed bathing with pericare. If possible, set up more than two practice stations with beds, since trainees will need to spend longer at that station than the others. Depending on space, you may need to combine return demonstrations—for example, participants could combine bed bath with making an occupied bed *and* positioning a consumer in bed.

At each station have extra copies of checklists for skills to be practiced (from the previous modules). Make sure enough copies are available for instructors to assess return demonstrations.

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 12.1 Demonstration and Practice— Care of the Skin, Hands, Fingernails, Feet, and Toenails

1 hour & 35 minutes

Learning Outcomes

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

Describe normal skin changes during aging.

Describe the direct-care worker's role in routine skin care and in special skin care for consumers who are in bed or sitting a lot.

List what to observe, record, and report during skin care.

Describe and demonstrate how to provide a back rub for a consumer in bed.

Describe and demonstrate how to provide hand and fingernail care.

Describe and demonstrate how to provide foot and toenail care.

Key Content

- Each of the personal care tasks covered in the next two activities—skin care, therapeutic body rubs, tub bath and shower, mouth care, hair care, nail care, and shaving—has basic guidelines for when to do it, and steps to be followed. Over the next three hours, participants will see demonstrations of these skills and have a chance to practice them. In the afternoon, there will be additional practice time for these and other skills learned up to this point in the training.
- All of these personal care tasks involve contact with and care for the skin. As people age, the skin loses elasticity, it loses oil, and it becomes clearer. The skin also

becomes easier to tear and takes longer to heal. These changes must be considered when caring for the skin.

- Personal care provides an opportunity for a direct-care worker to observe the skin closely. The worker should observe, record, and report the following signs of potential problems in the skin, including hair and nails:
 - Bad odors
 - Bruises, or changes in skin color
 - Dry skin, or rashes
 - Cuts and sores
 - Pus or drainage from a cut or sore
 - Swelling
 - Skin that is hot or cold to the touch

- Infection control is important in personal care, to protect consumers from exposure to germs and to protect the direct-care worker from exposure to the consumer's germs. Good body mechanics are very important to prevent falls and sprains, especially during transfer for tub bath or shower. Communication skills and respect for the consumer's dignity are essential throughout personal care, since many consumers may feel embarrassed that they need help with tasks they used to do for themselves. It is especially important to respect the consumer's privacy, modesty, and dignity during bathing.

Activity Steps

Interactive Presentation—5 minutes

1. **Introduce the module.** Review the “Learning Agenda” for Module 12.

Flip Chart

LEARNING AGENDA: MODULE 12

Bathing and Personal Care

- Aging skin and how to take care of it
- Learning and practicing personal care skills:
 - Back rubs
 - Bathing: shower and tub
 - Hair care and shampoo
 - Hand and fingernail care
 - Toe and fingernail care
 - Shaving
 - Mouth care
 - Bed bath and pericare (practice)
- Return demonstrations (assessment of skills learned up to this point)

SKIN CARE

Interactive Presentation—15 minutes

2. **Assess participants' knowledge.** Ask:

What is the largest organ of the body?

[Answer: the skin!] Remind participants (from Module 5) of the important functions of the skin—to keep the body temperature stable, to protect the body from infections, and to provide key information to the brain about heat, cold, pain, pressure, and touch.

3. **Facilitate skin comparison exercise.** Ask participants to look down at their hands for a moment, and focus on their skin. Ask them to describe their skin—what it looks like and how it feels. Then ask how they think the skin of Mr. Feldman would look—whether it would be the same as or different from their own skin, and how. [Possible responses may include “it’s looser, more wrinkled, drier, easier to see through” etc.]
4. **Review how the skin changes with age.** Explain that, as they learned in Module 5, changes in the skin are a normal part of the aging process. Distribute **Handout 12.1: Changes in the Skin**. Review the first section, acknowledging the changes participants discussed already and noting ones they did not.
5. **Emphasize the delicacy of older people’s skin.** Explain that, while these changes are normal during aging, they do result in the skin being more delicate and more prone to dryness and tearing. In addition, the skin of someone who sits or lies in bed for a long period of time, regardless of age, is also prone to problems. Ask participants if they have ever noticed bright red splotches on their calves after sitting with their legs crossed for a while; or if they have ever noticed lines or splotches on their face when they wake up?
6. **Explain how bedsores develop.** When the skin is “pressured”—the skin is pressing against other skin, or bed sheets, and not getting enough oxygen or nutrition. For someone who has the ability to move around and can maintain their skin through proper nutrition, it is not a problem and skin quickly restores itself. However, for

people who cannot move easily, these reddened areas can become sores if not addressed immediately. Bedsores can become a source of serious pain and infection.

- 7. Review ORR.** Go over the second section of **Handout 12.1**—Observe, Record, Report—and briefly describe the signs and why they are important to report.
- 8. Invite participants to share their knowledge.** Ask:

How do you think you could help the consumer take care of his or her skin to avoid sores, dryness, and tearing?

After a few responses, distribute and review **Handout 12.2: Routine Skin Care** and **Handout 12.3: Special Skin Care**. Ask for volunteers to read aloud the workers' tips on both handouts.

GIVING A BACK RUB

Demonstration and Large-Group Discussion—10 minutes

- 9. Explain the purpose of back rubs.** One of the recommendations for skin care is to promote circulation. This can be done by moving that part of the body, or by rubbing it. Massage, or rubbing, of the back, shoulder, arms, hands, legs, and feet are sometimes part of the care plan, or simply a beneficial and comforting thing to do for a consumer.
- 10. Set up a demonstration.** Explain that you are going to demonstrate how to give a back rub to a consumer in bed. This is sometimes done after, or as part of, a bed bath, but it can also be done any time. Ask for a volunteer to help you demonstrate. Have the volunteer lie down on one of the beds.
- 11. Demonstrate how to give a back rub.** Follow the steps in **Handout 12.4: Show Your Skills: Giving a Back Rub**. Explain each step and answer questions from participants.

12. Review skills checklist. Distribute **Handout 12.4** and allow participants a few minutes to review. Then ask:

How can you avoid spreading infections when giving a back rub?

What is it important to look for when observing the consumer's skin prior to giving the back rub?

What are the health benefits of a back rub?

Are there any other questions about giving a back rub?

Practice Pairs—5 minutes

13. Set up practice pairs. Ask participants to quickly form pairs to practice massage styles with a shoulder massage. One partner is seated and the other is standing behind. Ask the standing partner to massage the sitting partner's shoulders using the following techniques: *kneading with thumbs and fingers, rubbing in a circular motion with your whole hand or palm, lightly rubbing with fingertips only, lightly chopping.*

Teaching Tip

Call out each technique (with brief description, as needed) and then wait a few moments for the standing partner to practice and the seated one to experience the technique. Pace the four techniques so that you can complete them in 2 minutes.

14. Debrief; then switch roles and repeat the exercise. Ask how these techniques felt to the sitting partners; ask which ones were their favorites. Then ask the pairs to switch roles and repeat the instructions.

15. Wrap up practice. Summarize by noting that different people prefer different techniques for their massage, and for different parts of the body. Emphasize the importance of talking with the consumer, asking if he or she is comfortable with the amount of pressure you are using, making sure you are not hurting him or her! Note that direct-care workers should avoid rubbing areas that are red or bony.

HANDS AND FINGERNAIL CARE

Demonstration—10 minutes

- 16. Set up the demonstration.** Ask for another participant to volunteer to help you demonstrate how to assist Oscar Feldman to take care of his hands and fingernails. Go to the area previously set up for hand and nail care (see Advance Preparation), and ask participants to gather around so that all can see.
- 17. Conduct and discuss the demonstration.** Follow the steps in **Handout 12.5: Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails**. Explain each step and take questions. Ask participants why it is so important to check the care plan to see if nail care is part of the plan. Note that in some settings a direct-care worker must be certified before cutting a consumer's nails.

FEET AND TOENAIL CARE

Demonstration—10 minutes

- 18. Set up the demonstration.** Ask for yet another participant to volunteer to help you demonstrate how to assist Oscar Feldman to take care of his feet and toenails. Go to the area previously set up for foot and nail care (see Advance Preparation), and ask participants to gather around so that all can see.
- 19. Conduct and discuss the demonstration.** Follow the steps in **Handout 12.6: Show Your Skills: Assisting a Consumer to Care for Feet and Toenails**. Explain each step and take questions. Ask participants why it is so important to check the care plan to see if toenail care is part of the plan. Note that in some settings a direct-care worker must be certified before cutting a consumer's nails.

Large-Group Discussion—5 minutes

20. Review the skills checklists. Distribute **Handouts 12.5** and **12.6**. Give participants a few minutes to review. Then ask participants:

In nail care, how can you be sure to prevent the spread of infection?

In hand and foot care, how can you take care of the consumer's skin?

Practice Triads—35 minutes

21. Give instructions. Assign triads to practice stations prepared for practicing back rubs (consumer is in a bed), hand care, and foot care. Ask participants to practice the appropriate skill in their triads and then rotate to the next workstation. Each participant should take a turn in each role: practicing the task as a direct-care worker, experiencing what it feels like as a consumer to be assisted in these personal tasks, and observing (reviewing the steps for each task on the checklist while watching teammates and encouraging them as they perform the steps). Let the participants know that you (and other instructors, if available) will be observing their practice and answering questions.

Teaching Tips

The time allocated for practice is an estimate. With smaller groups, you may need less time. If participants do not need the entire 35 minutes for practice, move on to the next activity as soon as they are done.

Activity 12.3 provides additional time for practice of all the skills learned so far in the training. If you have a larger group that needs more than 35 minutes to practice these skills, you have two options: 1) extend the practice time now (and take time from Activity 12.3), or 2) end the practice time after 35 minutes, move on to the next activity, and come back to this practice in Activity 12.3.

22. Conduct practice in triads. Check on all groups quickly, to see that they have understood the instructions, have all the materials they need, and have started their

skills practice. Move from group to group after that, answering questions and assisting as needed. Give the participants time-checks every 10 minutes, to make sure they are changing roles within their triads.

23. Wrap up the activity. After 30 minutes, ask participants to stop what they are doing, and clean up the practice station. Thank everyone for their efforts and take a break.

Activity 12.2 Demonstration and Practice— Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, and Shaving

1 hour & 25 minutes

Learning Outcomes

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

Describe and demonstrate how to assist consumers with a tub bath and shower.

Describe and demonstrate how to assist consumers with mouth care.

Describe and demonstrate how to assist consumers with hair care, including shampoo.

Describe and demonstrate how to shave the face of a male consumer.

Describe assistive devices to help consumers bathe and do personal care more easily.

Demonstrate infection control practices and body mechanics throughout personal care.

Demonstrate how to use assistive devices for bathing and grooming.

Activity Steps

TUB BATH AND SHOWER

Interactive Presentation—5 minutes

1. **Introduce tub bath and shower.** Explain the general characteristics of a tub bath and shower, the similarities and differences between them and the bed bath, including aspects of communication, infection control, safety, body mechanics, and use of assistive devices.

Demonstration—15 minutes

2. **Set up the demonstration.** Ask for another participant to volunteer to play the role of Oscar Feldman while you demonstrate how to assist him with a tub bath. Go to the area previously set up for tub bath demonstration (see Advance Preparation) and ask participants to gather around so that all can see.
3. **Conduct the demonstration.** Follow the steps on **Handout 12.7: Show Your Skills: Assisting a Consumer to Take a Tub Bath**. As you are conducting the demonstration, explain as needed why it is done that way. Answer any questions as they arise.
4. **Move on to the next demonstration.** Do the same for shower, working with a different participant as “Oscar Feldman” and following the steps on **Handout 12.8: Show Your Skills: Assisting a Consumer to Take a Shower**.

Large-Group Discussion—5 minutes

5. **Review the skills checklist.** Distribute **Handouts 12.7** and **12.8**, and give participants a few minutes to review them. Then ask:

What can you do to ensure the consumer’s safety when assisting with a bath or shower?

*What steps are most important for keeping the consumer's skin healthy?
What can you do to protect your own health and safety while assisting a consumer to shower or bathe?*

Does anyone have additional questions on showering and bathing consumers?

HAIR CARE AND SHAMPOO

Demonstration—10 minutes

- 6. Set up and conduct the next demonstration.** Ask for a new volunteer to help you demonstrate how to assist a consumer with hair care and shampoo. Follow the steps in **Handout 12.9: Show Your Skills: Assisting a Consumer to Care for Their Hair** and **Handout 12.10: Show Your Skills: Assisting a Consumer to Wash Their Hair**. Answer questions as they arise.

Large-Group Discussion—5 minutes

- 7. Review the skills checklists.** Distribute **Handouts 12.9** and **12.10** and give participants a chance to review them. Ask participants if they have any additional questions about taking care of a consumer's hair.

Practice Triads—20 minutes

- 8. Give instructions for practice triads.** Assign new triads to the practice stations prepared for demonstrating tub bath, shower, and hair care and shampoo. As before, each participant should take a turn in each of the three roles—direct-care worker, consumer, and observer. Let the participants know you (and other instructors if available) will be observing their practice and answering questions.

Teaching Tip

If there is time, have participants rotate to a second practice station. Explain that they will have time during the next activity to complete their practice at the other stations.

MOUTH CARE AND SHAVING

Demonstration—10 minutes

- 9. Conduct the demonstration.** Ask for a new volunteer to help you demonstrate how to assist Mr. Feldman with tooth-brushing. Follow the steps in **Handout 12.11: Show Your Skills: Assisting a Consumer to Care for Their Mouth (While Sitting or in Bed)**. Answer questions as they arise.
- 10. Conduct the next demonstration.** Ask for a new volunteer from the participants to help you demonstrate how to assist Mr. Feldman with shaving. Follow the steps in **Handout 12.12: Show Your Skills: Assisting a Man to Shave**. Answer questions as they arise.

Large-Group Discussion—10 minutes

- 11. Review the skills checklists.** Distribute **Handouts 12.11** and **12.12**, and give participants a few minutes to review them. Note that they will practice these skills in the next activity. Ask participants:

In providing mouth care, which steps prevent the spread of infection?

Why is it important to observe, record, and report when providing mouth care?

How can you reduce the risk of cutting a consumer when helping him to shave?

If you do cut a consumer while shaving, how do you stop the bleeding and prevent infection?

Are there any additional questions about these skills?

ASSISTIVE DEVICES FOR BATHING AND GROOMING

Interactive Presentation—5 minutes

- 12. Give information about assistive devices.** Move to the area where the assistive devices for bathing and grooming are on display. Explain how each one works. Distribute **Handout 12.13: Bathing and Grooming Assistive Devices** and discuss any of those listed that are not on display.

Activity 12.3 Practice Lab and Return Demonstrations (for Modules 3, 4, 10, 11, and 12)

3 hours

Learning Outcomes

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

Practice and demonstrate giving a bed bath with pericare.

Demonstrate giving a back rub to a consumer in bed.

Demonstrate providing hand and fingernail care.

Demonstrate providing foot and toenail care.

Demonstrate assisting consumers with a tub bath and shower.

Demonstrate assisting consumers with hair care, including shampoo.

Demonstrate assisting consumers with mouth care.

Demonstrate how to shave the face of a male consumer.

Demonstrate body mechanics and general infection control practices, including use of gloves, throughout personal care.

Demonstrate how to wash their hands.

Demonstrate how to properly lift and move objects.

Demonstrate positioning a consumer in bed and transferring a consumer from bed to chair or assistive walking device.

Demonstrate making an occupied and unoccupied bed.

Key Content

- By the end of this activity, every participant should have had the opportunity to demonstrate each of the skills for which there are skills checklists, in the modules covered so far—Modules 3 (infection control), 4 (body mechanics), 10 (bedmaking), 11 (bed bath with pericare), and 12 (personal care)—with an instructor observing and recording on the skills checklist.
- While some participants are doing their return demonstrations, other participants will continue to practice skills, working in practice triads as before.
- This is participants' first opportunity to practice bed bathing with pericare, so priority is placed on providing space and time for participants to do so.

Activity Steps

Practice Triads and Return Demonstrations—3 hours

- 1. Explain the Key Content to participants.** Emphasize the primary purposes of this activity—to have each participant practice bed bathing with pericare, and to have each participant demonstrate their skills with an instructor observing and recording, for all the skills introduced up to this point in the training.
- 2. Orient participants to the practice stations.** Note the practice stations for this activity: bed bath (with pericare and back rub), washing hands (at a working sink), body mechanics (lifting and moving objects, and positioning a consumer in bed), bedmaking, transfer and ambulation, tub bath, shower, hand and fingernail care, foot and toenail care, mouth care, hair care and shampoo, and shaving. (See Advance Preparation for tips for setting these up.)
- 3. Give instructions for bed bath and pericare practice.** Participants will work in triads for the bed bath and pericare practice. Each participant should take a turn in each role: practicing the task as a direct-care worker, experiencing what it feels like as a consumer to be assisted in bed bathing, and observing (reviewing the steps for each task on the checklist while watching teammates and encouraging them as they

perform the steps). Let participants know that you (and other instructors, if available) will be observing their practice and answering questions as needed.

Teaching Tip

You can create new triads for this activity.

- 4. Give instructions for additional practice.** Participants will remain in these triads for further skills practice. Ask participants to practice the needed skills in their triads and then rotate to the next practice station. Participants will use their own skills checklists from the activities when the skills were introduced.

Teaching Tip

There may be different practice needs within the triad. For example, in one triad, one participant may need to practice hand-washing and the others do not. Another participant may need to practice bedmaking, while the others do not. That triad would stay at the hand-washing station only as long as it takes for the first participant to practice. Then they would move on to bedmaking, but only for as long as it takes for that participant to practice.

- 5. Explain how return demonstrations will be conducted.** For return demonstrations, participants will remain in their triads. When everyone in a triad is ready to do a return demonstration for one skill, they will notify the instructor.

Teaching Tip

Instructors should have enough copies of all the skills checklists to assess return demonstrations for all participants.

How you organize the return demonstrations will vary widely, depending on the number of participants, the number of instructors available, and the training space. Whatever the logistics, participants should be able to keep practicing skills while other triads are doing their return demonstrations.

- 6. Wrap up the module.** Make a list of the participants who have not completed their return demonstrations for each skill (if any). Note how those remaining return demonstrations will be scheduled. (For example, Module 19 is entirely dedicated to skills practice and return demonstrations.)

Module 12. ADL: Bathing and Personal Care¹

Handouts

Activity 12.1: Demonstration and Practice—Care of the Skin, Hands, Fingernails, Feet, and Toenails

Handout 12.1 Changes in the Skin

Handout 12.2 Routine Skin Care

Handout 12.3 Special Skin Care

Handout 12.4 Show Your Skills: Giving a Back Rub

Handout 12.5 Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails

Handout 12.6 Show Your Skills: Assisting a Consumer to Care for Feet and Toenails

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Activity 12.2: Demonstration and Practice—Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, and Shaving

Handout 12.7

Show Your Skills: Assisting a Consumer to Take a Tub Bath

Handout 12.8

Show Your Skills: Assisting a Consumer to Take a Shower

Handout 12.9

Show Your Skills: Assisting a Consumer to Care for Their Hair

Handout 12.10

Show Your Skills: Assisting a Consumer to Wash Their Hair

Handout 12.11

**Show Your Skills: Assisting a Consumer to Care for Their Mouth
(While Sitting or in Bed)**

Handout 12.12

Show Your Skills: Assisting a Man to Shave

Handout 12.13

Bathing and Grooming Assistive Devices

Changes in the Skin

It's important to understand the skin. Here's why:

- Skin covers and protects the whole body.
- Nerves in skin sense cold, heat, pain, pressure, and touch.
- Glands in skin make oil and sweat.

Our skin changes as we get older. The skin:

- Gets less stretchy
- Loses oil
- Gets more clear
- Becomes easier to hurt
- Takes longer to heal

Observe, Record, and Report:

During skin care, you can look at the skin and identify any changes that could become problems. These include:

- Bad smell
- Bruises
- Red spots and other changes in skin color
- Cuts and sores
- Dry skin
- Fluid coming out of a cut
- Puffy areas
- Rashes
- Skin that is hot or cold

Routine Skin Care

It's important to take good care of the consumer's skin all the time to prevent problems. Read what these workers do.

Ari's tip—Use a light touch.

“Older people’s skin can tear easily. So I use a gentle touch.”

Sue's tip—Clean skin often.

“I help people stay clean. That's the best way to get rid of germs.”

Nina's tip—Keep skin dry.

“Wet skin gets sore. So I always pat people dry after a bath.”

Ben's tip—Put on lotion.

“After helping people bathe, I rub in lotion. The lotion keeps their skin from getting too dry. And the massage gets their blood moving.”

Laura's tip—Put on sun-block.

“The sun can be pretty harsh. So I put sun-block on folks before they go outside.”

Review—Routine Skin Care:

- Use a light touch.
- Clean skin often.
- Keep skin dry.
- Put on lotion.
- Put on sun-block.

Special Skin Care

Consumers who spend a lot of time lying or sitting down may get bedsores. Special skin care helps prevent bedsores. Read what these workers do.

Ari's tip—Change the consumer's position.

“I move a person about every 2 hours. This keeps them from putting pressure on the same area of skin for a long time.”

Sue's tip—Get the consumer moving.

“I ask the person to move as much as they can, if it's OK with their doctor. Exercise gets their blood flowing.”

Nina's tip—Help the consumer eat and drink well.

“I tell people about foods that are good for their skin. Plus, I remind them to drink plenty of water, if it's OK with their doctor.”

Ben's tip—Give back rubs.

“Back rubs really get the blood moving—and people love them! But I make sure to avoid red or bony areas. Rubbing those places can hurt the skin.”

Laura's tip—Offer pillows and pads.

“I give people pillows, heel and elbow pads, and sheepskin. The extra padding really helps.”

Review—Special Skin Care:

- Change the consumer's position.
- Get the consumer moving.
- Help the consumer eat and drink well.
- Give back rubs.
- Offer pillows and pads.

Show Your Skills: Giving a Back Rub

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Get the things you will need and put them near the bed. <ul style="list-style-type: none"> • Lotion • Basin [optional] 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. [Optional] Fill the basin with warm water. Put the bottle of lotion in the water to warm it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Talk with the consumer about back rubs. Ask how they want you to do their back rub. Keep talking with them during the back rub.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Assist the consumer to turn onto their side, facing away from you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Assist the consumer to pull their gown or clothes off their back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Check the back for open sores and cuts. Put on gloves if you might touch body fluids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Giving a Back Rub

Give the back rub.		
10. Put a small amount of lotion on the palm of one hand. Rub your hands together to warm them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Rub the consumer's back with both hands. Start from the waist and move up. Use long, firm strokes. Repeat several times.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Rub across the shoulders and down the upper arms. Then move down the back toward the buttocks. Repeat several times. <ul style="list-style-type: none"> • Gently rub body areas with the palms of your hands. Move in circles to get blood flowing. • Avoid red or bony areas. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do the back rub for at least 3 minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Make the consumer comfortable.		
14. Wipe off extra lotion with a towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Fix the consumer's clothes and linens. Assist them to get warm and comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails

Handout 12.5

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. CHECK IF FINGERNAIL CARE IS PART OF THE CONSUMER'S CARE PLAN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need, and bring them to the place where you will do the care. They are: <ul style="list-style-type: none"> ● Basin ● Bath thermometer ● Lotion ● Nail clippers ● Nail file ● [Optional] Nail polish ● Plastic protector ● Soap ● Towel and washcloth 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Talk with the consumer about hand and fingernail care. Ask how they want it to be done. Keep talking with them while you work.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Give the consumer privacy, if they want it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails

Handout 12.5

7. Assist the consumer to sit up, either in bed or in a chair. Put a table across their lap.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Cover the table with the plastic protector.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Fill the basin with warm water. Use the thermometer to check that it is about 105 degrees F. Lay a towel over the basin to keep the water warm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide hand and fingernail care.		
10. Assist the consumer to wash their hands in the basin. If the water gets too cold, ask them to take their hands out of the basin. Then add warm water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pat their hands dry with the towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. <i>Follow agency rules regarding who can cut a consumer's nails. Cut the consumer's nails straight across. Do not cut their nails shorter than the tips of their fingers. Leave the nail clippings on the protector.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist the consumer to shape and smooth their nails with the nail file.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Put a small amount of lotion on the palms of your hands. Smooth in onto the consumer's hands and rub it in. Use gentle circular motions; avoid red and bony areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. [Optional] Assist the consumer to put on nail polish, if they wish.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Care for Hands and Fingernails

Handout 12.5

Clean up.		
16. Empty the basin. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Assist the consumer to get comfortable. Lower the bed, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Care for Feet and Toenails

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. CHECK IF TOENAIL CARE IS PART OF THE CONSUMER'S CARE PLAN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Bring to wherever you will provide foot care. <ul style="list-style-type: none"> ● Basin ● Bath mat ● Bath thermometer ● Lotion ● Nail clippers ● Nail file ● [Optional] Nail polish ● [Optional] Orangewood stick ● Plastic protector ● Soap ● Towel and washcloth 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Talk with the consumer about foot and toenail care. Ask how they want it to be done. Keep talking with them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Give the consumer privacy, if they want it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Care for Feet and Toenails

Handout 12.6

7. Assist the consumer, if needed, to sit in a chair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Put the plastic protector on the floor in front of the consumer. Then put the bath mat on top.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Fill the basin with warm water. Use the thermometer to check that it is about 105 degrees F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Put the basin of water on the bath mat in front of the consumer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide foot and toenail care.		
11. Assist the consumer to take off their shoes or slippers and socks or stockings. Ask them to put their feet in the water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Let the consumer soak their feet for about 10 minutes. If the water gets too cold, ask them to take their feet out. Then add warm water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Wash the consumer's feet with the washcloth and soap.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Rinse the consumer's feet and pat dry. Look for any problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. <i>Follow your agency's rules about cleaning and cutting toenails.</i> If allowed, gently clean their toenails with an orangewood stick. Tell the nurse or your supervisor if their nails need to be cut.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Care for Feet and Toenails

Handout 12.6

16. Put a small amount of lotion on the palms of your hands. Smooth it onto the consumer's feet and rub it in. Use gentle circular motions; avoid red and bony areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. [Optional] Put on nail polish, if the consumer wishes you to.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up.		
18. Assist the consumer to put on their socks or stockings and shoes or slippers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Assist the consumer to get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Empty the basin. Clean and store the things you used. Wipe up water on the floor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Take a Tub Bath

Handout 12.7

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Check if a tub bath is part of the consumer's care plan. ONLY GIVE A TUB BATH IF IT IS PART OF THE CARE PLAN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If necessary, clean the tub and any assistive devices you will be using. Use gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Put them in the bathing room. <ul style="list-style-type: none"> • Gloves • Liquid soap, or soap dish and soap • Washcloths (3) • Bath towels (2) • Clean clothing • Personal care articles (comb & brush, deodorant, lotion) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Check to make sure the tub has a rubber mat or nonslip surface. Make sure the floor is dry, to prevent slipping.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Talk with the consumer about taking a tub bath. Ask how they want to do it. Urge the consumer to do as much as they can. Keep talking with them while you bathe them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Turn on warm water. Use a thermometer to make sure the water is no more than 105 degrees F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Take a Tub Bath

Handout 12.7

Assist the consumer to take a tub bath.		
8. Assist the consumer to go to the bathing room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Assist the consumer to take off their clothes. Put on gloves, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Assist the consumer to climb into the tub, using assistive devices and hand rails as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. If the consumer can wash on their own, stay close in case they need help. The bath should not be longer than 20 minutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. If the consumer needs help to wash: <ul style="list-style-type: none"> ● Assist the consumer to wash their face. ● Assist the consumer to wash their upper body. ● Assist the consumer to wash their legs and feet. ● Assist the consumer to wash between their legs. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to get dry and dressed.		
13. Drain water from tub. Then assist the consumer to get out of the tub.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Drape a towel over the consumer's shoulders to keep them warm. Assist them to pat their skin dry all over.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Assist the consumer to put on lotion, especially on red or dry areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Assist the consumer to dress.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Take a Tub Bath

Handout 12.7

17. Assist the consumer to brush or comb their hair and put on makeup, if they wish.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Assist the consumer to go back to their room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up.		
19. Clean the tub. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Take a Shower

Handout 12.8

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. CHECK IF A SHOWER IS PART OF THE CONSUMER'S CARE PLAN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If needed, clean the shower area and the shower chair. Use gloves. Make sure there is a rubber mat or nonskid surface in the shower. Throw away the gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Put them in the bathing room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Talk with the consumer about taking a shower. Ask how they want to do it. Urge the consumer to do as much as they can. Keep talking with them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If the consumer will use a shower chair: <ul style="list-style-type: none"> ● Put the chair in place. ● Lock the wheels. ● Assist the consumer to sit on the chair. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Turn on warm water. Use a thermometer to make sure it's no more than 105 degrees F. Ask the consumer to check the temperature too.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Take a Shower

Handout 12.8

Assist the consumer to take a shower.		
9. Help consumer take off their clothes. Drape them with a bath blanket.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. If the consumer can climb into the shower, assist them to get in. If the consumer is using a shower chair, push the chair into the shower.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. If the consumer can wash on their own, stay close in case they need help.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. If the consumer needs help to wash: <ul style="list-style-type: none"> ● Assist the consumer to wash their face with a washcloth. ● Assist the consumer to wash their upper body. ● Assist the consumer to wash their legs and feet. ● Assist the consumer to wash between their legs. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to get dry and dressed.		
13. Turn off the water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If the consumer can climb out of the shower, assist them to get out. If the consumer used a shower chair, roll them out of the shower.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Drape a towel over the consumer's shoulders to keep them warm. Assist them to pat their skin dry all over.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Assist the consumer to put on lotion, especially in red or dry areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Take a Shower

Handout 12.8

17. Assist the consumer to dress.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Assist the consumer to brush or comb their hair and put on makeup, if they wish.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Assist the consumer to go back to their room and get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up.		
20. Clean the shower. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Care for Their Hair

Handout 12.9

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Check if hair care is in the consumer's care plan. Do not cut their hair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Bring them to the place where you will provide the care. <ul style="list-style-type: none"> • Brush • Comb • Bath towel • Other personal items—hair spray, oil, tonic (optional) • Hair pins, etc. (optional) • Mirror (optional) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Talk with the consumer about caring for their hair. Ask how they want to do it. Encourage the consumer to do as much as they can. Keep talking with them during the process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Make sure the consumer is sitting up straight. Place them at a good height for working, if possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Care for their Hair

Handout 12.9

8. Drape a towel around the consumer's shoulders to keep their clothes and pillow clean.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brush the hair.		
9. Part the hair into sections.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Brush each section of hair. First, untangle hair from the ends to the roots. Then brush from the roots to the ends.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Arrange the hair the way the consumer likes it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up.		
12. Take off the towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist the consumer to be comfortable and safe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Clean the work area. Put the dirty towel in a laundry bag.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Write down what you did. Report any problems you saw. These include: <ul style="list-style-type: none"> ● Changes in scalp ● Large areas of missing hair ● Sores on scalp 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Wash Their Hair

Handout 12.10

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Check if washing hair is in the consumer's care plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Bring them to the place where you will provide the care. <ul style="list-style-type: none"> • Shampoo • Conditioner • Brush • Bath towel • Washcloth • Hair dryer • For shampoo in bed: <ul style="list-style-type: none"> ○ Waterproof bed protector ○ Trough ○ Basin ○ Pitcher of warm water 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Talk with the consumer about washing their hair. Ask how they want to do it. Urge the consumer to do as much as they can. Keep talking with them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Assist the consumer to take off their eyeglasses and hearing aids.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Wash Their Hair

Handout 12.10

8. Assist the consumer to brush and comb their hair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Assist the consumer to get into place. This may be at a sink, in a tub or shower, or in a bed with a trough under their head and neck.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Ask the consumer to hold a folded washcloth over their eyes to protect them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wash the hair.		
11. Wet the hair. Use water that is about 100 degrees F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Put a small amount of shampoo in the palm of your hand. Put it on the consumer's hair. Rub in the shampoo from front to back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Rinse their hair well with water that is about 100 degrees F.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Wash and rinse their hair again.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Condition and rinse the hair, if the consumer wants it.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Wrap the consumer's head in a towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. If the consumer had a bed shampoo: 1. Take off the trough. 2. Towel-dry the hair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Blow-dry the consumer's hair, if possible. Assist them to fix their hair the way they like.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Wash Their Hair

Handout 12.10

Clean up.		
19. Assist the consumer to be comfortable and safe. Assist them to put on glasses and hearing aids, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Lower the bed, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Clean the work area. Put the dirty towel in a laundry bag.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Write down what you did. Report any problems you saw. These include: <ul style="list-style-type: none"> • Changes in scalp • Large areas of missing hair • Sores on scalp 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

**Show Your Skills:
Assisting a Consumer to Care for Their
Mouth (While Sitting or in Bed)**

Handout 12.11

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Get the things you will need. Bring them to where you will provide the care. <ul style="list-style-type: none"> • Toothbrush • Toothpaste • Glass of cool water • Mouthwash (optional) • Small basin or plastic bowl • Face towel • Paper towels • Gloves 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Talk with the consumer about caring for their mouth. Ask how they want to do it. Encourage the consumer to do as much as they can. Keep talking with them during the process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the consumer privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Make sure the consumer is sitting up straight.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Put a towel across the consumer's chest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Show Your Skills:
Assisting a Consumer to Care for Their
Mouth (While Sitting or in Bed)**

Assist the consumer to care for their mouth.		
9. Assist the consumer to wet the toothbrush and put on toothpaste.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Assist the consumer to gently brush all sides of their teeth and clean their tongue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Provide a cup with water and ask the consumer to rinse their mouth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Hold a basin to the consumer’s chin. Ask them to spit out.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to finish caring for their mouth.		
13. Assist the consumer to wipe their mouth. Take off the towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Put the dirty towel in a laundry bag or covered hamper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Assist the consumer to get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Clean and store the things you used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Throw away the gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Write down what you did. Report any problems you saw. These include: <ul style="list-style-type: none"> • Bleeding gums • Fruity or bad breath • Loose teeth • Red or puffy areas • Sores 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Man to Shave

Handout 12.12

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready.		
1. CHECK IF SHAVING IS IN THE MAN'S CARE PLAN.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Get the things you will need. Bring them to the place where you will provide care. <ul style="list-style-type: none"> • Disposable or electric razor • Shaving cream or soap (for blade razor) • Shaving brush (optional) • Mirror • Aftershave lotion • Tissues • Bath towel • Hand towels (3) • Washcloth (2) • Washbasin or sink • Warm water (for blade razor) • Gloves 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Greet the man by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Give the man privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Talk with the man about shaving. Ask how he wants to do it. Urge him to do as much as he can. Keep talking with him during the shave.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Man to Shave

7. Assist the man to take off his eyeglasses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If the man is in bed: 1. Put the things you need on an over-bed table. 2. Put one hand towel across the man's chest and another under his head.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shave.		
10. Shave his face (razor blade): a) Wet a washcloth with warm water. Put it on the man's face and leave it for a few minutes. Remove. b) Put shaving cream on his face. c) Start in front of one ear. Hold his skin taut with your free hand. Bring razor down over his cheek, toward his chin. d) Use smooth, even strokes. Follow the way his hair grows. e) Rinse the razor often in warm water to keep it clean and wet. f) Repeat until the shaving cream is gone and his face is smooth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Shave his neck: a) Put shaving cream on his neck. b) Shave up toward his chin. c) Rinse the razor. d) Repeat until the shaving cream is gone and his neck is smooth. e) Rinse his face and pat dry with the towel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Man to Shave

12. With electric razor: a) Make sure the man's face is clean and dry (no water or shaving cream). b) Turn on the razor. c) Hold the skin tight and shave from ear to chin and from neck up to chin. d) Turn off the razor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist the man to put on after-shave lotion, if he wants.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If the man's skin is cut during shaving: a) Use pressure to stop the bleeding. b) Apply ointment. c) Bandage the cut. d) Tell the nurse or your supervisor what happened.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up.		
15. Make sure the man is safe and comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Clean and store the things you used. Put washcloths and towels in a laundry bag. Throw away the razor blade.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Remove and throw away the gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Write down what you did. Report any problems you saw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Bathing and Grooming Assistive Devices

Handout 12.13

These devices make it easier for the consumer to bathe him or herself:

- **Long-handled sponges** make it easier for the consumer to get clean.
- **Safety strips** in the shower or tub help prevent falls and **safety bars** give the consumer a firm place to grab.
- **Shower chairs** let the consumer sit safely in the shower.
- **Toothbrush holders** allow the consumer to put toothpaste on the toothbrush with only one hand.
- **Single-handed nail file and clipper** make it easier for the consumer to take care of their nails.
- **Extra-long handled brush and comb** make it easier for the consumer to do their own hair.
- **Extra-large handled brush, comb, and toothbrush holder** are easier for the consumer to hold and use.

Providing Personal Care Services to Elders and People with Disabilities¹

Module 13. Working with a Consumer with Alzheimer's Disease

Goals

The goals of this module are to help participants to understand:

- What Alzheimer's disease is.
- How Alzheimer's disease affects people—workers and family, as well as consumers.
- How to respond to challenging situations that may arise when working with consumers with Alzheimer's disease.

Time

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

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SECTION C. PERSON-CENTERED CARE
Module 13. Working with a Consumer with Alzheimer’s Disease

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
13.1 Introduction to a Consumer with Alzheimer’s Disease	Interactive presentation, brainstorming, and large-group discussion	35 minutes
13.2 Understanding Alzheimer’s Disease	Interactive presentation, scripted role play, and large-group discussion	50 minutes
<i>Break</i>		<i>10 minutes</i>
13.3 Working with Challenging Behaviors	Interactive presentation, demonstration role plays, large-group discussion, brainstorming, small-group work, and practice role plays	1 hour & 35 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- *Instructor’s Guide, Activity 13.1—Mr. Ralph Turner*

Handouts

- Handout 13.1: Role Play: Mr. Ralph Turner
- Handout 13.2: Challenging Behaviors
- Handout 13.3: Responding to Challenging Behaviors
- Handout 13.4: Pulling Back
- Handout 13.5: Body Language Speaks
- Handout 13.6: How Would You Respond to Mr. Turner?

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 13.1 Introduction to a Consumer with Alzheimer's Disease

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Mr. Ralph Turner (1)” (Step 5)
- “Mr. Ralph Turner (2)” (Step 6)
- Observe, Record, Report (Step 9)

Activity 13.2 Understanding Alzheimer's Disease

Prepare a flip chart page on Alzheimer's disease (Step 1).

Activity 13.3 Working with Challenging Behaviors

The “pulling back” activity includes a demonstration role play. If you are the only instructor, identify a participant or another staff member to role-play with you. Prepare this person in advance by describing the purpose of the activity and their role. Explain that their role involves saying things that might hurt your feelings or make you angry, but that you will be clear with everyone that this is part of the role play. Practice the two role plays together until your helper is comfortable with his or her “lines.”

Prepare the following flip chart pages:

- “Pulling Back” (Step 11)
- “Instructions for Group Work & Role Play” (Step 16)

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 13.1 Introduction to a Consumer with Alzheimer's Disease

35 minutes

Learning Outcomes

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

Describe some of the challenges faced by people with Alzheimer's disease and their families.

Describe adult day settings in terms of services provided, types of consumers, and types of workers.

Key Content

- Mr. Ralph Turner has Alzheimer's disease and spends his weekdays in an adult day services center. In this module, participants will learn how Alzheimer's disease affects a consumer and those around him or her, and how direct-care workers can cope with challenging situations related to Alzheimer's disease.

Activity Steps

Interactive Presentation—10 minutes

- 1. Introduce the module.** Explain that the third consumer, Mr. Ralph Turner, is a participant at an adult day services center. Post and review the prepared flip chart page with the topics for this module. Explain that Mr. Turner has a disease that affects his brain—Alzheimer's disease. Although this module focuses on the adult day setting, many long-term care consumers in other settings have Alzheimer's disease, so it is important to know how to work with consumers who have this disease and their families. In this module, participants will consider how to work with challenging behaviors from the consumer. In the next module, they will continue the

focus on assisting consumers with Alzheimer's disease and their families. As before, participants will review and build on what they have already learned from Carmen Garcia and Oscar Feldman.

Flip Chart

LEARNING AGENDA: MODULE 13
Working with a Consumer with
Alzheimer's Disease

- Alzheimer's disease
- Responding to challenging behaviors
- The adult day care setting

2. Invite participants to share their knowledge. Ask:

What do you know about Alzheimer's disease?

Do you know anyone who has had it?

What was that like for the person? For their family?

3. Introduce the activity. Explain that, as before, you will read Mr. Turner's story aloud. Again, participants should be working on their listening skills. This time, the story is told by Mr. Turner's daughter. While participants are listening, they should imagine meeting Mr. Turner for the first time. Ask them to imagine what he looks like and how he thinks and acts in the adult day services center.

4. Read *Instructor's Guide, Activity 13.1*—Mr. Ralph Turner out loud to participants.

Teaching Tip

See page 13.10 for the profile. Again, do not distribute the *Instructor’s Guide*. It is more realistic for participants to *hear* a consumer’s story than to read it. Also, they will be developing their listening skills to be better able to learn what they need to know from listening to consumers.

Brainstorming —5 minutes

- 5. Brainstorm answers to the first question.** Post the prepared flip chart page with the first discussion question about Mr. Ralph Turner. Ask participants what they remember from the story told by Mr. Turner’s daughter. List the responses on the flip chart page.

Flip Chart

<p><u>MR. RALPH TURNER (1)</u></p> <p>What do you remember from what Mr. Turner’s daughter said?</p>

Large-Group Discussion—10 minutes

- 6. Facilitate a brief discussion.** Post the second flip chart page for “Mr. Ralph Turner (2).” Ask participants for their thoughts on the remaining three questions. (Do not record on flip chart paper.)

Flip Chart

MR. RALPH TURNER (2)

- Why do you think his story is told to us by his daughter?
- What do you think Mr. Turner will need from you?
- How are his needs different in adult day services than in home care or in a nursing home?

Interactive Presentation—10 minutes

- 7. Review description of the adult day setting.** Refer participants to **Handout 2.3: Understanding Adult Day Services** (from Module 2) and review the services provided and types of consumers.
- 8. Discuss care plans.** Note that Mr. Turner might not have a formal care plan for adult day services, as in home care or a nursing home, but there will be some kind of document explaining what services he will receive. Direct-care workers are oriented to how this is managed in each service site where they work.

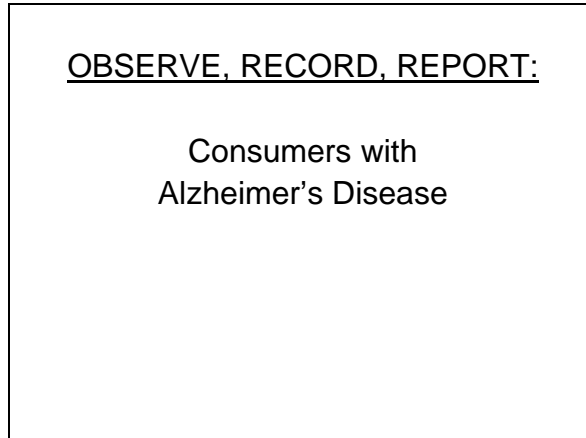
Teaching Tip

If you have a care plan from an adult day program, review it at this time.

- 9. Emphasize the continued importance of ORR.** Whether there is a care plan or not, whenever a direct-care worker is with a consumer, he or she should always be aware of signs of potential problems. So participants should still be thinking about what to observe, record, and report throughout these two modules. Post the flip chart page and

note that they will come back to these in future discussions (especially in Activity 14.2).

Flip Chart



Instructor's Guide, Activity 13.1 Mr. Ralph Turner

This narrative was written by Mr. Turner's daughter, Pat.

First thing to know about my father is that he is very independent and old-fashioned! So this Alzheimer's disease has really hit him hard. Dad is a very organized person, and he has a daily routine. Ever since my mother died 10 years ago, he has been getting himself up every morning at 7—he takes a shower, makes coffee and breakfast, and gets dressed. Up until a year ago, he used to jump into the car to take care of whatever things were on his “to-do” list. He used to do a lot of volunteer work at the church, helping drive “old folks” to doctor's appointments and such. When he first realized he was forgetting things or getting lost, he used to get very angry with himself. Eventually, he had to give up the car and he stopped volunteering after that.

Dad had his own business for many years. He was very successful. But one day, out of the blue, he told me he was “tired of working,” and he sold his business. Now I think it's because he was having trouble remembering things, and he was afraid of making a big mistake.

Besides the Alzheimer's, Dad's pretty healthy, but lately he's had several wetting accidents. I've started to talk with him about wearing Depends and you can just imagine how this really upsets him!

Dad has two sisters who visit regularly but I'm his only child. My husband and I live just down the street, so we pop in on him all the time. He's always had a lot of friends in the neighborhood, and the church, too, but it seems like he's embarrassed to see them anymore.

We brought Dad to Adult Day mostly because both my husband and I work long hours and we don't want to leave him alone during the day. We thought about home care but he doesn't need anyone to do anything around the house. Just remember, my Dad is proud of being independent. As long as you can help him feel this way, you'll do alright with him.

Activity 13.2 Understanding Alzheimer's Disease

50 minutes

Learning Outcomes

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

Explain what Alzheimer's disease is.

Recognize the signs and symptoms of Alzheimer's disease.

Explain that challenging behaviors (e.g., being verbally or physically abusive) are symptoms of the disease and not reflections on the person who has the disease.

Describe reality orientation and validation therapy.

Key Content

- For a direct-care worker, working with a person who has Alzheimer's disease for the first time can be an unsettling experience. Learning about Alzheimer's disease can help the worker to separate the behavior from the person, and learn ways to address the behavior.
- Alzheimer's disease is a brain disorder that gradually destroys a person's memory and ability to think, communicate, and carry out daily activities. Individuals may also experience changes in personality and behavior, such as anxiety or agitation. Alzheimer's disease is "progressive" (i.e., it always gets worse) and ends in death; there is no cure, although newer medicines can slow the progress of the disease.
- Other diseases can cause symptoms that look like Alzheimer's disease. These include stroke, Parkinson's disease, and some brain injuries. The symptoms are sometimes referred to as dementia.

- Sometimes, when someone with Alzheimer's disease becomes anxious and confused, they then become angry and aggressive. It is important to understand that the aggressiveness is a symptom of the disease, not a true expression of the person.
- One of the main roles of the direct-care worker when working with consumers with Alzheimer's disease is to calm the consumer when he or she becomes confused and upset.
- Two general approaches are used when working with a confused consumer with Alzheimer's disease. "Reality orientation" is for consumers who are in early stages of dementia, or only somewhat confused. This involves giving constant reminders about time, place, and people, in the here-and-now.
- "Validation therapy" is for consumers with advanced dementia. It involves accepting whatever they are experiencing, without trying to orient them to reality. Both approaches use the technique of "redirection"—or helping the person to focus on something other than whatever is confusing and upsetting them.

Activity Steps

Interactive Presentation—15 minutes

1. **Give information about Alzheimer's disease.** Post and review the prepared flip chart page, "Alzheimer's Disease."

Flip Chart

ALZHEIMER'S DISEASE

- Alzheimer's is a brain disease with no prevention or cure
- Alzheimer's disease is NOT "normal" aging
- Alzheimer's disease affects only:
 - 1% of people aged 65–75
 - 10% of people aged 75–85
 - 30–40% of people over the age of 85
- 50% of all nursing home residents have Alzheimer's or other brain-related disorders

2. **Review the definition and signs of the disease.** Note that participants have already learned something about Alzheimer's from the discussion in Module 5, Body Systems and Common Diseases. Ask them to find **Handout 5.4a: Alzheimer's Disease**, in their binders. Review the first two sections—"What Is Alzheimer's Disease?" and "Signs of Alzheimer's Disease." Note that these symptoms are sometimes referred to as dementia, and that they can be caused by other diseases, such as stroke, Parkinson's disease, and some brain injuries. Alzheimer's disease is by far the most common cause, however.

Teaching Tip

Some participants may not have Module 5 handouts with them. Ask them to pair up with someone who does.

Scripted Role Play—5 minutes

- 3. Introduce the role play.** Explain that, in order to better understand the effects of Alzheimer's disease, we are going to have a role play about a situation that happened with Mr. Turner a few weeks ago. Ask for volunteers to help with the role play. Three volunteers are needed to read the parts of the narrator, the director of the center, and the direct-care worker. Provide each volunteer with a copy of the script (**Handout 13.1: Role Play: Mr. Ralph Turner**). You will be reading the part of Mr. Turner. Note that all participants will be getting this handout later for their binders—for now you want them to concentrate on the role play.
- 4. Tell participants what to pay attention to during the role play.** Before beginning, ask them to look for behaviors or thoughts of Mr. Turner's that don't seem quite "right"—they will be discussing those later on. Remind the participants to think back to the description of Mr. Turner, written by his daughter.
- 5. Begin the role-play.** Ask the volunteers to read dramatically, with emotion.

Teaching Tip

As Mr. Turner, you will need to turn to the side or otherwise indicate when you are reading the parts that are in italics, which indicate private thoughts.

Large-Group Discussion—20 minutes

- 6. Ask debriefing questions.** Ask the following questions about the role play; affirm all correct responses and reactions to this situation.

What happened in this situation?

What seemed "off" about Mr. Turner's behavior?

How do you think Mr. Turner was feeling?

How would you have felt if you were the direct-care worker in this situation?

How did the staff respond to Mr. Turner? What did they do well? What could they have done differently?

Teaching Tip

Desired descriptions of Mr. Turner's behavior:

- Confused about where he is (time and place)
- Thinking he is still doing his volunteer work
- Angry outbursts (personality change)
- Doesn't recognize other people/confused about other people
- Restless, wandering

7. **Draw attention to how symptoms were presented.** Point out some of the symptoms of Alzheimer's disease that were shown in this role-play: confusion and forgetfulness, anxiousness and agitation, wandering (or "exit-seeking"). Explain that sometimes, when someone with Alzheimer's disease becomes anxious and confused, they then become angry and aggressive, like Mr. Turner became. It is important to explain that Mr. Turner has absolutely no history of being a violent man. Actually, he is a kind, generous, and sweet man. The aggressiveness is a symptom of the disease, not Mr. Turner's true personality.
8. **Introduce reality orientation and validation therapy.** Explain that one of the important roles of the direct-care worker is to help consumers with Alzheimer's disease to calm down and avoid getting angry and aggressive. Briefly review the "Key Content" on reality orientation and validation therapy. Note that, if participants go on for further training, they will need to know these terms. However, for now, what they need to know is that the two approaches involve either trying to keep the consumer focused on reality, or going along with whatever "reality" they are experiencing in their mind. In both cases, the worker may use "redirecting," or helping the consumer to focus on something else, to take their minds off whatever is making them upset.
9. **Lead further debriefing.** Note that, in the role play, the direct-care worker started to use validation (by saying, "it's not time to go yet"), but mostly tried to stop him or "redirect" him by touching him. Ask:

How well did that work?

[Desired response: not very well—it made him scared and angry!]

10. Have participants practice redirecting. For the reality orientation, ask participants to suggest things the worker could say to Mr. Turner to help him stay in this reality, and also focus on something other than going to the church. After a few suggestions, ask how they think he would respond to that. Note that his response would depend on how much the disease had affected his brain, or even on the time of day when this was happening.

Teaching Tip

Possible responses:

- Mr. Turner, you don't do the volunteering anymore.
- You spend your days with us now.
- You sold your car two years ago; your daughter brings you here now.
- That was a wonderful thing you used to do at the church—now you help us out here. Could you come help me...?

11. Have participants practice validation. Ask participants to now suggest things the worker could say that would go along with his reality (validation) but would direct him away from going to the church. Ask how they think he would respond to those suggestions.

Teaching Tip

Possible responses:

- Mr. Turner, you're right—it is time to go to the church. Maybe you could wait over here with me while we ask someone to go get your car. While we're waiting, could you help me with this...?
- I think you parked your car at the back of the building. I'm walking that way right now—why don't we walk together? Oh—look what these folks are doing...
- Actually you're early today—you don't have to go to the church for another half-hour. Maybe you could help me here before you go...

Interactive Presentation—10 minutes

12. Review tips. Return to **Handout 5.4a** and review “How You Can Help.” Ask participants to take turns reading the tips. Briefly note how these could apply to Mr. Turner.

Teaching Tip

If time permits, this would be an opportunity to ask what the worker would look for under “Observe, Record, and Report” and to make notes on the flip chart page. There will be several other opportunities to do so later in the module.

13. Wrap up this activity. Remind participants how you began the module, thinking about Mr. Turner and how to best work with him or someone else with Alzheimer's disease. They also explored the common emotions felt by people who have Alzheimer's disease and how the anger and aggression that is often associated with Alzheimer's is part of the disease, not the person who has it. Explain that, in the next activity, they will be looking at how to develop skills to manage challenging emotions and behaviors when they occur.

Activity 13.3 Working with Challenging Behaviors

1 hour & 35 minutes

Learning Outcomes

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

Explain how to mentally separate the behavior from the person, in order to work effectively with someone who has Alzheimer's disease.

Explain the importance of “pulling back”—being aware of and controlling one's emotions during difficult situations.

Identify pull-back strategies that they can use in challenging situations with any consumer.

Explain how a person with Alzheimer's disease experiences a wide array of emotions and how identifying those emotions can be useful in working with that person.

Demonstrate the ability to use body language to help manage challenging behaviors related to having Alzheimer's disease.

Key Content

- People with Alzheimer's disease may at times present the direct-care worker with behavior that seems inappropriate to the situation and is difficult to control. The direct-care worker needs to understand that, while this behavior may seem strange to them, it may make sense for the consumer with Alzheimer's disease.
- As a professional, it is the direct-care worker's job to stay calm and think clearly. Therefore, it is critical to learn effective techniques for maintaining emotional control and evaluating a challenging situation before responding.

- Guidelines for responding to a challenging situation with a consumer who has Alzheimer's disease include:
 - Remember: The behavior is not the person—it's the disease.
 - Pull back—calm down.
 - Think before you act—find out what else is going on.

- “Pulling back” is a skill that provides trainees with a tool for thinking clearly before responding to a situation. Pulling back means noticing one's own initial emotional reaction to a situation (fear, anger, and frustration), but setting it aside, in order to address a situation objectively and professionally. This will help to build healthy working relationships with consumers and their family members, supervisors, and co-workers.

- Strategies for pulling back include pausing and taking a deep breath, using positive affirmations to maintain self-awareness and confidence, observing the situation, and trying to see the situation from the perspectives of the other people who are involved.

- Using supportive body language can also help to manage challenging situations with consumers who have Alzheimer's disease.

- People with Alzheimer's disease often have good days—or even parts of days—when they are content, satisfied, and feeling connected. Looking at the whole person, not just the behavior, will help workers to get through challenging situations. Identifying what a person with Alzheimer's may be feeling or experiencing in a challenging situation can give clues about how to approach the person and resolve the situation.

- Working with people who have Alzheimer's disease is difficult and requires time, practice, and patience. Participants should remember that no one is perfect and that their skills, attitudes, and knowledge will develop over time.

Activity Steps

Interactive Presentation—15 minutes

- 1. Introduce the activity.** To help participants understand how to work with consumers with Alzheimer's disease, explain that, for most people, new situations often bring up strong emotions. Illustrate this by asking participants:

What were you feeling the day before this training started, or when you first signed up for this training?

Get a few responses before moving on.

- 2. Help participants understand what Alzheimer's disease might feel like.** Ask participants to imagine for a moment that they couldn't make the more unwanted feelings (nervousness, anxiety, stress, fear, frustration, anger) go away. Imagine that every moment feels like a new situation, and they aren't ever able to find familiarity or relief from stress. For some people with Alzheimer's disease, that's what it is like all the time. These unwanted feelings don't easily go away; and sometimes they cause people to act in strange ways compared to what we may consider normal.
- 3. Explain "challenging" behaviors.** Remind participants about Mr. Turner's behavior when he couldn't find his way out of the Adult Day Center to pick up the church people. Explain that people with Alzheimer's disease may exhibit behaviors that seem strange to the outside observer because they are acting on feelings that they cannot control nor understand; or because brain cells that have been damaged by disease are "misfiring"—they may even think they are in a different place or time. These behaviors are called "challenging" because they are inappropriate to the situation, and/or because it is difficult to get the consumer to stop.
- 4. Distribute and review Handout 13.2: Challenging Behaviors.** Note that "Don's" day is full of situations that can arise when working with people who have Alzheimer's disease. Ask two participants to volunteer to read the parts in the conversation between Don and Fran. Then read each bullet and ask participants for quick, one-word responses for how they would feel if they were the direct-care worker in that situation.

5. **Give information on how to respond.** Affirm that having a strong emotional reaction to being hit by a consumer, for example, is natural. However, hitting a consumer back would be physical abuse. That's not only wrong, but it also doesn't address the situation—or resolve what is going on for the consumer. Explain that remembering a few key rules will help in working with someone with Alzheimer's disease whose behavior seems strange or aggressive. Distribute **Handout 13.3: Responding to Challenging Behaviors**. Review the tips from other direct-care workers for responding to challenging situations with consumers. Note that these apply not only to consumers with Alzheimer's disease, but to any consumer.

Demonstration Role Plays and Large-Group Discussion—10 minutes

6. **Introduce the role plays.** Note that the tip, “Pull back—calm down,” is sometimes hard to do, but can be practiced and learned. Explain that you and another instructor (or participant volunteer—see “Advance Preparation”) will do two role plays of a difficult situation to show what it looks like when people don't pull back and when they do. Emphasize that these role plays are for educational purposes, and that nothing that is said should be taken personally.
7. **Set up the role play.** You and the other instructor/volunteer should stand or sit where everyone can see and hear you. Describe the scenario—e.g., the volunteer is Mr. Turner, and you are role-playing a direct-care worker who has just asked Mr. Turner to come join the singing activity (see the Teaching Tips, below, for ideas on what each player might say).

Teaching Tips

Direct-care worker:

- Mr. Turner, I've heard you have a lovely voice. Come join us in the singing.

Mr. Turner (angry):

- I will NOT go to singing! I HATE singing! You're just jealous because I have a job and you don't! You probably even stole my car. I'm calling the police!

Direct-care worker (also angry):

- Mr. Turner, I DO have a job! ... You just go ahead and call the police! I want to tell them how you threaten to hit me every day!

8. End role play and debrief. Step out of your role by moving away from the other person. Facilitate a brief discussion by asking participants:

What did you observe in this role play?

How do you think the direct-care worker was feeling?

How would you describe the direct-care worker's reaction to Mr. Turner?

What is likely to happen next?

What could the direct-care worker have done differently to get a better outcome?

9. Demonstrate pulling back. Explain that you are now going to repeat the situation and try a different response. Begin the same way, with the same comments from Mr. Turner. This time the direct-care worker will demonstrate pull-back strategies (see Teaching Tips, below).

Teaching Tips

Examples of “pull back” responses would be:

- Taking a deep breath.
- Waiting five seconds before responding.
- Consciously relaxing your body language.
- Saying, “I’m sorry, Mr. Turner. I understand now that you don’t like singing. What else could you and I do together, besides singing?”

10. End the second role play and debrief. Again step out of your role by stepping away from the other instructor/volunteer. Help him or her come out of his role, too, by thanking the volunteer for doing such a good job, and asking for a round of applause (to emphasize that it was truly acting). Then debrief by asking participants:

What was different about the direct-care worker's response?

What did the direct-care worker do to gain emotional control?

What do you think is likely to happen next in this conversation?

Large-Group Discussion and Brainstorming—15 minutes

11. Discuss the goals of pulling back. Post the prepared flip chart page on “Pulling Back” and review the goals.

Flip Chart

<p style="text-align: center;"><u>PULLING BACK</u></p> <p>The Goals:</p> <ul style="list-style-type: none">• calm down,• get clear, and• focus on understanding and responding appropriately to the situation. <p><u>STRATEGIES FOR PULLING BACK:</u></p>

12. Facilitate brainstorming. Ask for ideas about *how* people can control their emotions when they’re in the middle of a difficult situation. Ask them to reflect on their own experiences, or think about what they observed in the second role play that was different from the first. Write their ideas on the flip chart page (above).

Teaching Tip

Pull-back strategies can include: taking deep breaths; silently saying a prayer, counting to five (or ten!), or saying an affirmation such as “I have the strength to deal with whatever is happening here.”

13. Distribute and review Handout 13.4: Pulling Back.

14. Emphasize the importance of body language. Note that a worker's body language can also have an impact on managing a challenging situation. Distribute and review **Handout 13.5: Body Language Speaks²**, asking participants for examples.

Small-Group Work—10 minutes

15. Set up small-group work. Now that participants have considered how to pull back from their own emotional reactions to a situation, and how to use appropriate body language, explain that they will now practice using these techniques in challenging situations. Divide participants into four groups, and distribute **Handout 13.6: How Would You Respond to Mr. Turner?** Explain that participants will look at situations that could pose a challenge to a direct-care worker, from the perspective of the emotions that Mr. Turner might be experiencing. Their goal in this role play is just to help Mr. Turner to be calmer. Note that role plays in the next module will focus more on solving the problems Mr. Turner faces.

16. Give instructions. Assign one scenario to each group. Post and review the prepared flip chart page with instructions for group work. Ask them to take 7 or 8 minutes to discuss the questions and prepare to do a role play for the rest of the participants, with one of their group playing Mr. Turner and another playing the direct-care worker.

² Adapted from the presentation "A New Approach to Dementia Care Training" by Teepa L. Snow, Melanie Bunn, and Maureen Charlton of the Alzheimer's Association's Eastern North Carolina Chapter in Raleigh, at the World Alzheimer Congress 2000.
<http://www.longtermcareprovider.com/article.mvc/WORLD-ALZHEIMER-CONGRESS-2000-A-new-approach-0001>

Flip Chart

INSTRUCTIONS FOR GROUP WORK
& ROLE PLAY

- What might Mr. Turner be feeling?
- What might be causing this feeling?
- Role-play how you would respond to Mr. Turner. Use:
 - Pull-back
 - Body language
 - Redirection

Practice Role Plays and Large-Group Discussion—40 minutes

17. Introduce the first scenario. Have the first group begin by reading their situation, explaining what they think Mr. Turner is feeling, and why.

18. Have the group conduct its role play.

19. Facilitate debriefing with the large group. In the discussion, ask participants (role players first) what they thought the group did well in responding to Mr. Turner, and what could be improved. Ask for examples of pull-back, body language, and redirection that participants observed.

Teaching Tip:

Spend about 10 minutes on each scenario, including the role play and the discussion.

20. Repeat for the other three groups.

Interactive Presentation—5 minutes

21. Wrap up the module. Note that people with Alzheimer's disease, such as Mr. Turner, often have good days, when they are content, satisfied, and feeling connected. And there are going to be days when a direct-care worker must use his or her skills to get that person to a happier place. Remind participants to think about the whole person, not just the behavior. Remind them about the benefits of pulling back from their own initial emotional reactions. When we identify what a person may be feeling or experiencing, this gives us a clue about how to approach the person and start to resolve the situation. Finally, reassure participants that nobody is perfect. Working with people who have Alzheimer's disease is difficult and requires time, practice, and patience.

Module 13. Working with a Consumer with Alzheimer's Disease¹

Handouts

Activity 13.2: Understanding Alzheimer's Disease

Handout 13.1

Role Play: Mr. Ralph Turner

Activity 13.3: Working with Challenging Behaviors

Handout 13.2

Challenging Behaviors

Handout 13.3

Responding to Challenging Behaviors

Handout 13.4

Pulling Back

Handout 13.5

Body Language Speaks

Handout 13.6

How Would You Respond to Mr. Turner?

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Role Play: Mr. Ralph Turner

Narrator:

Here we are at Riverview Adult Day Health—and here comes Mr. Ralph Turner.

Mr. Turner (talking to himself):

I don't know why they want me to go to bingo. I don't like bingo. Besides, I have to go pick up the old folks at church. But I can't find my car keys! They keep taking things and putting them in the wrong place! If I don't leave soon, the old folks won't get to their appointments.

Narrator:

Mr. Turner walks to the front door. He wants to go out. A direct-care worker stops him.

Mr. Turner:

Get out of my way—I'm late! I have to go now, or the old folks won't get to their appointments!

Direct-Care Worker:

It's not time to go yet. Would you like to join in The Good Old Days singing group?

Mr. Turner:

I don't sing. Birds sing. They're waiting at the church for me. And, what did you do with my car?

Role Play: Mr. Ralph Turner

Narrator:

From behind, the direct-care worker places her hand gently on Mr. Turner's shoulder. She tries to get him to come with her to the community room, where the singing is taking place.

Direct-Care Worker:

Come on, let's go. We can sing together. How does that sound?

Mr. Turner (talking to himself):

Why is she grabbing me? I need to go. Don't these folks listen? I'm late! I've got to go!

Narrator:

Mr. Turner turns around and pushes the worker's hand from his shoulder. He tries to go out the door. The worker grabs his arm to keep him from going outside.

Mr. Turner:

Let me go! Let me go!

Narrator:

Mr. Turner starts walking back and forth. His face is getting red.

Mr. Turner:

Let me out! Help! Police! What's going on here? Why won't they let me go? Where am I? Who are these people! What's going on?

Role Play: Mr. Ralph Turner

Narrator:

Mr. Turner keeps yelling, sounding more upset. The center director comes out of her office.

Center Director:

What is going on? He needs to calm down. Take him into the blue room.

Narrator:

The direct-care worker tries to take Mr. Turner's arm again, to guide him down the hall. Mr. Turner pulls away.

Mr. Turner:

The blue room? What's that? I don't want to go to jail. All I want to do is go to the church. No! You can't take me!

Narrator:

To be continued ...

Challenging Behaviors

It can be hard to work with people who have Alzheimer's disease. Their behavior is sometimes inappropriate and it's hard to get them to stop. Don is a program assistant at Riverview Adult Day Health. Here he is talking with his friend, Fran, about his day at work.

Don:

I had a really tough day today.

Fran:

What happened?

Don:

Well, first Mr. Richards got upset when I tried to help him eat his breakfast. He actually smacked me! Then Mr. Gray kept wandering off down the hall during exercise class. Then Mrs. Lore yelled and cursed at me when I reminded her to take her meds. This was all before lunch! And still, even on these rough days, I like the job and the people.

Fran:

Wow, that was a hard day! I admire that you are still upbeat after all that. I guess it's because you know that people with Alzheimer's disease don't know what they are doing at times.

Review—Sometimes people with Alzheimer's disease:

- Do not let you help them
- Curse at you or say rude things
- Try to hit you
- Do not want to do things with the group
- Try to get away from you

Responding to Challenging Behaviors

Assisting people with Alzheimer's disease is an art. Read these important tips from caregivers.

Manuel's tip—The behavior is not the person.

“If someone hits me or says something rude, I always tell myself—that's just the Alzheimer's, not the person. People with Alzheimer's act the way they do because they are sick.”

Asha's tip—Pull back—calm down.

“If someone hits you, you may want to hit back. But it doesn't help anyone. So I step back and breathe deep, to give myself time to think before I take action.”

Kofi's tip—Think before you act—find out what else is going on.

“Sometimes Mr. Turner seems to blow up about nothing. But if I just try to find out what's happening for him, sometimes I see there's some real problem that I hadn't noticed, and he's reacting to that.”

Joyce's tip—Speak slowly and clearly.

“When I talk to people with Alzheimer's, I keep my message really simple. I use just a few words at a time and speak very slowly. That helps them follow what I'm saying.”

Review—When you're facing challenging behavior from a person with Alzheimer's disease, remember:

1. The behavior is not the person—it's the disease.
2. Pull back—calm down.
3. Think before you act—find out what else is going on.
4. Speak slowly and clearly.

Pulling Back

The Goal of Pulling Back:

To give you time to:

- Calm down
- Set your emotions aside
- Get clear
- Focus on understanding the situation and responding appropriately.

When you start to get upset, take these steps:

1. Stop. Take a deep breath.
2. Pay attention to how you feel. Are you mad? Sad? Worried?
3. Set your feelings aside—maybe you'll get back to them later.
4. Think clearly about what is going on.
5. Pay attention to the other person and try to see the situation from their point of view.

Pull-back tips:

- Take a deep breath
- Silently say a prayer
- Count to 10
- Silently say an affirmation—"I have the strength to deal with what is happening here."

Body Language Speaks

Here are some ways to use body language when working with a person who has Alzheimer's disease², like Mr. Turner.

Approach Mr. Turner from the front.

Coming from behind can startle him.

Move to his side.

Mr. Turner may feel attacked when you speak to or touch him from the front.

Go slow.

Give Mr. Turner time to get used to what's happening around him before you start something new.

Get low.

Squat down so you're at eye level or lower. If you can't squat, sit in a chair. When Mr. Turner is sitting down and you stand over him, he feels powerless and trapped.

Give him space.

Respect Mr. Turner's personal space. Plus, stay at least an arm's length away, in case he strikes out at you.

² Adapted from the presentation "A New Approach to Dementia Care Training" by Teepa L. Snow, Melanie Bunn, and Maureen Charlton of the Alzheimer's Association's Eastern North Carolina Chapter in Raleigh, at the World Alzheimer Congress 2000.
<http://www.longtermcareprovider.com/article.mvc/WORLD-ALZHEIMER-CONGRESS-2000-A-new-approach-0001>

Body Language Speaks

Say, "Mr. Turner."

Or call him by whatever name he prefers.

Make eye contact.

This shows that you are listening. Plus, Mr. Turner can understand you better when he sees your lips move and the look on your face.

Offer him your hand.

Hold out your hand, palm open and up. Let Mr. Turner take your hand. This helps him make eye contact and follow your lead.

Be careful about touching.

No matter how gentle you are, touching Mr. Turner might be a bad idea when he is already upset. If you must touch him, use an open palm and a slow, steady, firm motion.

How Would You Respond to Mr. Turner?

Instructions: In the following situations:

- Try to imagine how Mr. Turner feels.
- Try to figure out what is making him feel that way and if there's anything you can do about it.
- Act out how you would respond.
 - Use pull-back if needed
 - Use at least one of the body language tips in **Handout 13.5**.
 - Redirect Mr. Turner

Situation A.

Mr. Turner is sitting in a chair looking down. Everyone else has gone to lunch. You go closer and see that he has wet his pants. When you try to talk to him, he yells at you to, "STAY AWAY FROM ME!"

Situation B.

Mr. Turner is sitting by himself at a table. He is the first person at the center today because his daughter dropped him off early. His head is down. When you bend over him to say good morning, he looks up and calls you by his wife's name. He reaches up to you and tries to hug you.

How Would You Respond to Mr. Turner?

Situation C.

You are in a hurry, running to get an adult brief (Depends) in the supply room for another consumer. You see Mr. Turner walking down the hall. He is saying, "Otto, Otto, where are you?" Otto is the name of his cat that died years ago. He sits down on the couch and begins to cry. He asks you to help him find his cat.

Situation D.

You are preparing for an activity involving beads, putting beads into plastic cups for the participants. Mr. Turner is standing near you, looking anxiously at the door. When you ask if he wants to help you, he starts to put beads into cups. But suddenly he sweeps all the cups off the table with his arm, and yells, "I'm supposed to be at work—not sorting stupid beads!"

Providing Personal Care Services to Elders and People with Disabilities¹

Module 14. ADL: Toileting (Part 1)

Goals

The goals of this module are to:

- Develop participants' skills in assisting consumers, particularly those with Alzheimer's disease, to maintain healthy toileting practices.
- Further develop skills for assisting consumers with ADLs and for managing a consumer's resistance to doing ADLs.
- Develop participants' awareness of the role played by family members in caring for consumers with Alzheimer's disease.

Time

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

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Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
14.1 Assisting the Consumer with Healthy Toileting Practices	Interactive presentation, demonstration, and practice triads	1 hour
14.2 Assisting Consumers Who Are Reluctant to Do Activities of Daily Living	Interactive presentation, small-group work, role plays, and large-group discussion	1 hour
<i>Break</i>		<i>10 minutes</i>
14.3 Building Relationships with the Consumer's Family	Large-group discussion (video optional) and small-group work	1 hour
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Toilet paper, gloves, and any other props or supplies needed to demonstrate toileting
- Adult disposable briefs (e.g., “Depends”)
- *Instructor’s Guide, Activity 14.1*—Assisting a Consumer to Follow a Healthy Toilet Schedule
- *Instructor’s Guide, Activity 14.3*—Audiovisual Resources for Working with Families of a Consumer with Alzheimer’s Disease
- Selected video or DVD, with equipment necessary for viewing

Handouts

- Handout 14.1: Assisting a Consumer to Follow a Healthy Toilet Schedule
- Handout 14.2: Show Your Skills: Assisting a Consumer to Use the Toilet
- Handout 14.3: How to Prevent Problems with Toileting
- Handout 14.4: ORR for Toileting
- Handout 14.5: Assisting a Consumer to Do ADLs: General Principles
- Handout 14.6: What to Do When Consumers Are Reluctant to Do ADLs
- Handout 14.7: Families Are Part of the Team

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 14.1 Assisting the Consumer with Healthy Toileting Practices

Set up a demonstration area for toileting, plus practice stations around the training space. Each station should have a chair, gloves, toilet paper, a plastic bag, and an adult disposable brief.

Make one additional set of **Handout 14.2: Show Your Skills: Assisting a Consumer to Use the Toilet** (one for each participant) for the return demonstrations. With a small number of participants, you may be able to do return demonstrations in this module. Otherwise, return demonstrations will be completed in Module 19.

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Assisting Consumers to Follow a Healthy Toilet Schedule” (Step 5)
- “Signs of a UTI” (Step 11)

Activity 14.2 Assisting Consumers Who Are Reluctant to Do Activities of Daily Living

Set up role-play areas for bathing and ambulating. (The toileting demonstration areas can be used for the toileting role plays.)

Prepare the flip chart page, “Role Play Scenarios” (Step 3).

Prepare to play the role of Ralph Turner in each scenario.

Activity 14.3 Building Relationships with the Consumer’s Family

There are several excellent videos on the topic of the family’s involvement with consumers who have Alzheimer’s disease and their caregivers. See the *Instructor’s Guide, Activity 14.3—Audiovisual Resources for Working with Families of a Consumer with Alzheimer’s Disease* for a few examples. Decide if you want to use a video, which one, and how you will obtain it (i.e., purchase or borrow). Allow plenty of lead time to work out these details.

Prepare the following flip chart pages:

- “The Role of Family for Consumers with Alzheimer’s Disease” (Step 2)
- “Families Are Part of the Consumer’s Team” (Step 5)

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 14.1 Assisting the Consumer with Healthy Toileting Practices

1 hour

Learning Outcomes

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

Describe how to help a consumer to maintain a healthy pattern of urinating and defecating.

Demonstrate how to help a male or female consumer to use a toilet.

Define incontinence and describe how to assist a consumer who is incontinent.

List signs and symptoms of a urinary tract infection.

Explain how to help a consumer avoid a urinary tract infection, constipation, or diarrhea.

Key Content

- During digestion, our body absorbs the vital nutrients it needs and then rids itself of the waste, in the form of feces and urine. In health care, the terms for elimination of waste are “urination and defecation.” The direct-care worker needs to be able to use these terms when talking with doctors and nurses.
- However, using medical language with consumers for a very private, personal matter may add to the discomfort and distance between the direct-care worker and the consumer. On the other hand, using slang might offend them. The solution is to ask and find out what terms the consumer is comfortable with when talking about elimination, e.g., pee/poop; number one/number two; use the bathroom.

- “Incontinence” means the inability to control when one urinates or defecates. The direct-care worker cannot prevent incontinence for the consumer, but he or she can help reduce the likelihood that the consumer will soil him or herself. The way to do this is by helping the consumer to follow a toileting schedule.
- Some consumers may require assistance in using the toilet or portable commode, while others will not need assistance.² Assisting consumers to use the toilet or commode is an activity of daily living called “toileting.”
- Besides incontinence, the three most common problems for consumers related to elimination are urinary tract infections, diarrhea, and constipation.

Activity Steps

Interactive Presentation—20 minutes

- 1. Introduce the module.** Post and review the flip chart page with the Learning Agenda for Module 14. Explain that assisting a consumer with toileting is done in all the different work settings for long-term care. The reason why it is introduced in this module, following Module 13 on Alzheimer’s disease, is that people with Alzheimer’s disease may have difficulty remembering to go to the bathroom. So the direct-care worker’s role includes assisting the consumer to maintain habits and practices that help them avoid toileting “accidents.” Furthermore, consumers with Alzheimer’s disease are more likely to resist doing ADLs, due to fear or confusion. Approaches and skills to assist such consumers are covered here. And finally, building relationships with families is useful in all work settings, but families are more likely to be caregivers with consumers who have Alzheimer’s disease.

² Assisting a consumer with a commode is covered in Module 16. Some consumers will require assistance with a bedpan or catheter/urine drainage bag. These are also covered in Module 16. Colostomy is covered in Level 2 training, along with measuring output and collecting samples of urine or feces.

Flip Chart

LEARNING AGENDA: MODULE 14

ADL: Toileting (Part 1)

- Assist consumers with toileting & following healthy toileting practices
- Assist consumers who are reluctant or fearful of doing ADLs
- Build relationships with the consumers' families

2. Discuss consumer attitudes towards toileting. Explain that as living beings, we all have a need to eliminate waste from the body by urinating and defecating. Consumers, as well as ourselves, have long-standing histories and values about these processes that stem from our own cultures and upbringings. Note that most people are raised to think of elimination as a personal and private matter. Needing assistance during this process may be embarrassing.

3. Emphasize the importance of terminology. Note that even talking about “elimination” is difficult for some people. Explain that in many health care settings, direct-care workers are expected to use the appropriate medical terminology—i.e., urination/urine and defecation/feces or bowel movement.

However, consumers may feel more comfortable using different language for elimination. The direct care worker is encouraged to use the words that consumers use to reduce discomfort about this very private matter. So they have to find out what words the consumer uses.

4. Model how to do this with consumers. Ask participants:

What words are you comfortable with using for urine? For feces? For defecating?

Explain that, in the training setting, as in health care, they will use the medical terms, but now they have a common understanding of what those terms mean. Note that they can use this same approach in talking with consumers.

Teaching Tip

You can do a spontaneous role play of a direct-care worker asking a consumer, selecting one of the participants to be the consumer. Try to include these questions within a conversation that the worker might have with the consumer.

- 5. Distribute and review the handout.** Post the prepared flip chart page and distribute **Handout 14.1: Assisting a Consumer to Follow a Healthy Toilet Schedule.** Review the tips from the handout, asking participants for their ideas on each one. Add details from the *Instructor's Guide, Activity 14.1—Assisting a Consumer to Follow a Healthy Toilet Schedule.*

Flip Chart

Assisting Consumers to Follow a Healthy Toilet Schedule

- Help them stay on track
 - Learn their normal pattern
 - Help them get to the toilet quickly
 - Help them to eat and drink right
- Show respect
 - Give privacy
 - Think about their feelings
 - Be patient

Teaching Tip:

The Instructor's Guide, Activity 14.1 provides more detail for trainers about explaining how to assist consumers with toileting. If you feel that participants could use the additional information, you can copy and distribute this as an extra handout.

Demonstration—15 minutes

- 6. Set up and conduct the toileting demonstration.** Explain that you will demonstrate how to help someone use the toilet. Ask for a volunteer to play the role of Mr. Turner, and note that Mr. Turner is in a good mood and not resistant at all to doing this. Follow the steps in **Handout 14.2: Show Your Skills: Assisting a Consumer to Use the Toilet** for the demonstration. Demonstrate how to assist Mr. Turner to use a bathroom toilet. (Use a chair to simulate a toilet.) Focus on efforts to maintain his dignity, including, whenever possible, asking for his preference about how to assist him and ensuring his comfort.

Teaching Tip

There will probably be some laughter during this demonstration—reflecting the embarrassment that both consumers and direct-care workers are likely to feel during toileting. Laughter can release tension in the training setting, so let it happen, but do address it in the discussion.

Practice Triads—15 minutes

- 7. Set up the practice lab and ask for participants' input.** Put participants in triads to practice assisting a consumer to use the toilet. Distribute **Handout 14.2: Show Your Skills: Assisting a Consumer to Use a Toilet**. Review the steps. Ask participants for their own ideas on how to deal with the embarrassment that consumers *and* direct-care workers are likely to feel in this situation.
- 8. Conduct the practice lab.** Point out the practice stations, with supplies and a chair for a toilet. Ask them to practice helping a male and a female consumer (about 4 minutes per participant). They can begin with the consumer sitting down—in a different chair. Monitor the practice sessions as usual.

Interactive Presentation—10 minutes

Teaching Tip

Again, embarrassed laughter is expected. Let participants work through the laughter and awkwardness, reminding them of their ideas on how to deal with it.

9. Identify common problems. Explain that sometimes consumers have problems with elimination. The three most common problems are urinary tract infections, diarrhea, and constipation.

10. Invite participants to share their knowledge. Ask:

What do you know about urinary tract infections (UTIs)?

Ask if anyone can explain how these develop. Ensure the following reasons are stated: not enough fluid intake, incomplete emptying of the bladder, poor perineal care or catheter care.

11. Discuss common UTI symptoms. Distribute and review **Handout 14.3: How to Prevent Problems with Toileting**. Explain that direct-care workers must be alert to the signs and symptoms of a UTI. Display the prepared flip chart page, “Signs of a UTI.” Tell participants that, if any of the signs are present, it is important to report these to a supervisor or nurse.

Flip Chart

SIGNS OF A UTI

- Complaints of pain and burning when urinating
- Increased urge to use the toilet, but little urine is produced
- Urine is cloudy, dark yellow, or smells bad
- Urine has milky mucous or shreds of blood

12. Invite participants to share knowledge. Ask:

What are some ways to prevent a UTI?

Review the points listed on the handout.

13. Give information on the two remaining common problems. Review the sections of **Handout 14.3: How to Prevent Problems with Toileting** on diarrhea and constipation.

14. Distribute and review Handout 14.4: ORR for Toileting. Note that these points are in addition to what was already noted on the “Observe, Record, Report” flip chart from Module 13.

Activity 14.2 Assisting Consumers Who Are Reluctant to Do Activities of Daily Living

1 hour

Learning Outcomes

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

Describe the general principles for assisting people to carry out activities of daily living (ADLs).

Describe how to assist a consumer who does not want to do an ADL.

Demonstrate how to use pull-back and effective communication when a consumer resists doing toileting, bathing, or getting around (ambulating).

Key Content

- The general principles for assisting people to carry out ADLs are: 1) relate to the person as an individual (not as an “ADL”), 2) make the task easier, and 3) be supportive.
- To relate to the person as an individual :
 - Use effective communication
 - Have a positive approach
 - Understand the person’s reality, feelings, and emotions
- To make the task easier:
 - Identify the individual’s abilities
 - Think about each step in a task and match the steps to the person’s abilities
 - Explain one step at a time
 - Use short, simple sentences to explain the task

- To be supportive:
 - Be patient—give time to complete each step
 - Praise all efforts at independence
- One type of challenging behavior is when a consumer resists doing an ADL. General guidelines for managing this situation are to:
 1. Stop what you are doing.
 2. Try to find out why the consumer is resisting.
 3. Try a different approach.
 4. If that doesn't work, ask another team member to try, or try again later.
 5. Tell your supervisor what happened.

Activity Steps

Interactive Presentation—15 minutes

1. **Distribute and review Handout 14.5: Assisting a Consumer to Do ADLs: General Principles.** Note that this approach works for all consumers, not just those with Alzheimer's disease. Note also that these are the same principles that they have been learning with all of the skills taught so far.
2. **Introduce activity.** Explain that trying to assist a consumer to do an ADL, when he or she doesn't want to do it, can be one of the most challenging tasks for a direct-care worker. This is more common for consumers with Alzheimer's disease, but can happen with any consumer. This activity will focus on responding to Mr. Turner when he is resisting doing the three ADLs that have been covered so far in the training—getting around (ambulating), bathing, and toileting. Distribute and review **Handout 14.6: What to Do When Consumers Are Reluctant to Do ADLs.**

Small-Group Work—10 minutes

3. **Set up small-group work.** Break participants into three groups. Explain that they will have about 10 minutes to prepare for an unscripted role play on assisting Mr. Turner when he is reluctant to do an ADL. Explain that you (the instructor) will play

the role of Mr. Turner in each scenario. Post the prepared flip chart page with the role-play scenarios, and explain each scenario. Assign one scenario to each group.

Flip Chart

ROLE PLAY SCENARIOS

- Mr. Turner is having trouble walking. You want to help him walk in the garden for exercise, but he refuses to go with you.
- Mr. Turner's family wants him to be assisted to shower two times a week. Normally, he is okay with that, but today he does not want to.
- Mr. Turner should use the toilet before lunch, but today he absolutely refuses.

4. **Give instructions for role plays.** Note the role plays will last about 5 minutes. The difference between these role plays and the ones in Module 13 is that participants are not only trying to help Mr. Turner stay calm, but they also need to help him do the ADL. In their planning time, they should think about **Handout 14.6** and how they will carry out the **FIRST FOUR STEPS ONLY**. (The fifth step will be done as group discussion at the end.) In addition to Mr. Turner and the direct-care worker, their role play can include more direct-care workers, other staff, and family. Remind participants to use pull-back and good body language, as discussed in Activity 13.3, “Working with Challenging Behaviors.”

Teaching Tips

While the small groups are planning, move around the room, assisting them as needed.

You should also use this time to set up the space for the role plays. The toileting props can be used from the previous activity.

You should also prepare for your roles. Mr. Turner should have reasons for not wanting to do each ADL at that time. These reasons may unfold during the role plays—if the groups ask the right questions. In the first one, it could be that he thinks you’re going to take him to the hospital. In the second one, it might be that he doesn’t recognize the direct-care worker and doesn’t trust her. In the third one, Mr. Turner might have a urinary tract infection and is afraid of the pain, but can’t express it well.

Role Plays and Discussion—30 minutes

- 5. Conduct role plays and then debrief.** Ask each group to conduct their role play. After the role play, step out of your role as Mr. Turner and facilitate discussion about how well each group carried out the four steps. First, ask the role players to give themselves feedback (what went well, what they would do differently another time). Then ask for ideas about different approaches from other participants. Spend about 10 minutes per role play, including discussion.

Large-Group Discussion—5 minutes

- 6. Discuss ORR for each scenario.** Refer to the “Tell your supervisor” step in **Handout 14.6**. Ask participants how they would report each situation to their supervisor, using clear and objective language. Add their comments to the “Observe, Record, Report” flip chart page from Module 13.

Activity 14.3 Building Relationships with the Consumer's Family

1 hour

Learning Outcomes

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

Describe the different roles and functions served by family members in the lives of consumers.

Explain the importance of working together with the family, especially when a consumer has Alzheimer's disease.

Begin to build relationships with families of consumers in a professional, respectful way.

Key Content

- Direct-care workers are often working in relationship to family caregivers. This can be a rewarding experience for all people. It can also pose challenges if a direct-care worker is not properly prepared to work in conjunction with a family caregiver. This activity is designed to increase participants' awareness of the roles families play in providing care to a person with Alzheimer's disease, and to think through some strategies to building strong relationships with family members.
- Families provide the majority of the care for people with Alzheimer's disease, and over long periods of time (an average of 7 to 10 years).
- Family members can be particularly useful when working with consumers who have Alzheimer's disease by providing background information that the consumer is not able to convey, assisting with specific aspects of care, being emotionally supportive

to the consumer, and making decisions when the consumer is not able (within legal guidelines).

Activity Steps

Teaching Option

Step 3 in this activity can be conducted with or without a video. There are some excellent documentaries produced about consumers with Alzheimer's disease and their families (see Advance Preparation and the *Instructor's Guide, Activity 14.3—Audiovisual Resources for Working with Families of a Consumer with Alzheimer's Disease*).

If the decision is made not to use a video, the discussion can be based on a review of the families of the three profiled consumers up to this point in the training—Esther Bonita, Richard Meyers, and Ralph Turner. Mr. Turner is the only example of a consumer with Alzheimer's disease, but the other profiles can still be considered for a discussion of family dynamics overall.

Large-Group Discussion—10–45 minutes [depending on whether video is used]

1. **Invite participants to share their thoughts.** Ask:

What do you imagine it is like to be the family member of a person with Alzheimer's disease?

2. **Discuss the role of families.** After a few responses, post the prepared flip chart page to introduce the important role that families play in caring for their loved ones with Alzheimer's disease.

Flip Chart

The Role of Family for Consumers
with Alzheimer's Disease

- Families provide the majority of caregiving for 7–10 years.
- Families provide emotional and financial support.
- Families sometimes make decisions for the consumer.

Teaching Tip

Some participants may have had experience with this personally, and may wish to share. On the other hand, they may *not* wish to share but still could have strong feelings about the issue. During this discussion, you need to be sensitive to both possibilities.

3. **Use examples to illustrate the role of families.** Show a video; or briefly review the profiles of Ralph Turner, Esther Bonita, and Richard Meyers and describe the relationship of the families to the consumers.

Large-Group Discussion—20 minutes

4. **Facilitate large-group discussion.** Address the following questions (either about the video or about the families in the profiles):

What were the benefits of caregiving for the family?

What were the challenges for the family?

What was the role of the direct-care worker in relationship to the family?

Small-Group Work and Large-Group Discussion—15 minutes

Teaching Option

If a video was shown in Step 3 and there isn't time for small-group work, the flip chart can be posted for discussion, or the handout can be distributed and briefly reviewed as a closing activity.

- 5. Set up and conduct small-group work.** Divide the participants into three groups. Post the prepared flip chart page, “Families Are Part of the Consumer’s Team.” Explain that these are all ways that family members can be an integral part of the team. Assign one topic to each group and ask them to brainstorm specific ways that family members can contribute to the consumer’s care, in this particular area. They can think of the families in the movie, or in the consumer profiles, or ones that they know personally. Tell participants they will have about 5 minutes to complete this task.

Flip Chart

Families Are Part of the
Consumer’s Team

Families can:

- Provide background information
- Assist with the consumer’s care
- Give emotional support to the consumer

- 6. Facilitate reporting back to the large group.** After about 5 minutes, have each group report on their discussion.

- 7. Distribute and review Handout 14.7: Families Are Part of the Team.** Point out ideas that participants came up with in their groups, plus ideas that were not discussed.

- 8. Wrap up module.** Summarize by noting that family members are important members of the consumer's team, even more so when the consumer is not able to effectively communicate his or her needs. It is part of the direct-care worker's job to involve the family whenever doing so can benefit the consumer.

Instructor's Guide, Activity 14.1

ASSISTING A CONSUMER TO FOLLOW A HEALTHY TOILET SCHEDULE

Find out when and how often a person needs the toilet.

Ask:

- How many times a day do you need to go?
- Do you wake up during the night to use the toilet?
- Is there anything else I should know about when and how often you need the toilet?

Many older adults do not know when or if they need to use the toilet. Observe their usual pattern and plan times for them to go accordingly.

Assist a person to get to the toilet right away.

This is important because:

- Some people are incontinent. That means they have trouble holding their urine or feces until they can get to the toilet. This can happen when people are sick, weak, or disabled.

Urge people to eat and drink things that help their bodies get rid of waste.

- Encourage people to drink fluids frequently. If it's okay with their doctor, have them eat foods that are high in fiber. These include fresh fruits and vegetables.

Give a person as much privacy as you can.

- This is important because most people like privacy. It helps them feel you respect them.

Before deciding how much privacy to give a person:

- Ask them how much privacy they want.
- Think about their health and state of mind
- Make sure they will be safe.
- Tell them where you will be.
- Make sure that you are nearby to hear them call out, or that they can reach a call bell.

Think about how the person feels.

- Ask them often if they need to use the toilet. That way, they won't have to ask for help.
- Make sure you ask in private.
- Listen well.

Be patient.

- Don't rush a person on the toilet, but also don't leave them alone for a long time.
- It's okay to do something else, like put away clothes. But make sure you stay close enough to assist them, if needed.

Instructor's Guide, Activity 14.3

AUDIO-VISUAL RESOURCES FOR WORKING WITH FAMILIES OF A CONSUMER WITH ALZHEIMER'S DISEASE

- *My Mother, My Father* (1984). 33 minutes; purchase \$185 VHS.
www.fanlight.com

When a parent grows old it often falls to their adult children to provide care for them. This celebrated documentary takes a candid look at four families and their deep and often conflicting feelings as they deal with the stresses involved in caring for an aging parent. The film offers no easy answers, but honest and compelling insight into the need for families to make individual decisions, based on their own goals and values.

- *My Mother, My Father...Seven Years Later* (2001). 42 minutes; purchase \$145 VHS. www.fanlight.com

- *Almost Home* (2006). Feature film, divided into 37 chapters. Purchase \$75 DVD. www.almosthomedoc.org

This highly acclaimed PBS documentary addresses relationships between residents and family while taking you inside a year-in-the-life of a nursing home trying to implement culture change.

- *Time Slips* (2004). 12 minutes; purchase \$65 DVD.

TimeSlips is a group storytelling technique that encourages people with memory loss to exercise their imaginations and creativity. It provides the building blocks for effective, person-centered care. The DVD captures the method in practice. <http://www.ageandcommunity.org/products.html>

Other materials related to Alzheimer's disease and family involvement can be found at: www.timeslips.org and www.ageandcommunity.org, the website for the University of Wisconsin at Milwaukee's Center on Age and Community.

Module 14. ADL: Toileting (Part 1)¹

Handouts

Activity 14.1 Assisting the Consumer with Healthy Toileting Practices

Handout 14.1

Assisting a Consumer to Follow a Healthy Toilet Schedule

Handout 14.2

Show Your Skills: Assisting a Consumer to Use the Toilet

Handout 14.3

How to Prevent Problems with Toileting

Handout 14.4

ORR for Toileting

Activity 14.2 Assisting Consumers Who Are Reluctant to Do Activities of Daily Living

Handout 14.5

Assisting a Consumer to Do ADLs: General Principles

Handout 14.6

What to Do When Consumers Are Reluctant to Do ADLs

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Activity 14.3 Building Relationships with the Consumer's Family

**Handout 14.7
Families Are Part of the Team**

Assisting a Consumer to Follow a Healthy Toilet Schedule

Handout 14.1

When someone is “incontinent,” that means they are not able to control when they urinate or have bowel movements. Assisting the consumer to get on a regular schedule of using the toilet can help to prevent “accidents.”

Marie's Story

“Helping people make it to the bathroom on time is a big part of my job. If I do it well, life is better for everyone. The consumer is happier and healthier. And I have less to clean up!”

Read Marie's tips for assisting people to follow a healthy toilet schedule.

Assist a person to stay on schedule.

- Observe when and how often they need the toilet.
- Assist them to get to the toilet right away.
- Encourage them to eat and drink things that help their bodies get rid of waste regularly.

Treat people with respect.

- Give them as much privacy as you can.
- Think about how they feel.
- Be patient with them.

**Show Your Skills:
Assisting a Consumer to Use the Toilet**

Handout 14.2

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Assist the consumer to get ready.		
1. Get the things you will need, in case you will be assisting to clean between the legs. <ul style="list-style-type: none"> • Towel and washcloth • 2 pairs of disposable gloves • Plastic trash bag 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Talk with the consumer about assisting them to use the toilet. Ask them how they would like you to do this.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If the consumer is wearing night clothes, help them put on a robe and slippers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to get on the toilet.		
4. Assist the consumer to get to the bathroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Make sure the toilet is clean. Check that there is enough toilet paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Assist the consumer to sit safely, if necessary. Arrange clothing so that it won't get dirty.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If you leave the consumer alone, make sure they are safe. <ul style="list-style-type: none"> • Stay just outside the door; or • Check on them at least every 5 minutes. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Show Your Skills:
Assisting a Consumer to Use the Toilet**

Handout 14.2

Assist the consumer to finish.		
8. Come when they call you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If you help the person to wipe themselves: <ul style="list-style-type: none"> • Wear gloves. • Wipe women from front to back. • Remove and throw away used gloves. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Assist the consumer to get off the toilet safely. Fix their clothes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Help them wash their hands with soap and warm water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Assist them back to their room, or wherever they are going.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

How to Prevent Problems with Toileting

In addition to incontinence, other problems related to toileting include urinary tract infection, diarrhea, and constipation.

Gracie's Question—Urinary Tract Infection

“A lady I work with had a urinary tract infection—UTI. It hurt when she peed. She felt like she needed to go a lot, but hardly anything came out. Her urine looked dark and smelled bad. Now she's taking medicine to make her better. How can I help to keep this from happening again?”

Answer—You can help prevent UTIs.

Here's how:

- Encourage people to drink a lot of water or other fluids. (Follow the care plan.)
- Urge them to empty their bladder all the way.
- Assist them to wipe from front to back.
- If consumers wear briefs, make sure they are changed often.

Zora's Question—Diarrhea

“A man I work with had very loose stools and cramps. He went to the bathroom so much, I was afraid he was losing a lot of fluid. How can I help him make sure this doesn't happen again?”

Answer—Diarrhea has many causes and should be reported when noticed.

One way you can help prevent diarrhea is by encouraging people to eat and drink wisely. Here's how:

- Have your consumers eat 5 or 6 small meals each day. This may be easier to digest than 3 large meals.
- Have them eat foods that are low in fiber. These include bananas, white rice, white toast, and plain yogurt.
- Have them drink a lot of clear liquids. (Follow the care plan.)
- Record how many times they go to the bathroom.

People can also get diarrhea because they are sick or because of their medicines.

Omar's Question—Constipation

“A woman I worked with was constipated. She almost never had a bowel movement, and then it was big and hard when it finally came out. How can I help her keep this from happening in the future?”

Answer—You can help keep people from getting constipated. Here's how:

- Encourage people to drink a lot of fluids. (Follow the care plan.)
- Encourage them to get exercise.
- If it's OK with their doctor, have them eat foods that are higher in fiber. These include fresh fruits and vegetables.

People can also get constipated because they are sick, or because of their medicine.

ORR for Toileting

Handout 14.4

Observe, Record, Report

Urinary tract infection, diarrhea, and constipation can all lead to serious health problems if they go on too long. It is important to observe, record, and report signs of these problems. It is also important to keep track of what you do and what happens during treatment.

Urinary Tract Infection:

- Record **how many times** your consumer urinates while you are with him or her
- Record **how much time goes by** between urinations
- Record when he or she complains about **pain** when urinating
- Observe and record the **appearance and smell** of urine
- Report all to your supervisor or coordinator on a regular basis, or **immediately if there is a change from normal**

Diarrhea:

- Record **how many times** your consumer has a bowel movement while you are with him or her
- Record **how much time goes by** between bowel movements
- Record when he or she complains about **pain** or soreness around the anus
- Observe and record **the appearance and smell** of stool
- Report all to your supervisor or coordinator on a regular basis, or **immediately if there is a change from normal**

Constipation:

- Record **how many times** your consumer has a bowel movement while you are with him or her
- Record **how much time goes by** between bowel movements
- Record when he or she complains about **pain** when having a bowel movement or soreness around the anus
- Observe and record **the appearance and smell** of stool
- Report all to your supervisor or coordinator on a regular basis, or **immediately if there is a change from normal—or if they have not had a bowel movement for 2 or more days**

Assisting a Consumer to Do ADLs: General Principles

Read how these workers assist people with Alzheimer’s disease to do ADLs. These same tips can apply to nearly all consumers.

Mario's tip—Relate to the person, not the job.

“I like to talk with consumers, find out how they’re feeling, what’s on their minds. That way, I focus on the person, not the job. I hear some people say, ‘Oh, I have to go do a feeding.’ I never think of it that way—I think, I’m assisting Mr. Turner to eat, not ‘doing’ an ADL.”

Jaya's tip—Make tasks easier.

“I find out what people are able to do. That way, I can break big tasks into smaller steps that they can do. Then, I explain each step slowly and clearly.”

Opal's tip—Be patient and give praise.

“I give people plenty of time to finish each step. Along the way, I tell them what a good job they're doing.”

Review—Assisting the Consumer to Do ADLs:

- Relate to the person, not the job.
- Make tasks easier—break them down.
- Be patient and give praise.

What to Do When Consumers Are Reluctant to Do ADLs

Handout 14.6

What if a consumer refuses to do activities of daily living with you?

Forcing a consumer to bathe, eat, get dressed, use the toilet, or walk is hard on both the consumer and the worker. For the consumer, it can even start to feel like abuse. Here are some guidelines for what to do when this happens:

1. Stop what you are doing.

2. Ask questions.

- Find out how the consumer feels. Ask open-ended questions to learn why they don't want to do the activity. What else is going on for the consumer?

3. Try another way.

- See if the consumer has an idea for a better way to do the activity.
- Give them choices.

4. Ask for help.

- Where possible, ask another team member to try to assist the consumer.
- If that doesn't work, try again later.

5. Tell your supervisor what happened.

- Use clear, factual language. Don't try to guess why the consumer did not want to do the ADL. Report what happened, what you observed, and what the consumer said.

Families Are Part of the Team

Taking care of people with Alzheimer’s disease is a team effort. A lot of care is provided by families. Here are some of the ways families can help the consumer, the direct-care worker, or both.

Families can give you information.

They can tell you what the consumer:

- Believes and feels
- Likes and dislikes
- Used to be like

Nadine’s tip—Ask families for information.

“People with Alzheimer’s disease may have trouble telling you what they need. That’s why family members can be so useful. You can ask them questions like, ‘What worked best when you tried to get him dressed?’ Most families are happy to give advice. Asking these questions lets them know that you respect them.”

Families can help take care of the consumer.

They can help with:

- Back rubs
- Bathing
- Care of hair and nails
- Eating
- Getting around

Families Are Part of the Team

DeShawn's tip—Ask families for help.

“Last night, Mrs. Murphy wouldn't go to the dining room with me. Her grandson was visiting. I asked if he would try. He was able to get Mrs. Murphy to follow him. Family members are part of the team. So don't be afraid to ask for help.”

Families can help the consumer feel better.

They give support when they:

- Get the consumer to do things with other people
- Listen and talk
- Show affection
- Visit and call

Lea's tip—Don't forget to include the consumer!

“It's great to talk with families. But don't treat the consumer like they aren't in the room. Talk with the consumer and the family together about the consumer's care.”

Review—Working with Families:

- Families can give you information.
- Families can help take care of the consumer.
- Families can help the consumer feel better.
- Don't forget to include the consumer!

Providing Personal Care Services to Elders and People with Disabilities¹

Module 15. Working with an Independent Adult with Physical Disabilities

Goal

The goal of this module is to prepare participants to work within the consumer-directed model with adults living with physical disabilities.

Time

4 hours² (includes 40 minutes for opening, closing, and two breaks)³

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² Module 16 continues the focus on consumers with physical disabilities and is 3 hours long. Modules 15 and 16 are designed to be presented in the same day, which will still fit a 7-hour framework (with additional time for the lunch break) for a full day of training.

³ This module has two breaks to allow participants to experience moving around and doing routine functions with their assigned “disabilities.” (See Advance Preparation and Activity Steps for 15.1 and 15.2)

SECTION C. PERSON-CENTERED CARE

Module 15. Working with an Independent Adult with Physical Disabilities

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 min</i>
15.1 Introduction to Working with Consumers with Physical Disabilities	Interactive presentation and brainstorming, individual exercise, and large-group discussion	55 minutes
<i>Break</i>		<i>10 min</i>
15.2 Working with Self-Directing Consumers	Large-group discussion, interactive presentation, individual exercise, demonstration role play, and pairs work	1 hour & 20 minutes
<i>Break</i>		<i>10 min</i>
15.3 Responding to Sexual Behavior of the Consumer	Large-group discussion, large-group exercise, interactive presentation, pairs work, and pairs reporting	1 hour & 5 minutes
<i>Closing</i>		<i>10 min</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Blank writing paper
- Wheelchairs and/or crutches (enough for ¼ of participants)
- Cotton balls (enough for all participants)
- Eye patches (enough for ¼ of participants)
- Slings, neck ties, or rope to confine one arm (enough for ¼ of participants)

Handouts

- Handout 15.1: Understanding Physical Disabilities
- Handout 15.2: Help Wanted: Personal Assistant
- Handout 15.3: Joe's Requests
- Handout 15.4: Responding to Appropriate Sexual Behavior

- Handout 15.5: Responding to Inappropriate Sexual Behavior

Advance Preparation

Review all the training instructions and materials for this module.

Copy all handouts for participants.

Consider inviting a self-directing consumer with a physical disability and/or their personal care worker to be guest speakers for this module. You can show them the learning outcomes and ask if there are any they would like to address. Or you can simply ask them to speak about their experiences, focusing on the tasks that are done with a personal care worker and how consumer-direction works for them. Some activities would have to be cut from the module for the sake of time, but it would be well worth it for participants to have a chance to hear from and ask questions of a self-directing consumer.

Opening

Teaching Tip

Each module of this curriculum leaves time for the instructor to include a warm-up or introductory activity in the first 10 to 15 minutes of the day. In this module, we suggest instructors build the following activity into that warm-up time to prepare for the rest of the module.

Explain that, to build empathy for persons with physical disabilities, participants will experience a variety of limitations during this module. These limitations are meant to give them a sense of what a consumer with that disability might experience. However, it should be viewed only as an introduction to that experience. For example, wearing a blindfold for an hour cannot give an accurate sense of what it is like to live in our society as a person who is blind. Yet, it is a start.

The experiential “limitations” will be:

- Eye patches or a scarf over both eyes
- Cotton in the ears
- A sling or tie for their dominant arm
- A wheelchair or crutches, with the instruction that no weight can be put on their right leg.

Ask participants to count off by 4’s—1-2-3-4, 1-2-3-4, and so on. All the “1’s” will be assigned eye patches, all the “2’s” will put cotton in their ears, etc. At the beginning of Activities 15.2 and 15.3, participants will be asked to report briefly on their experience of limitation and to switch to a different limitation. By the end of the module, they will have experienced three out of four limitations.

Activity 15.1 Introduction to Working with Consumers with Physical Disabilities

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Disability” (Step 3)
- “Physical Disabilities: Examples” (Step 4)
- “Goals of Working with Consumers with Physical Disabilities” (Step 12)
- “The Role of the Direct-Care Worker in Assisting Consumers with Physical Disabilities” (Step 13)
- “Causes of Stress for Consumers with Acquired Physical Disabilities and Their Families” (Step 15)

Activity 15.2 Working with Self-Directing Consumers

Prepare the following flip chart pages:

- “Self-Directing Consumers” (Step 4)
- “What to do if the job involves tasks or services that make you uncomfortable” (Step 13)
- “Assertiveness” (Step 14)
- “Tips for Being Assertive When Negotiating with the Consumer” (Step 17)
- “Assertiveness Role Plays” (Step 18)

Closing

Plan an appropriate closing activity for this module. (See “Closing” in Module 1 as a guide.) Remember in your closing activity to include some discussion of how participants felt experiencing the various physical limitations. Here are some suggested questions:

How did you feel during the day while experiencing physical limitations?

What is the most important thing you learned today about having a physical disability?

How has your thinking about people with physical disabilities changed, if at all?

What questions would you now want to ask a person with a physical disability?

Activity 15.1 Introduction to Working with Consumers with Physical Disabilities

55 minutes

Learning Outcomes

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

Define disability and describe the various types of physical disabilities that their consumers may have.

Identify some of the general differences between this consumer group and those they have studied already and how those differences affect their role as a direct-care worker.

Describe how the range of services may be different under consumer direction than in an agency-supervised work setting.

Describe the goals and the role of the direct-care worker in working with consumers with disabilities and their families.

Key Content

- A disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Disabilities:
 - May be temporary or permanent.
 - May be caused by illness, injury, or other factors.
 - May affect physical or mental functions or both.
- Types of disability are:
 - Physical—resulting from illness or injury affecting one or more body systems.
 - Emotional—resulting from mental illness or a physical condition.
 - Developmental—resulting from illness or injury before, during, or after birth, or in early childhood.

- A consumer with a physical disability directing his or own care is likely to be a young or middle-aged adult, but elders may also use this model. The goals of working with consumers with physical disabilities are to promote self-care and independence and to maintain dignity and self-respect.
- The direct-care worker, often called a personal care aide or attendant in this context, achieves those goals by assisting the consumer with:
 - Personal care and other ADLs
 - Housekeeping
 - Shopping
 - Planning and preparing meals
 - Going with consumer to appointments and community or social engagements
- Another important function of the direct-care worker is to provide relief for other caregivers, typically family.
- For people whose disability is the result of injury or illness (i.e., “acquired” as opposed to a developmental disability), the disability causes many changes in their lifestyle. The direct-care worker can assist the consumer and the consumer’s family in managing these changes, including:
 - Changes in routine
 - Changes in income
 - Disruption in plans
 - Role changes
 - Changes in self-image
- Acquired disabilities often are accompanied by a sense of loss, leading to anger, depression, and denial. By being supportive and accepting, the direct-care worker can help the consumer to address this sense of loss.
- The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in the areas of employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. The direct-care worker can inform the consumer and the family about their rights and may be able to refer them to resources to help them exercise their rights.

Activity Steps

Teaching Tip

Reminder: During the opening activity, assign one of four physical “disabilities” to each participant (see Advance Preparation for detailed instructions).

Interactive Presentation and Brainstorming—10 minutes

- 1. Introduce the module.** Post the flip chart page with the topics to be covered. Note that many elder consumers have disabilities and what participants learn about disabilities in this module will apply to elders also. The reason why this module focuses on younger adults—from late teens up through middle age—is that most of the younger consumers that they will work with will have some kind of disability. Note that, as before, participants will review and build on what they have already learned from the previous modules and apply that to working with consumers who have a physical disability.

Flip Chart

LEARNING AGENDA: MODULE 15
Working with an Independent
Adult with Physical Disabilities

- Physical disabilities and the needs of consumers
- Working with a self-directing consumer
- Respecting sexuality of a consumer and responding to sexual situations

- 2. Invite participants to share their knowledge.** Ask:

What does the word “disability” mean to you? Or, what does it mean if we say someone is “disabled?”

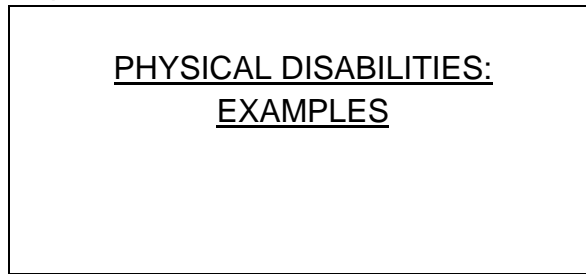
3. **Define “disability.”** After a few responses, post and review the flip chart page on disability.

Flip Chart

<p style="text-align: center;"><u>DISABILITY</u></p> <p>A physical or mental condition that limits one or more major life activities.</p> <p style="text-align: center;"><u>TYPES OF DISABILITIES</u></p> <ul style="list-style-type: none">• Physical• Emotional• Developmental <p style="text-align: center;"><u>DISABILITIES MAY BE:</u></p> <ul style="list-style-type: none">• Temporary or permanent• Caused by brain injury around time of birth, illness, accident, or other injury

4. **Facilitate brainstorming.** Explain that this module will focus on working with people with physical disabilities. (Emotional and developmental disabilities will be addressed in Module 20.) Ask participants to brainstorm all the different kinds of physical disabilities that they know of. List their responses on a flip chart page. (This list should include being blind, deaf, or mute, and morbidly obese as well as various types of paralysis—e.g., paralyzed from the waist down, from the neck down, etc.)

Flip Chart



Individual Exercise—5 minutes

- 5. Set up individual exercise.** Ask participants to think about the disability they have been assigned for this exercise (vision, hearing, mobility). Distribute a blank sheet of paper to each participant and ask them to write that disability at the top of the paper.
- 6. Give instructions.** Ask participants to close their eyes and imagine that they have this disability permanently. Ask them to keep their eyes closed and think about the following questions:

How would your life change as a result of having this disability?

What activities would you not be able to do on your own anymore, if any?

How would your relationships change, if at all?

Which change would be the most difficult for you to accept?

What kind of assistance would you need to keep doing the things that you currently do?

- 7. Give additional instructions.** Ask participants to open their eyes and immediately write on their sheet of paper what kind of assistance they would need to maintain their normal life with this disability.

Large-Group Discussion—15 minutes

8. **Facilitate a large-group discussion.** After everyone has finished writing, ask participants to share some of their thoughts and feelings about having a physical disability. Ask for one or two responses to each of the questions from Step 6.
9. **Draw out lessons from the exercise.** Explain that by imagining themselves having a physical disability (and by experiencing some disabilities during this module), they should be better able to understand what a consumer feels and what he or she might need from a direct-care worker. Note that having a physical disability does not necessarily change how people feel about themselves and how they relate to others. For example, point out how participants were able to imagine continuing their normal life with a little assistance.
10. **Emphasize the importance of terminology.** Note that you have been talking about “people with physical disabilities,” rather than calling them “handicapped.” Ask participants:

What does the word “handicapped” mean to you?

After a few responses, note that many people with physical disabilities dislike the use of that word. This is at least partly because, in the past, people who were called “handicapped” were treated badly and not allowed to do many normal activities that they were actually capable of doing. Many people associate the word “handicapped” with people whose only means of support was from begging.

11. **Explain that people with disabilities can lead active lives.** Summarize by noting the importance of looking at what a person with a physical disability *can* do (i.e., his or her ability), rather than what he or she *cannot* do. With some assistance, many consumers with physical disabilities are able to maintain a home, raise a family, hold a job, be active in their community, and pursue personal goals and dreams.

Interactive Presentation—10 minutes

12. **Review goals of direct-care work in this context.** Post and discuss the prepared flip chart page on “Goals of Working with Consumers with Physical Disabilities.”

Flip Chart

GOALS OF WORKING WITH
CONSUMERS
WITH PHYSICAL DISABILITIES

- Promote self-care and Independence
- Maintain dignity and self-respect

13. Give additional information on the role of direct-care workers. Post and review the prepared flip chart page on “The Role of the Direct-Care Worker in Assisting Consumers with Physical Disabilities.” Note how many of these tasks were mentioned by participants in the discussion of what assistance they would like if they had a physical disability.

Flip Chart

THE ROLE OF THE DIRECT-CARE
WORKER IN ASSISTING
CONSUMERS WITH PHYSICAL
DISABILITIES

- Personal care
- Housekeeping
- Shopping
- Plan and prepare meals
- Provide relief to other caregivers
- Go with consumer to appointments and community or other social engagements

Large-Group Discussion—15 minutes

14. Explain the impact of an acquired disability. Note that in situations where a disability is acquired from injury or illness—as opposed to being something the consumer was born with—helping to decrease the stress for consumers and their families is one important role for a direct-care worker. Any kind of illness or injury leading to disability will cause many changes for the consumer and their family, most of which are stressful. The direct-care worker can help them adapt to these changes.

15. Discuss the difficult adjustments that accompany an acquired disability. Post and review the prepared flip chart page about the causes of stress for people living with an acquired disability and the role of the direct-care worker in helping to lessen that stress. For each type of change, ask participants to discuss these two questions:

How might the changes be stressful for a consumer with an acquired disability and/or the consumer's family?

How can the direct-care worker help to reduce that stress?

Flip Chart

CAUSES OF STRESS FOR
CONSUMERS WITH ACQUIRED
PHYSICAL DISABILITIES AND THEIR
FAMILIES

- Changes in routine
- Changes in income
- Disruption in life plans
- Role changes within the family
- Changes in self-image

- 16. Discuss the importance of providing emotional support.** Note that many of these changes are experienced by the consumer and the family as a “loss.” This can lead to emotional responses similar to grief—e.g., denial, anger, or depression. Explain that by using the communication skills of listening and asking open-ended questions, the direct-care worker can show support for and acceptance of the consumer, which can help reduce some of the emotional stress from the sense of loss.
- 17. Discuss the impact of discrimination.** Note that some of the “losses” people with acquired disabilities experience are the result of discrimination—e.g., it may be more difficult to find a job or a place to live. Explain that the Americans with Disabilities Act is a law that makes it illegal to discriminate against a person because he or she is disabled. This applies to employment, public accommodations, commercial facilities (e.g., banks, restaurants, stores, and other businesses), transportation, and telecommunications. The direct-care worker can inform the consumer and the family about their rights and provide them with information about resources to help them exercise their rights, if needed.
- 18. Distribute Handout 15.1: Understanding Physical Disabilities,** for participants to add to their resource binders.
- 19. Wrap up the activity.** Explain that before the next activity, there will be a short break. While still experiencing their assigned physical limitation, everyone should take this opportunity to go to the restroom or get something to eat or drink. When they return, groups will be given a new disability to experience.

Activity 15.2 Working with Self-Directing Consumers

1 hour & 20 minutes

Learning Outcomes

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

Describe a self-directing consumer.

Describe the role of the direct-care worker in the consumer-directed service delivery model and the relationship between the consumer and the direct-care worker.

Demonstrate how to use good communication skills to clarify consumers' requests and to negotiate when a request makes the worker uncomfortable.

Define assertiveness and describe when it is important for a direct-care worker to be assertive with a consumer.

Key Content

- Consumer direction refers to a model of service delivery for people with disabilities, both young and old, who are mentally capable of making their own decisions. In this model, the consumers are described as “self-directing,” which means they employ and supervise their own workers.
- Self-directing consumers are mentally alert and able to make choices, understand the consequences of their choices, and assume responsibility for the results of those choices. The role of the direct-care staff person is to support consumers in living their lives as fully as possible.
- In the consumer-directed model, because the consumer determines what goes into the service or care plan, there is more flexibility in the services and supports that the consumer can request. Whether services are paid for with government funds or by the

consumer privately, there should be a care plan or some written agreement that states what services are expected.

- Under consumer direction, direct-care workers may be asked to do things they may not feel comfortable doing. (This can happen in any long-term care setting, but is more likely in the consumer-directed model.) Direct-care workers have the right to express their discomfort and to clarify which tasks they will and will not do. This is especially important to address during the interview and contracting phase. Whether during the interview phase or after being employed, the direct-care worker needs to be mindful that the consumer has a right to ask for assistance and that refusing to do a particular task or perform a specific service for the consumer could mean that they will not get (or keep) the job.
- Using communication skills of active listening, paraphrasing, and asking open-ended questions will help the worker to better understand requests, especially when those requests are initially confusing or unsettling.
- It is also important to be assertive and clear when communicating about a task or service request that the worker is not comfortable doing. Being assertive means being able to express oneself and one's rights without disrespecting and/or violating the rights of others.

Activity Steps

Large-Group Discussion—5 minutes

1. **Facilitate debriefing of ongoing limitations exercise.** Ask for one volunteer from each “disability” group to share how their functional limitation affected them in the previous activity and during the break.
2. **Reassign disabilities.** Assign a different functional limitation to each participant, to provide a new experience of having a disability.

Interactive Presentation—10 minutes

- 3. Review consumer-directed care.** Ask participants what they remember about the definition of consumer direction (Module 2) and how it is different from other work settings. Emphasize the main points: 1) the consumer is the supervisor of the direct-care worker and is usually responsible for hiring and firing, and 2) the consumer determines what services and supports are to be provided by the worker. The consumer in this model can be described as “self-directing.”
- 4. Describe self-directing consumers.** Post the prepared flip chart page.

Flip Chart

SELF-DIRECTING CONSUMERS:

- Are mentally alert
- Are able to make choices
- Understand the impact of those choices
- Assume responsibility for the results of those choices
- Need assistance to physically perform some activities to carry out their choices

- 5. Review sample ad.** Distribute **Handout 15.2: Help Wanted: Personal Assistant.** Ask for a volunteer to read the ad aloud. Briefly discuss how advertising and interviewing are used in consumer direction.
- 6. Introduce “Joe Capella.”** Read aloud the notes of the direct-care worker who answered the ad and was interviewed by Joe Capella. Ask participants:

How is Joe Capella different from other consumers that we have “met” so far?

Individual Exercise—10 minutes

7. **Distribute and review Handout 15.3: Joe’s Requests.** Emphasize that Joe has the right to state his needs as done in this activity. Joe wants to hire a direct-care worker who can help him maintain a lifestyle that is as close to normal (for him) as possible. Remind participants of the list they wrote in the previous activity, identifying what kind of assistance they would need if they were physically disabled. Each person will have a different set of needs and all are valid.
8. **Review the instructions on the handout.** Using the first request as an example, answer for yourself if you (the instructor) would put a ✓, ?, or X next to it, with a brief explanation of your reasons.
9. **Conduct the exercise.** Give participants 5–10 minutes to complete the worksheet, working on their own.

Large-Group Discussion—10 minutes

10. **Lead debriefing.** After everyone is finished, ask participants:

What are some tasks that you would do without question (the ones you placed a ✓ next to)? Why?

Does anyone feel differently about those same requests? Why?

11. **Continue debriefing.** Ask the same questions about those requests that people would definitely not feel comfortable doing (those with an “X”) and those they were not sure about (“?”). Note that different people have different levels of comfort with particular tasks. This is normal, but they need to remember that the consumer has the right to make any requests.
12. **Set up the next exercise.** Hand out three index cards to each participant. Ask participants to identify the three requests that they were the *least* comfortable with and write one request on each index card. They will use their cards later in this activity.

Interactive Presentation—10 minutes

- 13. Present options for direct-care workers when the consumer’s request makes them uncomfortable.** Explain that it is common for workers to be asked to do things they don’t feel comfortable doing. This can happen in any long-term care setting, not just in the consumer-directed model. In other settings, the tasks are set forth clearly in the care plan. With consumer direction, the tasks are set from the beginning by the consumer, starting with the job interview. The direct-care worker needs to be clear about what the consumer wants the worker to do. If the worker is not comfortable with the consumer’s requests, they have several options. Post the prepared flip chart page and explain these four options:

Flip Chart

WHAT TO DO IF THE JOB
INVOLVES TASKS OR SERVICES
THAT MAKE YOU
UNCOMFORTABLE:

Options

- Clarify the task and the need
- Negotiate
- Get a written contract or service plan that you agree with
- Don’t take the job, or resign if a new agreement can’t be reached!

Teaching Tips

The presentation should touch on the following:

- Clarify what the consumer is requesting and why *you* are needed to do this. Paraphrase and ask open-ended questions to make sure that you understand the request and the need.

- Ask if the tasks or services can be negotiated. Say which ones you can do and which ones you can't or won't do and explain why. Discussing this during the interview is important to establish clear expectations and boundaries around your work. Be aware, though, that the consumer may not hire you if you cannot do the tasks and/or provide the services or supports requested.
- If you take the job, make sure the tasks and services that you agreed to do are written in a work agreement/contract (which is like a service plan) as the basis for your job description. The work agreement can include an acknowledgement that the plan will be used for regular performance review and feedback and might change based on changes in the consumer's needs. Including this statement establishes the understanding that both the consumer and worker can expect future changes and that each new request should be negotiated.
- Don't take the job, or resign if a new agreement can't be reached! Ask participants to think about where they would draw the line. How would they find out from the consumer if he or she might require assistance that crossed that line?

14. Emphasize the need for effective communication. Note it is important to be clear and firm when communicating your discomfort to the consumer and negotiating which tasks or services you will and will not do. This is called being “assertive.” Ask participants:

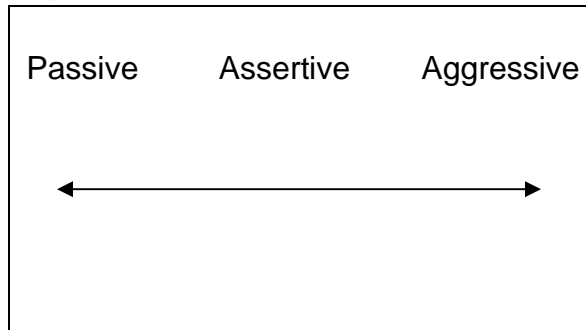
What does the word “assertive” mean to you?

After a few responses, post the prepared flip chart page and review the definition.

Flip Chart

ASSERTIVENESS:
The ability to express yourself
and your rights without
violating the rights of others

Flip Chart



- 15. Facilitate discussion on the meaning of assertiveness.** Note the continuum at the bottom of the flip chart page and ask participants:

What is the difference between “passive” and “aggressive”?

How is being “assertive” different from being “passive” or “aggressive”?

Teaching Tip

When you are being *aggressive*, you are expressing yourself and your rights, but violating the rights of others. Being *passive* is the inability to express either yourself or your rights, and in this position, people may take advantage of you or violate your rights.

- 16. Explain why assertiveness matters.** State that it is important in direct-care work to be assertive in your communications with consumers while allowing the consumer to assert their own needs. This is true in all models of service delivery, but may feel more challenging when working with a self-directing consumer who is concerned about their loss of independence. Having a relationship where both people are comfortable being assertive opens the flow of communication and leads to more constructive interactions.
- 17. Review negotiating tips.** Note that being assertive is not always easy. Post the prepared flip chart page with the tips for being assertive while “negotiating” with the consumer.

Flip Chart

TIPS FOR BEING ASSERTIVE WHEN
NEGOTIATING WITH THE
CONSUMER

- Be clear in your own mind about what you think and feel
- Use “I” statements to express your thoughts or feelings (e.g., “I think...”; “I feel...”; “I’m not comfortable with...”)
- Be specific about what makes you uncomfortable or what you’re not willing to do

Demonstration Role Play—10 minutes

18. Introduce role play. Explain that you are going to demonstrate using these tips in negotiating with “Joe” about a task that he wants you to do, but you’re not comfortable doing. Note that participants will also practice this by role-playing in pairs. Post and review the flip chart page with the role-play steps.

*Flip Chart*ASSERTIVENESS ROLE PLAYS

- Paraphrase to clarify
- Ask open-ended questions to understand how this would be helpful
- Be assertive—use “I” statements and be specific about what makes you uncomfortable
- Respect the consumer’s need; be honest about your discomfort
- Ask if there is some way this could be done without you doing it

19. Set up the role play. Ask for a participant to volunteer to help you demonstrate. Ask him or her to choose one of his or her index cards with the tasks he or she is *least* comfortable with. Explain that the participant will play Joe, and you will play the worker. The participant will ask you to do that task. Then you will demonstrate how to paraphrase, ask open-ended questions, be assertive, be respectful, and explore other ways of getting the job done.

20. Lead debriefing. After the role play, ask if there are questions about the steps.

Pairs Work: Role Plays—10 minutes

21. Conduct the first role play. Ask participants to form pairs. Have one participant give one of their “least comfortable” cards to their partner. The partner plays the role of Joe and asks the “worker” to do this task. The worker then role plays being

assertive, communicating his or her discomfort, and negotiating another way to do this job.

- 22. Conduct the second role play.** Have role players switch roles and repeat the process with a task that the other participant finds to be “least comfortable.”

Large-Group Discussion—10 minutes

- 23. Facilitate reporting back to the large group.** Ask participants to return to the large group and briefly share how the role plays went—what was easy, what was difficult, what they learned.

- 24. Assess participant knowledge.** Ask:

What is the most important thing you have learned so far about working with self-directed consumers?

- 25. Wrap up by continuing the exercise of experiencing physical limitations.** Ask participants, with their current functional limitation, to use the break between activities to go to the restroom or to move around to get something to eat or drink.

Activity 15.3 Responding to Sexual Behavior of the Consumer

1 hour & 5 minutes

Learning Outcomes

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

Explain the importance of respecting the sexual needs of a consumer.

Distinguish between appropriate consumer requests related to sexual needs and inappropriate sexual behavior.

Demonstrate respectful and assertive responses to potentially inappropriate sexual behavior (verbal or physical) of the consumer.

Key Content

- Sexuality is a basic part of everyone's life, consisting of all of our thoughts, feelings, and actions related to being male or female. It is shaped by our beliefs, cultures, and social norms.
- When someone has a disability or is aging, that person's sexuality and sexual desire does not disappear. The need for warmth, caring, and security may increase when an individual is suffering from chronic disability and loss. The ability to engage in sexual activity, such as intercourse or masturbation, can continue in spite of illness or disabling conditions. Thus, it is important to be aware of and respect the sexual needs of the individual consumer.
- This sexual need sometimes complicates the relationship between the direct-care worker and the consumer. Direct-care work is very intimate and, over time, the relationship formed between the worker and consumer usually strengthens. Drawing on that closeness, sometimes consumers (and possibly family members) make sexual advances towards the direct-care worker.

- For the direct-care worker, pulling back from an emotional response in such a situation is important. Paraphrasing is also essential to be clear about what was said. Using a clear “I” statement helps in being assertive, along with a firm statement of your boundaries. Being respectfully assertive in these kinds of situations can help to affirm the consumer’s sexuality, at the same time as maintaining professional boundaries and the worker’s rights.

Activity Steps

Large-Group Discussion—5 minutes

1. **Facilitate debriefing of ongoing limitations exercise.** Ask for one volunteer from each “disability” group to share how their functional limitation affected them in the previous activity and during the break.
2. **Reassign disabilities.** Assign a different functional limitation to each participant—either seeing, hearing, arm motion, or mobility— to give them a new experience of having a disability.

Large-Group Exercise—5 minutes

3. **Introduce the activity.** Note that this activity is about responding to the sexual behavior of the consumer. Explain that before you begin, you want to take a quick “anonymous” survey.
4. **Conduct the first part of the survey.** Ask participants to close their eyes. Read the statement: “Consumers with physical disabilities should not have sex.” Ask participants to keep their eyes closed and raise their hands if they agree with the statement. Quickly count the number of hands raised, note the number, and then ask participants to put their hands down.
5. **Conduct the second part of the survey.** Ask participants to still keep their eyes closed and raise their hands if they *disagree* with the statement. Again, quickly count, make a note, and ask participants to put their hands down.

- 6. Wrap up the exercise.** Tell participants they can open their eyes; thank them for their honesty. Explain that you'll announce the "results" of the survey in a few minutes.

Interactive Presentation—15 minutes

- 7. Briefly present the information in the first two bullets of "Key Content."**
- 8. Discuss results and purpose of the class survey.** Note that, regardless of how they "voted," it is important for them to know how they personally feel about consumers' sexual behavior; one purpose of the survey was to start them thinking about that. For many people, this is an area of life that makes them uncomfortable. However, as a direct-care worker, they need to be able to work with people who definitely have sexual feelings and may be sexually active. So they may have to learn how to set their discomfort aside, in order to be able to deal with the sexuality of consumers.

Teaching Tips

One purpose of the survey is to give you, the instructor, a quick sense of the attitudes of participants toward sexual behavior for consumers with physical disabilities. This is a very crude "survey," however; participants may find the question confusing and may want to change their "votes" after some discussion.

- The other purpose is to show participants that, on one hand, there are differences of opinions in the group about the sexuality of consumers, and on the other hand, they are not alone in their opinions. The main point is that, regardless of the workers' feelings, consumers have the right to be sexual. As workers, they have to find some way to deal with that.
- The total of votes may be more or less than the number of participants. Some participants may not have voted at all—they may not know how they feel about this question. Other participants may have voted both times—they may be able to see both sides of the issue. Don't spend time trying to figure this out—stay focused on the message that consumers have the right to be sexual, regardless of participants' opinions about that.

9. **Explain the importance of boundaries.** At the same time, direct-care workers need to be able to tell the difference between sexual expression that is acceptable within the boundaries of direct-care work and sexual expression that is not acceptable. A quick *assertive* response can help to defuse situations that are not acceptable, before they become major issues or problems.
10. **Read scenarios for acceptable consumer sexual behavior.** Note that Joe, the consumer profiled in this module, is a healthy 25-year-old male who enjoys sex. Distribute **Handout 15.4: Responding to Appropriate Sexual Behavior** and read the scenarios to the group. Note that each scenario is an *appropriate* expression of sexuality by Joe—in other words, he has the right to do each of these activities. Their task is to figure out what is an appropriate *response* as a direct-care worker.
11. **Discuss options for how direct-care workers can respond.** Explain that, in fact, there are many ways to respond to these situations, and these could be drawn on a continuum, much like assertiveness. One end of the continuum, or one extreme, is being totally disrespectful to Joe and his sexual needs. The other extreme is being overly supportive, whether you feel comfortable or not. The most appropriate response is somewhere in between those two extremes—acknowledging the consumer’s need as well as your own feelings of comfort or discomfort.
12. **Give examples from the continuum of responses.** Using the first scenario—passionate kissing with a date—your disrespectful response might be to say, “Stop that right now! Joe, you know I have to work in this room today!” The too-supportive response might be, “Oh, hi, don’t mind me, I’ll just clean around you two ...” The in-between response would be, “Excuse me, Joe. I really need to clean in this room. Do you think you and your friend could go to another room until I’m done?”

Pairs Work—10 minutes

13. **Set up and conduct pairs work.** Put participants into pairs and assign one scenario to each pair. Ask them to think of three responses to their scenario—one disrespectful, one that is so supportive that it goes against their own feelings, and one that appropriately acknowledges both the consumer’s rights and their own feelings and professional boundaries.

Teaching Tips

- Sexuality is a taboo topic to discuss in such a frank way, so there are likely to be some comments, laughter, and giggles. A little laughter is a good release of nervousness, but you may need to remind participants that this is also a very serious assignment.
- By exploring both the extreme responses and the appropriate response, participants should be able to identify some of their own biases. However, it may be a challenge to find the “in-between” response. Monitor the groups and help them if needed.

Pairs Reporting—15 minutes

14. Facilitate reporting back to the large group. Ask each pair to report all three responses, beginning with the two extreme responses and ending with the appropriate response. Ask the rest of the group if they agree with the “appropriate” response or what else they would suggest.

Large-Group Discussion—15 minutes

15. Discuss unacceptable consumer sexual behavior. Remind participants that, while it is important to accept sexuality as a normal part of the consumer’s life, it is not okay for anyone you are supporting to make inappropriate sexual remarks or advances toward you. Present the information in the last two bullets of “Key Content.”

16. Distribute Handout 15.5: Responding to Inappropriate Sexual Behavior.

17. Brainstorm assertive responses. Read each scenario one at a time, and ask participants to suggest responses that are both respectful and assertive. Remind participants about “pulling back” from their own emotional reaction. Remind them also about the power of: using the “I” statement in being assertive—e.g., “I am not comfortable with this behavior...”; and being clear about their boundaries—e.g., “If you need to masturbate now, I will leave the room and do other work until you are done.”

- 18. Summarize key points.** Ask participants what they learned from this activity. Remind them about the normal aspects of the consumer’s sexuality and sexual feelings in all settings, not just with consumers with disabilities. Be sure to emphasize that unwanted sexual advances from consumers in long-term care are not the norm, but they are also not uncommon in any setting—not just with self-directed consumers. Being respectfully assertive in these kinds of situations can defuse the situation, by affirming the consumer’s sexuality, at the same time as maintaining your professional boundaries as a direct-care worker.

Module 15. Working with an Independent Adult with Physical Disabilities¹

Handouts

Activity 15.1: Introduction to Working with Consumers with Physical Disabilities

Handout 15.1 **Understanding Physical Disabilities**

Activity 15.2: Working with Self-Directing Consumers

Handout 15.2 **Help Wanted: Personal Assistant**

Handout 15.3 **Joe's Requests**

Activity 15.3: Responding to Sexual Behavior of the Consumer

Handout 15.4 **Responding to Appropriate Sexual Behavior**

Handout 15.5 **Responding to Inappropriate Sexual Behavior**

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Understanding Physical Disabilities

A disability is a condition that limits the way we:

- Move
- See, hear, touch, taste, or smell
- Think
- Feel

Physical disability:

A physical disability means that a part of the body (or a system) does not work the way it is supposed to. This makes it harder to do daily activities.

A physical disability may last only for a while. Or it may last for the rest of your life.

Some people are born with a disability. Others become disabled when they get hurt or sick. Older people may also become disabled by the normal changes of aging.

Goals of working with consumers with physical disabilities:

- Assist the consumer to take care of themselves and to live as independently as possible
- Assist the consumer to maintain dignity and self-respect

Understanding Physical Disabilities

Handout 15.1

Page 2 of 2

You can assist consumers with physical disabilities by:

- Assisting with personal care
- Assisting with housekeeping
- Assisting with shopping
- Assisting to plan and prepare meals
- Providing relief to other care-givers
- Going with consumer to appointments and other activities outside the home

These changes can cause stress for consumers with acquired physical disabilities and their families:

- Changes in routine
- Changes in income
- Interrupted life plans
- Role changes within the family
- Changes in self-image

Help Wanted: Personal Assistant

You are a direct-care worker, and you saw this ad in the local newspaper.

**Personal Assistant Needed
20 hours per week**

I am a physically disabled young man. I need help getting around. I am looking for someone who can help me shower, dress, and use a wheelchair. I need someone who has a car and is willing to run errands for me. I am friendly and easygoing. I can pay you \$8.00 per hour. Call and leave your name and telephone number at: 555-3833.

Help Wanted: Personal Assistant

You called and set up a meeting with Joe. After the meeting, you made some notes. Here's what you wrote.

Joe is 25 years old. He lost use of his legs in a car accident 2 years ago, riding home with a friend after a night of drinking. The friend was driving and fell asleep and the car crashed. Joe was not wearing a seatbelt, and his spinal cord was hurt.

Joe joked about the crash but says he lost a lot more than the use of his legs. He used to live with his girlfriend who left him after the accident. He relies on friends to drive him places. Lives with mother and says he feels like a kid again.

Joe used to work as a store clerk and really liked the job. Said he's "stuck in these 4 walls" and "chained to the wheelchair." He watches TV a lot and goes out with friends sometimes. He still goes to clubs once in a while. But it gets him down for days because he drinks too much.

Joe used agency aides at first. He liked them but they fought a lot with his mother because she kept bossing them around. Mother's the caregiver now but she's tired and wants him to have his own personal assistant again. She says she'll "mind her own business" and let Joe be "the boss" this time. Joe will hire and be in charge.

Joe seems nice and easy to talk with. He has limited use of his arms. He uses a catheter and needs help emptying it and keeping it clean. He needs help getting in and out of the shower, in/out of bed, and with other daily tasks, like dressing, shopping, and getting to appointments. He talked a lot about meeting girls.

Joe's Requests

Imagine that, during your interview, Joe asks you to do these tasks. Think about how you would feel.

Then, write:

- √ If you *would* do the task
- ? If you are *not sure if you should* do the task
- X If you *would definitely not* do the task

- ___ Buy beer for him.
- ___ Buy his mother a birthday present.
- ___ Change the cat's litter box.
- ___ Clean his genital area before the rest of his body.
- ___ Clean his room.
- ___ Clean his wheelchair.
- ___ Clip his toenails.
- ___ Cook macaroni and cheese for dinner.
- ___ Do the dishes.
- ___ Do his grocery shopping.
- ___ Dust the living room.
- ___ Go to church with him.
- ___ Go with him to a sports bar.
- ___ Ignore anything his mom tells you to do.
- ___ Iron his shirts.

Joe's Requests

- ___ Listen to music with him.
- ___ Make dinner for his new girlfriend.
- ___ Make his bed while he is still lying in it.
- ___ Make his mom's bed.
- ___ Put lubricant on his penis just before his date arrives.
- ___ Scratch his back.
- ___ Shave his face.
- ___ Stop his mother from coming into his bedroom.
- ___ Take him down the street to the post office.
- ___ Walk his dog and clean up the feces.
- ___ Wear "street clothes" instead of a uniform.
- ___ Work Saturday instead of Monday.

Responding to Appropriate Sexual Behavior

Joe Capella is a healthy 25-year old male who enjoys sex. These are appropriate behaviors for him. What might be an appropriate response by you, as a direct-care worker?

What if...

- Joe has a date at the house when you arrive and they are passionately kissing and fondling while you are working near them?
- Joe watches a pornographic movie while you are working in the same room?
- Joe asks you to accompany him to a local stripper bar?
- Joe explains what he'd like you to do around the house (normal tasks) and then asks for some privacy while he has sex with his girlfriend in the bedroom?
- Joe asks you to position him in his bed for a sexual encounter with a woman?
- Joe's sexual partner is a man?

Responding to Inappropriate Sexual Behavior

Handout 15.5

Respecting sexuality is important. But setting boundaries is equally important. Be respectful AND assertive when you respond to these situations.

What if...

- Joe rubs your breast as you bend over him?
- Joe asks you to wash his penis for him (when he is capable of doing it himself)?
- Joe is masturbating while you are working near him?
- Joe wants to be naked while you are in the house?
- Joe asks you to have sex with him?

Providing Personal Care Services to Elders and People with Disabilities¹

Module 16. ADLs: Dressing and Toileting (Part 2)

Goal

The goal of this module is to prepare participants to assist with dressing and toileting when consumers are unable to perform these activities on their own.

Time

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

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SECTION C. PERSON-CENTERED CARE
Module 16. ADLs: Dressing and Toileting (Part 2)

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
16.1 Dressing with Dignity	Interactive presentation, demonstration, and practice triads	1 hour
<i>Break</i>		<i>10 minutes</i>
16.2 Toileting (Part 2)—Bedpan, Urinal, Portable Commode, and Catheter Care	Interactive presentation and demonstration	45 minutes
16.3 Practice Lab—Toileting (Part 2)	Practice triads	45 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Two complete sets of women’s clothing (extra large, to fit over participants’ uniforms; top, skirt or pants, underwear, bra, socks, shoes, pajamas, sweater)
- Two sets of men’s clothing (extra large, to fit over participants’ uniforms; shirt, pants, underwear, socks, shoes, pajamas, sweater)
- Two or three pairs of elastic knee-high stockings
- Assistive devices for dressing (if available): zipper puller, button hook or fastener, extra-long-handled shoe horn, and sock puller
- Two (2) beds or tables that can serve as a bed (with padding)
- Bedpans and covers: one fracture, one regular
- Urinal and cover
- Portable commode
- In-dwelling catheter, drainage tube, collection bag, and graduated container
- Cotton balls
- Supplies for perineal care
- Perineal model that allows for a catheter insert
- Disposable gloves
- Small plastic bags
- Toilet tissue
- Disposable bed protectors

- Towels and washcloths
- Plastic trash bags

Handouts

- Handout 16.1 Tips for Assisting with Dressing
- Handout 16.2 Show Your Skills: Assisting a Consumer to Dress
- Handout 16.3 Show Your Skills: Assisting with Elastic Stockings
- Handout 16.4 Devices to Make Dressing Easier
- Handout 16.5 Show Your Skills: Assisting a Consumer to Use a Bedpan
- Handout 16.6 Show Your Skills: Assisting a Consumer to Use a Urinal
- Handout 16.7 Show Your Skills: Assisting a Consumer to Use a Portable Commode
- Handout 16.8 Show Your Skills: Perineal Care for a Consumer with a Catheter

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants. Make an extra set of the skills checklists for the instructor(s) to use when assessing the return demonstrations.

Set up the following demonstration and skills practice areas around the training space.

- Dressing (two male and two female work stations with at least one bed—otherwise “consumers” sit in chairs)
- Elastic knee-high stockings (with a bed)
- Assistive devices for dressing
- Bedpan (requires a bed)
- Urinals
- Portable commode
- Catheter care

Arrange for additional instructors or experienced staff to monitor the practice stations. Additional instructors should be available for those participants who are ready to do a return demonstration.

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 16.1 Dressing with Dignity

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Respect the Consumer’s Dignity—Dressing” (Step 4)

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 “Closing” in Module 1 as a guide.)

Activity 16.1 Dressing with Dignity

1 hour

Learning Outcomes

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

List five tips for respecting the consumer's dignity while assisting him or her with dressing.

Demonstrate how to dress and undress a consumer while maintaining that consumer's dignity.

Demonstrate how to put elastic knee-high stockings on a consumer.

List at least three assistive devices for dressing and describe how to use them.

Key Content

- Assisting any consumer, not only those with physical disabilities, to dress and undress is a very common task for direct-care workers. Whether limited by physical disability or weakened by illness or aging, consumers will have a wide range of abilities to help themselves get dressed. As with other ADLs, it is important to ask what kind of assistance the consumer wants or needs.
- Getting dressed involves being unclothed to varying degrees, including being naked, and consumers may feel embarrassed. Thus, as with bathing and toileting, it is important to assist with dressing in a way that respects the consumer's dignity. Specific ways to do that include:
 - Encourage the consumer to do as much as he or she can
 - Ask the consumer to choose the outfit
 - Provide privacy in the room
 - Provide personal privacy by undressing and dressing one body area at a time and keeping the consumer covered

- Keep eye contact to reduce embarrassment
 - Keep talking with the consumer
-
- Other tips to make dressing easier include starting with the consumer’s weaker side when dressing and stronger side when undressing. Also, for consumers on pain medication, dressing may be less painful and easier after taking the medications.
 - Various assistive devices are available to enable the consumer to dress and undress themselves without assistance. The worker should be familiar with these devices and how to use them and should encourage the consumer to use them whenever possible.
 - Elastic knee-high stockings may be recommended for some consumers to improve circulation in the legs and feet and prevent formation of blood clots. Some consumers’ care plan will specify that they need assistance with this.

Activity Steps

Interactive Presentation—10 minutes

- 1. Introduce module.** Post and review the “Learning Agenda.” Note that Joe Capella, whom we met in Module 15, is a good example of a consumer who would need help with dressing and toileting; these skills will be in this module. Elders will often need this assistance as well. Note that some aspects of toileting were covered in Module 14; briefly review them.

Flip Chart

LEARNING AGENDA: MODULE 16

Dressing And Toileting
(Part 2)

- Maintaining the consumer's dignity when assisting with personal care tasks
- Learn and practice:
 - Assisting consumers to dress
 - Assisting consumers with elastic stockings
 - Assisting consumers to use a bedpan, urinal, or portable commode
 - Assisting consumers with a catheter

2. **Assess participants' knowledge.** Ask them to think back to the discussions about dignity from their work with “Mr. Feldman” (Module 11). Ask if someone can paraphrase the definition of “dignity.”

Dignity is a sense of pride and self-respect; also feeling worthy of respect from others.

3. **Invite participants to share their knowledge.** Explain that there are some very concrete ways to maintain the dignity of consumers while assisting them with dressing. Ask:

How do you think you could help a consumer feel more dignified while assisting him or her to get dressed?

4. **Give information.** After hearing from participants, post and review the prepared flip chart page, “Respect the Consumer’s Dignity—Dressing.”

Flip Chart

**RESPECT THE CONSUMER'S
DIGNITY—DRESSING**

- Ask how you can assist
- Encourage consumers to do as much as they can
- Have consumers choose their clothes
- Provide privacy
- Do one part of the body at a time
- Keep exposed body areas covered
- Keep eye contact
- Keep communicating

5. **Distribute and review Handout 16.1: Tips for Assisting with Dressing.** Note the tips for respecting dignity, as you just discussed. Review the “Other Tips” at the bottom of the page.

Teaching Tip

The tips for respecting the consumer’s dignity are posted on a flip chart page—in addition to being listed on the handout—to reinforce their importance and as a reminder during skills practice.

Demonstration—30 minutes

- 6. Set up the demonstration.** Ask for a participant to volunteer to help you by playing the role of Joe Capella. Bring out the extra-large clothing for a male that you have assembled for this demonstration (see “Supplies” for this module). Have “Joe” remain seated in a chair for this demonstration.
- 7. Conduct the demonstration.** Review and demonstrate each step in **Handout 16.2: Show Your Skills: Assisting a Consumer to Dress**, putting the extra-large clothing on the participant and then taking it off. Ask for and answer questions as you go.

Teaching Tip

For the purposes of demonstration and practice, you will first dress and then undress the “consumer,” which is the opposite of what is on the skills list. (This is because you are not actually taking off the volunteer’s clothes!) Explain that, when they are working with a real consumer, they will almost always be helping someone take off one set of clothes before putting another one on. That’s why the skills are described as undressing first, then dressing.

Participants may be confused about the demonstration starting with dressing—when the skill list starts with undressing. If it seems too confusing, you can ask the volunteer to put on pajamas or a robe over their uniform before you start the demonstration. That way, you will demonstrate taking off the pajamas and then putting on clothes for the day, following the order in the skills list.

- 8. Conduct the next demonstration.** Ask for another volunteer to help demonstrate assisting a female consumer to get dressed. In this demonstration, describe the consumer as recovering from a stroke and having a weak left side. The “consumer” should remain in bed, so you can show the different steps associated with dressing a consumer who is still in bed. As before, demonstrate and discuss each step, following **Handout 16.2: Show Your Skills: Assisting a Consumer to Dress**. Answer any questions from participants.

- 9. Facilitate a large-group discussion.** Distribute **Handout 16.2: Show Your Skills: Assisting a Consumer to Dress**. Note that you will be reviewing and demonstrating each step. Ask participants to review the handout. Then ask:

What can you do to ensure that the consumer's dignity and privacy are protected while dressing?

What steps are most important to ensure the consumer's safety while dressing?

Are there any additional questions about how to dress a consumer?

- 10. Conduct the next demonstration.** Explain that this demonstration will show how to help consumers put on elastic stockings. Discuss the “Key Content” about elastic stockings. Ask for another volunteer to help demonstrate. The volunteer should take off shoes and stockings and lie down on the bed. Demonstrate and review the steps for assisting with elastic knee-high stockings, following the steps in **Handout 16.3: Show Your Skills: Assisting with Elastic Stockings**. Explain each step and answer questions for participants.

- 11. Facilitate a large-group discussion.** Distribute **Handout 16.3: Show Your Skills: Assisting with Elastic Stockings**. Give participants a few minutes to review the handout. Then ask:

Why do consumers sometimes need elastic stockings?

How can you ensure the stockings will not irritate the consumer's skin?

What signs indicate the consumer is having a problem with blood circulation?

Are there additional questions about how to put on elastic stockings?

- 12. Demonstrate the use of assistive devices.** Distribute **Handout 16.4: Devices to Make Dressing Easier**. Show the sample devices you have gathered and how to assist a consumer to use them.

Practice Triads—20 minutes

Teaching Tip

Work stations for this practice lab should include at least two stations for dressing and undressing a male consumer, at least two stations for dressing and undressing a female consumer, one station for elastic stockings, and the display of assistive devices. At least one of the dressing stations should include a bed; the elastic stocking station also needs a bed.

- 13. Introduce practice triads.** As before, the practice lab for dressing will be conducted through practice triads, with participants working with different people than previously in order to build on teamwork skills. “Consumers” will be both male and female for the dressing practice.
- 14. Give instructions for practice triads.** After triads are formed, assign them to practice stations to start and remind them to rotate to another station after all three members of the triad have practiced the skill. They need to practice dressing and undressing a man and a woman, with one of them being in bed. Note that they should focus on dressing skills at this time, if possible. They can practice with elastic stockings and the helping consumers use the assistive devices later, during Activity 16.3.

Activity 16.2 Toileting (Part 2)—Bedpan, Urinal, Portable Commode, and Catheter Care

45 minutes

Learning Outcomes

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

Describe how to assist a consumer to use a bedpan and urinal.

Describe how to assist a consumer to use a portable commode.

Describe the direct-care worker's role in catheter care.

Describe the strategies a direct-care worker can use to maintain the consumer's dignity while assisting with toileting ADLs.

Describe how to use good body mechanics and practice infection control during toileting ADLs.

Key Content

- As with assisting a consumer to use the toilet, assisting the consumer to use a bedpan, urinal, or portable commode requires a blend of sensitivity to the consumer's feelings, respect for privacy and dignity, communication skills, body mechanics, and infection control. The instructor will demonstrate how to integrate these skills, while explaining each step.
- A nurse is required for inserting or removing a catheter. However, the direct-care worker is often responsible for cleaning the catheter tube, draining the collection bag, and providing perineal care for consumers who have a catheter.

Activity Steps

Teaching Tip

This activity requires extensive equipment and supplies. In order to use time efficiently, the demonstration stations must be set up ahead of time, with all the supplies arranged for easy access for the instructor and easy viewing by the participants.

Interactive Presentation—5 minutes

1. **Ask for immediate responses.** Hold up one of the bedpans and ask participants:

What comes to your mind when you hear the word “bedpan?”

Ask participants to share some of their feelings, thoughts, and facial expressions when they heard the word “bedpan.” Ask:

If that’s how you feel just thinking about a bedpan, imagine how the consumer might feel about using one.

2. **Prompt further discussion.** Ask:

Why do you think a consumer might need to use a bedpan?

After a few responses, note that the consumer is already experiencing difficulties that make him or her unable to use the toilet. When you add the challenge of using a bedpan to those difficulties, then the attitude and understanding of the direct-care worker become extremely important for reassuring and comforting the consumer.

Demonstration—25 minutes

3. **Introduce the activity.** Explain that you are now going to do three demonstrations, all of which are about toileting: using a bedpan, urinal, and a portable commode.

- 4. Conduct the first demonstration.** Note the supplies gathered for demonstrating assisting a consumer to use a bedpan. Ask for a volunteer to play the role of a consumer who has been ill and is unable to get out of bed. Demonstrate each step of the procedure, following the steps in **Handout 16.5: Show Your Skills: Assisting a Consumer to Use a Bedpan**, explaining why you are doing it and answering any questions.
- 5. Conduct the second demonstration.** Show how to assist a consumer to use a urinal, following the steps in **Handout 16.6: Show Your Skills: Assisting a Consumer to Use a Urinal**. Explain why you are doing each step, and note the differences for a man and a woman. Answer questions as they arise.
- 6. Conduct the third demonstration.** Finally, show the commode and how it works, locking the wheels or otherwise stabilizing it for the demonstration. Ask for a different volunteer to play the consumer this time. Demonstrate each step of the procedure as described in **Handout 16.7: Show Your Skills: Assisting a Consumer to Use a Portable Commode**. Answer any questions from participants.
- 7. Facilitate a large-group discussion.** Distribute **Handout 16.5: Show Your Skills: Assisting a Consumer to Use a Bedpan**; **Handout 16.6: Show Your Skills: Assisting a Consumer to Use a Urinal**; and **Handout 16.7: Show Your Skills: Assisting a Consumer to Use a Portable Commode**. Give participants a few minutes to review the handouts. Then ask:

When assisting consumers with toileting, how can you protect their privacy?

What steps in the procedures for bedpan, urinal, and commode are important to stop the spread of infection?

What is most important to remember to protect the safety of the consumer and the direct-care worker?

Are there any other questions about assisting with toileting?

Interactive Presentation and Demonstration—15 minutes

8. **Demonstrate catheter care.** Show the sample catheters with drainage bags. Discuss why a catheter would be used and explain how they work. Note that a nurse would be responsible for inserting and removing a catheter—NOT the direct-care worker—but that a direct-care worker could be responsible for providing perineal care for a consumer with a catheter, plus draining the collection bag. Show how to drain a catheter bag.
9. **Demonstrate perineal care.** Follow the steps in **Handout 16.8: Show Your Skills: Perineal Care for a Consumer with a Catheter**. Use a perineal model with catheter insert, if one is available. Explain each step and answer any questions from participants.
10. **Facilitate a large-group discussion.** Distribute **Handout 16.8: Show Your Skills: Perineal Care for a Consumer with a Catheter**. Give participants a chance to review the handout. Ask:

What is the “meatus”?

How do you avoid causing the consumer discomfort when providing perineal care for a consumer with a catheter?

What steps are most important to the consumer’s safety and for preventing the spread of infection when providing perineal care?

What steps prevent the spread of infection when draining the catheter bag?

Are there any additional questions about providing perineal care for a consumer with a catheter?

Activity 16.3 Practice Lab—Toileting (Part 2)

45 minutes

Learning Outcomes

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

Demonstrate how to assist a consumer to use a bedpan and a urinal.

Demonstrate how to assist a consumer to use a portable commode.

Describe and/or demonstrate how to provide perineal care for a consumer with a catheter.

Key Content

- Assisting a consumer to use a bedpan, urinal, or portable commode requires skills at communicating and maintaining the consumer’s dignity, as well as using good body mechanics and infection control to protect the safety of both the consumer and the direct-care worker.

Activity Steps

Practice Triads—45 minutes

1. **Give instructions for practice triads.** As before, this practice lab will be conducted through practice triads, with participants working with different people than previously in order to build on teamwork skills. Remind participants in the “consumer” role to incorporate what they have learned about Joe Capella or other consumers in their role-playing.
2. **Point out the workstations.** Workstations for this practice lab include bedpan (with a bed), urinal (bed recommended), and portable commode (with transfer from a bed). If

participants did not complete the practice in Activity 16.1, other stations can be set up for male and female dressing, elastic stockings, and assistive devices for dressing.

Teaching Tips

Ideally, you will again set up as many work stations as the number of triads in your group.

Having additional instructors or qualified staff to monitor skills practice will be very helpful.

Some trainees will be ready to do their return demonstration during this practice lab. Have extra performance checklists on hand to record these demonstrations, as this is part of each participant's formal evaluation. Give feedback following the return demonstration. If a participant's performance is not satisfactory, encourage him or her to practice more and do another return demonstration at a later date.

As you get closer to the end of the training, more people will be ready to do their return demonstration for previous skills. Again, more instructors or staff may be needed to use the limited lab time for return demonstrations as well as practice.

- 3. Rotate all participant triads** through each of the work stations you have created.
- 4. Wrap up the module.** When all the triads have rotated through all the work stations, bring participants back to the large group for the closing activity. If there is not enough time for all participants to complete all the work stations, keep the equipment and materials available for the next practice lab.

Module 16. ADLs: Dressing and Toileting (Part 2)¹

Handouts

Activity 16.1: Dressing with Dignity

Handout 16.1
Tips for Assisting with Dressing

Handout 16.2
Show Your Skills: Assisting a Consumer to Dress

Handout 16.3
Show Your Skills: Assisting with Elastic Stockings

Handout 16.4
Devices to Make Dressing Easier

Activity 16.2: Toileting (Part 2): Bedpan, Urinal, Portable Commode, and Catheter Care

Handout 16.5
Show Your Skills: Assisting a Consumer to Use a Bedpan

Handout 16.6
Show Your Skills: Assisting a Consumer to Use a Urinal

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Module **16.** ADLs: Dressing and Toileting (Part 2)

Handout 16.7

Show Your Skills: Assisting a Consumer to Use a Portable Commode

Handout 16.8

Show Your Skills: Perineal Care for a Consumer with a Catheter

Tips for Assisting with Dressing

Respect the consumer's dignity.

- Ask the consumer what he or she would like you to do to assist
- Encourage the consumer to do as much as they can
- Provide privacy in the room—close doors or curtains
- Provide personal privacy:
- Undress and dress one part of the body at a time
- Offer a blanket or towel to cover exposed parts of the body
- Ask the consumer to choose the outfit
- Keep eye contact, so the consumer won't feel like you are staring at their body
- Keep communicating

Other tips:

- If the consumer has pain, assist them to dress *after* they have had pain medication.
- Lay clothing out in the order you will use it
- Clothes should be easy to put on and take off—the correct size or one size larger
- Put clothing *on* weaker side first
- Take clothing *off* stronger side first
- Go slow; let the consumer set the pace

Show Your Skills: Assisting a Consumer to Dress

Handout 16.2

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Tell the consumer that you are ready to assist them to get dressed. Encourage them to do as much as they can themselves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Ask the consumer to choose their clothes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Get the things you will need. They are: <ul style="list-style-type: none"> • A towel or blanket for warmth and privacy • The clothes the consumer chose, assembled in the order you need them • Laundry bag or hamper 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Provide privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Dress

Handout 16.2

Assist the consumer to dress their top half		
7. Assist the consumer to sit on the side of the bed. If the consumer is unable to do that, assist them to lie flat on their back in bed (supine position).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Assist the consumer to take off their night clothes. Cover body for warmth and privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Uncover upper body and assist the consumer to put on a clean top. <ul style="list-style-type: none"> • Start by putting the weaker or injured arm in one sleeve. • Next, help pull the shirt on over the head or around the back. • Then, assist the consumer to get their stronger arm through the other sleeve. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to dress their bottom half		
10. Uncover the lower body. Assist the consumer to remove underwear.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Assist with underpants or shorts and then remainder of clothes. If one leg is weaker, always put this leg into shorts or pants first.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Dress

Handout 16.2

Assist the consumer to finish dressing		
12. From the sitting position, assist the person to put on non-skid footwear. Check that the person is dressed appropriately—e.g., clothing right side out, zippers/buttons fastened, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist the person to wheelchair, chair or provide assistive device for walking.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up & ORR		
14. Put away the blanket or towel and clothes that can be used again. Put dirty clothes in a laundry basket or hamper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Wash hands. Record any unusual observations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting with Elastic Stockings

Handout 16.3

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Tell the consumer that you are ready to assist them to put on their elastic knee-highs. Tell them what you are going to do and how they can help. Keep talking with the consumer throughout the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provide privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Put on elastic stockings		
5. Ask consumer to lie down. Expose one leg at a time. Make sure the legs are clean and dry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Turn stocking inside out—reach inside and grasp the toe, then pull the stocking down over your hand.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting with Elastic Stockings

Handout 16.3

7. Put the stocking over the toes, unroll it over the foot, and then up the leg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Smooth out wrinkles as you go.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Repeat procedures on other leg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Assist the consumer to get comfortable, whether in bed or sitting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
11. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Record what you did. Report any unusual observations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. The care plan should tell you how often to check the circulation in the consumer's leg. Ask the consumer if they feel pain, numbness, or tingling in the leg. Check if the skin is cold or turning blue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer

Date

Signature of Trainee

Date

Devices to Make Dressing Easier

These devices assist the consumer to get dressed:

- **Button hooks or fasteners** make it easier to open and close buttons.
- **Long-handled shoe horns** make it easier to put on shoes.
- **Sock pullers** make it easier to put on socks.
- **Zipper pullers** make it easier to open and close zippers.

Show Your Skills: Assisting a Consumer to Use a Bedpan

Handout 16.5

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Get the things you will need. They are: <ul style="list-style-type: none"> ● 3 pairs of gloves ● Bedpan (clean and dry) with cover ● Bed protector ● Laundry bag ● Toilet paper ● Towel and washcloth ● Double trash bag 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Talk with the consumer about using the bedpan. Ask if they have used one before. Tell them what you are going to do and how they can help.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Provide privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If using a hospital bed or other motorized bed, raise bed to convenient working height. Lower the head of the bed. Lower the side rail next to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Assist the consumer to lie on their back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Bedpan

Handout 16.5

9. Fold the top linens down to foot of bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Slide bed protector and bed pan under consumer's buttocks		
10. Assist consumer to lift hips or roll over on side.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Slide bed protector and bedpan under hips, and position the bedpan so it is firmly against the buttocks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Give the consumer privacy while they use the bedpan		
12. Put the top sheet back over the consumer, for warmth and privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Assist consumer to sit, either by raising the head of the bed or propping the consumer up with pillows.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Check the position of the bedpan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Make sure the consumer can reach the toilet paper. Ask them to call you when they are finished.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Remove and throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. If it is safe to leave the consumer alone: <ul style="list-style-type: none"> ● Leave the room. ● Wait outside the door. ● Return to the room when the consumer calls. ● If the consumer cannot or does not call, check on them at least every 5 minutes. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Bedpan

Handout 16.5

Remove the bedpan		
18. Put on clean gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Lower the consumers head by adjusting the bed or pillows.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Carefully remove the bedpan, cover it, and set it aside.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to clean between their legs		
21. Assist the consumer to roll on his or her side away from you. Then wipe and clean the buttocks and between the legs (as described in bed bath). Always clean a woman from front to back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. While they are still on their side, roll the bed protector against their buttocks and remove. Put it in a double-bag. Assist the consumer to roll back; cover them with the sheet and/or blanket.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Remove and throw away your gloves. Wet and soap the washcloth and help the consumer to wash and dry their hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Assist the consumer to fix their clothes and get comfortable. Smooth the linens. Position the bed for safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
25. Put on clean gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Take the bedpan to the bathroom. Note appearance and quantity of stool and urine (if you need to report later).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Bedpan

Handout 16.5

27. Empty the bedpan into the toilet, rinse the bedpan, and pour the rinse water into toilet. Rinse again with vinegar and water solution (home setting; see Module 3). Return bedpan to proper storage place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Remove and throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Write down what you did. Note any problems or unusual observations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Use a Urinal

Handout 16.6

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Get the things you will need. They are: <ul style="list-style-type: none"> ● 2 pairs of gloves ● Urinal ● Cover ● Basin, washcloth, towel, soap 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Talk with the consumer about using the urinal. Ask if they have used one before. Tell them what you are going to do and how they can help.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Provide privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Assist the person to stand by the bedside, if able. If not able to stand (or if the consumer is a woman), help the person into a sitting position.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Urinal

Handout 16.6

Position the urinal and provide privacy		
8. For a man, ask him to position his penis in the urinal; assist, if needed. For a woman, position the urinal snugly against the labia.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. For women and seated men, cover with top sheet for warmth and privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Ask the consumer to signal when they are finished.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Remove and throw away gloves; wash hands; then, if the consumer is safe alone, leave the room. <ul style="list-style-type: none"> ● Wait outside the door. ● Return to the room when the consumer calls. ● If the consumer cannot or does not call, check on them at least every 5 minutes. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remove, empty, and clean urinal		
12. Return after a few minutes, or when called.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Put clean gloves on.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Gently remove urinal from penis or labia.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Cover urinal and take it to the bathroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Note (if required) the consistency, color, and amount of urine.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Empty urinal and rinse with cold water. Rinse with vinegar and water solution (see Module 3).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Urinal

Handout 16.6

18. Remove and throw away gloves. Wash hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist consumer to get comfortable		
19. Fill the basin with warm water and assist the consumer to wash their hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Assist the consumer to get comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
21. Return the urinal and other equipment to their proper place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Write down what you did. Report any problems you saw. Note information about the urine, if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Assisting a Consumer to Use a Portable Commode

Handout 16.7

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Get the things you will need. They are: <ul style="list-style-type: none"> ● 2 pairs of gloves ● Portable commode with pail ● Pail cover ● Toilet paper ● Basin ● Towel and washcloth ● Soap ● Trash bag ● Consumer's non-skid shoes 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Explain that you are going to assist with using the commode. Talk with the consumer about using a commode, if it is new for them.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provide privacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Fill the basin with warm water. Put it in a clean place near the bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Put the commode next to the bed. Lock the wheels. Put the pail under the seat.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Portable Commode

Handout 16.7

Transfer the consumer to the commode		
7. Lift the lid of the commode. Take off the pail cover.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Assist the consumer to sit on the side of the bed. Assist the consumer to remove underwear. (See Handout 16.2) Put non-skid slippers on the consumer's feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Use good body mechanics to transfer the consumer to the commode. (See Module 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Adjust the consumer's clothes so they don't get dirty.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Give the consumer privacy while they use the commode		
11. Make sure the consumer can reach the toilet paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. If it is safe to leave the consumer alone: <ul style="list-style-type: none"> ● Leave the room. ● Wait outside the door. ● Return to the room when the consumer calls you. ● If the consumer cannot or does not call you, check on them at least every 5 minutes. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assist the consumer to get clean		
13. Put on gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If needed, assist the consumer to wipe and clean between their legs. Always clean a woman from front to back.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Assisting a Consumer to Use a Portable Commode

Handout 16.7

15. Remove and throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Assist the consumer to use the basin, soap, and towel to wash and dry their hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer the consumer back to bed		
17. Use good body mechanics to transfer the consumer back into bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Assist the consumer to get safe and comfortable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
19. Put on clean gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Take the pail to the bathroom. Note appearance and quantity of stool and urine (if you need to report later).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Empty the pail into the toilet. Rinse and pour the rinse water into toilet. Rinse again with vinegar and water solution (see Module 3). Return the pail to its proper storage place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Remove and throw away your gloves. Wash your hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Write down what you did. Note any problems or unusual observations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Show Your Skills: Perineal Care for a Consumer with a Catheter

Handout 16.8

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Wash your hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Explain to the consumer that you are going to assist them in cleaning around their catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provide privacy and bring necessary equipment to bedside: <ul style="list-style-type: none"> • Disposable gloves (1-2 pairs) • Washbasin • Soap dish and soap • Washcloths (5 or 6) • Bath towel • Bath blanket • Waterproof protector pad • Plastic bag • Paper towels • Toilet tissue 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Put on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Perineal Care for a Consumer with a Catheter

Handout 16.8

Provide perineal care and clean the catheter		
6. Position resident on back with knees flexed, place bed protector under resident and expose area surrounding catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Perform perineal care, taking care not to move the catheter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Using washcloth (or cotton balls or gauze) with soap and water, hold catheter steady near the meatus (urinary opening) to avoid tugging on the catheter and causing discomfort.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Clean at least 4 inches of catheter nearest the meatus, moving away from the meatus, using a clean area of the cloth (or clean cotton ball) for each stroke.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Dry and cover the consumer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
11. Remove and discard soiled bed protector and/or linen in proper container.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Empty, rinse and wipe basin. Rinse with water first and then rinse again with vinegar and water solution (see Module 3). Return to proper storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Remove and discard gloves.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Providing Personal Care Services to Elders and People with Disabilities¹

Module 17. Working with a Consumer Who Is Depressed

Goals

The goals of this module are to prepare participants to:

- Work with consumers who may be depressed
- Apply a person-centered approach to solving problems

Time

3 hours and 15 minutes (including 30 minutes for opening, closing, and break)

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SECTION C. PERSON-CENTERED CARE
Module 17. Working with a Consumer Who Is Depressed

Activities	Teaching Methods	Time
<i>Opening</i>		
17.1 Introduction to a Consumer Who Is Depressed	Interactive presentation, brainstorming, pairs work, and large-group discussion	35 minutes
17.2 Changes in How People Feel and Relate to Others as They Age	Pairs and large-group exercise, pairs work, role play, and large-group discussion	45 minutes
<i>Break</i>		
17.3 Understanding Depression	Interactive presentation, small-group work, and large-group discussion	45 minutes
17.4 Exploring Options to Solve Problems	Interactive presentation, brainstorming, and large-group discussion	40 minutes
<i>Closing</i>		

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Rocking chair
- Cane, shawl, hat, or robe as “props” for playing Mrs. Jackson
- *Instructor’s Guide, Activity 17.1(a):* Mrs. Bertha Jackson
- *Instructor’s Guide, Activity 17.1(b):* Understanding Mrs. Jackson
- *Instructor’s Guide, Activity 17.3:* How Would You Help Mrs. Jackson?
- *Instructor’s Guide, Activity 17.4:* Exploring Options Worksheet: Helen and Bertha Jackson

Handouts

- Handout 17.1 Understanding Mrs. Jackson
- Handout 17.2 Mrs. Jackson’s Care Plan
- Handout 17.3 Quiz about Aging
- Handout 17.4 Understanding Depression

- Handout 17.5 How Would You Help Mrs. Jackson?
- Handout 17.6 Exploring Options to Solve Problems
- Handout 17.7 Key Issues for Solving Problems

Advance Preparation

Review all the training instructions and 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 17.1 Introduction to a Consumer Who Is Depressed

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Mrs. Bertha Jackson: Life Changes” (Step 5)
- “Observe, Record, Report” (Step 9)

Using the sample care plan provided or one from a local assisted living facility, fill it in for Bertha Jackson, indicating the services to be provided.

Activity 17.2 Changes in How People Feel and Relate to Others as They Age

Study Mrs. Jackson's profile (Instructor's Guide, Activity 17.1—Mrs. Bertha Jackson) in order to role-play her character.

Bring props to use to become Mrs. Jackson—e.g., hat, cane, smock.

Activity 17.3: Understanding Depression

Prepare a flip chart page with the definition of depression (Step 2).

Obtain information about community resources to deal with depression and prepare a flip chart page or pamphlets to hand out to participants (Step 8).

Activity 17.4: Exploring Options to Solve Problems

Prepare the following flip chart pages:

- “Bertha Jackson and Helen, Her Direct-Care Worker” (Step 1)
- “Exploring Options to Solve Problems” (Step 3)

Review *Instructor’s Guide, Activity 17.4—Exploring Options Worksheet: Helen and Bertha Jackson*, as preparation for facilitating discussions.

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 and address remaining questions, if time allows, or 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 17.1 Introduction to a Consumer Who Is Depressed

35 minutes

Learning Outcomes

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

Identify personal changes, gains, and losses of the profiled consumer.

Describe the role of the direct-care worker in assisted living.

Key Content

- Participants will be introduced to the fifth consumer, a resident in an assisted living facility. They will be learning about the environment of assisted living, the needs of this particular consumer, and the work of a direct-care worker in that setting.
- Life at any age is filled with change, and change involves both gains and losses. Learning about what consumers are experiencing can help direct-care workers to support the “gains,” even though they can’t restore the “losses.” For the consumer, sometimes having someone who listens and asks questions is comforting in itself.

Activity Steps

Interactive Presentation—15 minutes

- 1. Introduce the module.** Explain that the fourth consumer profile describes Mrs. Bertha Jackson, who is a resident of an assisted living facility, with her own bathroom and kitchenette. Post the flip chart with the “Learning Agenda” for Module 17 and review. Note that, as before, participants will use and build on what they have already learned from the previous consumer profiles.

Flip Chart

LEARNING AGENDA:
MODULE 17—WORKING WITH A
CONSUMER WHO IS DEPRESSED

- Consumers' needs and role of a worker in assisted living
- Psychological and social changes of aging
- Depression and aging
- Exploring options to solve problems

2. **Review the previous discussion.** Ask participants to review what they remember from Module 2 about assisted living. Ask:

What is different about consumers and the role of the direct-care worker in assisted living as opposed to the other settings we have studied?

3. **Introduce the activity.** Explain that, as before, you will read Mrs. Jackson's story aloud. Ask participants to listen carefully because there are lots of details. Ask them to imagine that this is their first day at the assisted living facility, and Mrs. Jackson has invited them in to her unit. (Not all of you! Pretend you're on your own.) While she talks to you, imagine her in the rocking chair that she brought from her old home. Ask participants to imagine what she looks like and what her unit looks like with its own bathroom and kitchenette.
4. **Share the consumer profile.** Sit in a chair (use a rocking chair if you have one) and read *Instructor's Guide, Activity 17.1(a): Mrs. Bertha Jackson* (pages 17.9-10) out loud to participants.

Brainstorming—5 minutes

5. **Facilitate brainstorming.** Ask participants to list what they remember about how Mrs. Jackson’s life has changed in the past five to ten years. Write their responses on a flip chart page.

Flip Chart

<p style="text-align: center;"><u>MRS. BERTHA JACKSON:</u> <u>Life Changes</u></p>

Pairs Work—5 minutes

6. **Set up pairs work.** Ask participants to form pairs with the person sitting next to them. Distribute **Handout 17.1: Understanding Mrs. Bertha Jackson.** Ask each pair to think about the flip chart page with life changes for Mrs. Jackson and consider which ones would feel like “gains” (or improvements) in her life and which ones would feel like “losses.” If they remember other changes, they can add those, too. Ask them to work quickly, since they only have 5 minutes.

Large-Group Discussion—10 minutes

7. **Facilitate reporting back to the large group.** Ask participants to share what they discussed in their pairs about what they see as Mrs. Jackson’s recent gains and losses.
8. **Emphasize the difficulty of life changes.** Note that for Mrs. Jackson there have actually been as many gains as losses. However, even changes that might seem “good” can be very stressful and involve loss—e.g., moving from a large house that is hard to keep up to a small assisted living apartment. Note that direct-care workers are

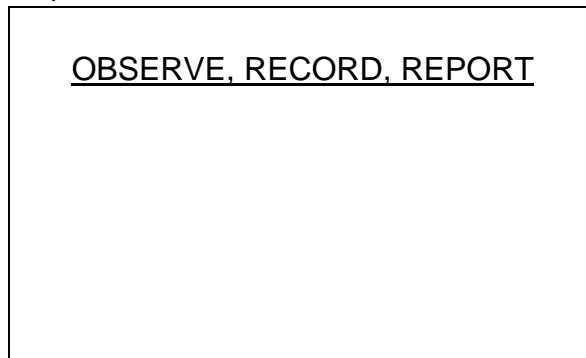
in a position to provide comfort to people in these situations, sometimes just by listening and being there.

Teaching Tip

See *Instructor's Guide, Activity 17.1(b): Understanding Mrs. Jackson* (page 17.11) for key points that you want participants to note about the gains and losses for Mrs. Jackson.

- 9. Review how to read a care plan.** Distribute **Handout 17.2: Mrs. Jackson's Care Plan**. Note that different organizations may have different formats for their care plans, but the content should be the same. Ask participants to find their instructions, on the care plan, for assisting Mrs. Jackson. Note that, as before, they will be thinking throughout this module and the next about what to observe, record, and report about working with Mrs. Jackson. Post the flip chart page for future discussions.

Flip Chart



Instructor's Guide, Activity 17.1(a): Mrs. Bertha Jackson

I'm sure feeling tired today. Oh well, where do I start? I guess with my name—I'm Bertha Jackson and I'm 80 years old. I was born down in Georgia and most of my family still lives there. My husband Lance and I came up North soon after we got married. I was just 18 years old, and I missed my family so bad! Even though there were six of us kids, I always knew I was my mother's favorite. Do you know she lived until she was 105 years old? They say that means I'll live long, too, but I don't think my body is as strong as hers was—nowadays I don't even know if I want to live that long.

But what else can I tell you? My husband worked for the post office. His friends always joked about post office workers going crazy, but he liked it there. I worked, too. First, I was a maid and cook, and then I was a teacher's aide for over 30 years! We wanted children so bad but I guess it wasn't meant to be. But I have lots of nieces and nephews and quite a few grand nieces and nephews, too. I used to love to have them visit and take them places. In fact, two of my nieces lived with us when they moved up here. But after they got married, they moved out.

One of my nieces, Janice, still lives up here. In fact, she's the one who found this place for me to live. She was worried about me living in my house all alone after Lance died. I guess it was too much for me—especially with my heart condition. They call it congestive heart failure—I call it getting old! Anyway, I couldn't even climb the stairs anymore without getting all out of breath, and Janice said I looked like I was losing weight. They cook all the meals here but it's not like my home cooking. So I just pick at the food to be polite. I still miss my house and my neighbors and friends. I could go back and visit, but I have to take two buses to get there or ask my niece to drive me. And most times, I'm just too tired.

My niece comes to see me when she can but the visits are always too short. And I used to get out to church—this old gentleman from the church would pick me up, Mr. Turner—but lately I just haven't felt up to it. I used to like to crochet, but I hardly see right anymore. They do have activities here, but they

don't really interest me. So, I pretty much just stay in my room and think about the old days when I'd go back home to see my family—those great barbecues, Christmas, and the big card games that went on into the early morning hours. Or I just watch TV—nothing special, whatever's on. Like I said, my life's not too interesting these days but even doing nothing makes me tired. Like now, I think I'll go lie down.

Instructor's Guide, Activity 17.1(b): Understanding Mrs. Jackson

What has Mrs. Jackson gained over the past few years? How has her life gotten better?

- Great nieces and nephews
- Friends and neighbors from her old neighborhood
- A “demi-daughter” in her niece who shows concern and love
- A lot of fond memories of her years passed, and some experiences that have been learning lessons
- She has achieved 85 years of living (think of all the things she’s seen and done)
- Some knowledge of the bus system in town
- A personal chef and communal living environment where activities are offered
- An appreciation of flavor and good food

What has Mrs. Jackson lost over the past few years? How have her mind and body gotten worse? What are some things she can’t do anymore?

- Family members have died: her sisters and her husband
- Ability to get around quickly
- Her interest in crocheting, cooking, going to church
- Her long-time home
- She’s lost weight

Activity 17.2 Changes in How People Feel and Relate to Others as They Age

45 minutes

Learning Outcomes

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

Describe common feelings and ways people cope emotionally as they age.

Describe how people's social relationships change as they age.

Key Content

- When people look at their life's path, they easily see that changes occur over time, both socially and psychologically. Friendships are strengthened, sometimes weakened—they come and sometimes they go. Family members are added; some age and pass away.
- How people interact with others is even subject to change. Psychologically, people mature and, through life's experiences, may become better able to cope with stress as they age. These experiences, both joyful ones and sorrowful ones, shape how people deal with what comes up on a daily basis.
- The physical changes of aging can also impact people's emotional well-being.

Activity Steps

Pairs and Large-Group Exercise—15 minutes

1. **Introduce the activity.** Make the transition to the topic of psychological and social aging by noting that, when we age, a lot of things change. Earlier in the training, participants learned about what happens to the physical body as we age. Now they will consider the psychological and social aspects of aging.

2. **Explain that this activity uses a learning game.** The game is like a quiz, but there will be no grades. The purpose is to assess what everyone already knows and what more there is to learn about the changes of aging.
3. **Give instructions.** Ask participants to stay in their pairs from the previous activity. Distribute one blank sheet of paper to each pair and ask them to write the numbers 1 to 9 lengthwise down the page. Explain that you will read a statement, and they will work as a team to decide if the statement is “True” or “False.” Then one of them will write “True” or “False” on the sheet next to the number of the statement. There are nine statements total. Afterwards they will take turns answering the questions in the large group and finding out what the correct answers are.
4. **Read the statements from Handout 14.3: Quiz about Aging.**
5. **Facilitate debriefing.** Once you’ve read all the statements, select one pair at random. Read the first statement and ask the pair what their answer was. Let them know if they were right or wrong, going over the additional information provided on the handout.
6. **Continue debriefing.** Move to the next pair and read the next statement. Ask for their answer, let them know if it’s correct, and provide additional information from the handout. Continue like this until all the statements have been read and correctly answered.
7. **Wrap up the activity.** Distribute **Handout 14.3: Quiz about Aging** to participants.

Pairs Work—5 minutes

8. **Introduce the role-playing exercise.** Explain to participants that in this next activity you will be role-playing Mrs. Jackson, and they will be asking questions to get to know her better, as if they were going to be her direct-care worker. This is their chance to ask Mrs. Jackson about her psychological and social well-being and how the changes and losses they discussed earlier have affected her.

- 9. Give instructions for pairs work.** Ask participants to work in the same pairs again. Distribute three index cards to each pair. Ask participants to write down on each index card at least one open-ended question about the changes, achievements, and losses they identified in the first activity. Ask participants to write clearly.

Teaching Tips

Participants may need to be refreshed about open-ended questions. To do this, ask “*Who remembers what an open-ended question does and why we ask them?*” It is important to highlight that open-ended questions show interest in the person and help the direct-care worker to learn more about the consumer so that it is easier to provide assistance. You may wish to ask for or give one or two examples.

It may also be helpful to tell the group that this is a friendly, relaxed conversation with Mrs. Jackson, and the questions will be used to engage her in a conversation, using the communication skills learned earlier.

Role Play—15 minutes

- 10. Prepare participants for the role play.** After about 5 minutes collect the index cards. Explain that you will now leave the room and, when you return, you will be in character, role-playing Mrs. Jackson. Explain that Mrs. Jackson will have the question cards and will re-distribute them when she comes back in. It will be their job to ask the questions and start a conversation with Mrs. Jackson.

Teaching Tips

Once you leave the room, sort the cards to pull out the most appropriate ones and get yourself acquainted with the subject areas the participants chose. Also bring extra cards with you to write additional questions if there are too few appropriate questions from participants. Make sure you include:

How does having shortness of breath affect your life?

How does feeling weaker and having less energy affect your life?

Other questions may include:

What have been the hardest changes you've had to deal with as you've aged?
How are you feeling about moving into this home?
What would help you be happier?
What changes really excited you in your life?
How do you spend your days?
What foods and activities here are the best? What are the worst?
What would you like to see happening here that isn't already happening?

Use props (e.g., hat, cane, shawl, or robe) to help you play the part of Mrs. Jackson and to help participants think of you in a different role.

- 11. Begin the role play.** When you enter the room as Mrs. Jackson, have the index cards in hand and play up the character by walking slowly and showing shortness of breath. Say to the group, “Your teacher asked me to hand these cards out to you.” Distribute the cards slowly, making it visible that you’re having a hard time getting to everyone. Find a seat. If any participants offer assistance, accept it and thank the participant.
- 12. Invite participants’ questions.** As you sit, take a few moments to catch your breath. Then explain to participants that their teacher asked you to come to class to chat. State that from your understanding, they’ve prepared some questions based on an earlier conversation. Tell them that you have about 10 minutes before you have to head to lunch so the time is all theirs.

Teaching Tips

If participants are shy to ask questions or engage in conversation, you can prompt them but *stay in character*. When the participants begin asking questions, be as open and honest as you’d like. Keep in mind that you want to convey that you are depressed without actually coming out and saying it directly.

Make sure the topics of shortness of breath, personal loss, weakness, and low energy are covered. Be sure to explain how working with you may be different because of these circumstances and your feelings about life. Offer some hope to participants in terms of making you feel better. For example, you may want to say “It feels good just talking with you. I haven’t had the chance to talk with people like this lately”; or “Thinking about my

losses does make me a bit sad, but you should know that all of the bad stuff doesn't hit me all at once. I have good days, too.”

You could even offer to work with the participants in planning some activities. It is important to offer avenues of hope while conveying you are depressed. You *don't* want to paint the picture that a direct-care worker has no impact on someone who may have depression or that depression is only treatable by medication.

13. Wrap up the role play. After about 10 minutes, when Mrs. Jackson sees it's time to leave for lunch, get up and walk out still in character. Come back in as the instructor, saying something like—“I hope you were able to learn a little more about Mrs. Jackson. I met her earlier and she seems like a very kind woman.”

Large-Group Discussion—10 minutes

14. Facilitate debriefing. Ask participants:

What did you learn from Mrs. Jackson about aging? How do you feel about working with her?

Teaching Tip

Keep this discussion brief. Participants will be discussing depression in more detail in the next session, focusing on specific ways to help her cope with depression. In this discussion we want participants to quickly reflect on their own personal reaction—and to help reinforce the signs of hope that Mrs. Jackson mentioned.

Activity 17.3 Understanding Depression

45 minutes

Learning Outcomes

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

Identify major symptoms experienced by a person who is depressed.

Describe how to respond appropriately to a consumer who is depressed.

Key Content

- Depression is the most common mental disorder in later life. It is often under-reported and misdiagnosed.
- Depression is a mood disorder that makes people feel sad, hopeless, irritable, or worthless. All people feel these things sometimes; depression is when these feelings don't go away.
- Signs of depression include weight loss or gain; disturbed sleep; not finding pleasure in activities once enjoyed; lack of interest in sex; feelings of guilt.
- Depression has a significant impact on one's quality of life and it can affect the body's ability to fight disease. Because of its prevalence in the aging population, we will be looking specifically at depression and how it often relates to the social changes that occur as we age.

Activity Steps

Teaching Tips

Many studies suggest that 5 to 17 percent of the general population will experience a major depressive disorder at some point in their lives. The U.S. National Institute of Mental Health has found that 10 percent of adults in the US experience some form of depression in any one-year period.

Given these statistics, it is possible that one or more participant in your class may have experienced or be currently experiencing a form of depression. Be sensitive to possible issues that might come up for individual participants. Offering information about local resources (at the end of the session) may be helpful to participants in working with the consumers they will be serving, but also for themselves and their family members.

Interactive Presentation—15 minutes

1. **Begin a conversation about depression.** Note that Mrs. Jackson seems to be suffering from depression. Ask:

From meeting Mrs. Jackson, what might make you think that she is depressed?

Affirm all appropriate responses.

2. **Define “depression.”** Post the prepared flip chart page on depression and review the information. Note that these are common feelings and symptoms that most of us will experience at some point in our lives. The difference with depression is that the feelings and symptoms persist over a period of time without relief.

Flip Chart

DEPRESSION: A MOOD DISORDER

Feeling sad, hopeless,
irritable, or worthless

Signs:

- Weight loss (or gain)
- Disturbed sleep
- Lack of pleasure in activities you once enjoyed,
- Constipation
- Lack of interest in sex
- Feelings of guilt

3. **Lead a discussion of symptoms in the large group.** Distribute **Handout 17.4: Understanding Depression.** Present the additional symptoms by asking participants to take turns reading the quotes and, then, linking them with symptoms of depression. Present the information on the second page of the handout before moving on.

Small-Group Work—10 minutes

4. **Begin discussion of the direct-care worker's role.** Note that Mrs. Jackson has, in fact, been diagnosed with depression and has already begun treatment. One of the ways to help someone who is being treated for depression is to provide opportunities to lessen the feelings associated with depression—like feeling helpless, worthless, restless, and sad. We will now consider their role as direct-care workers in supporting Mrs. Jackson's treatment.
5. **Set up small-group work.** Divide participants into four small groups. Distribute **Handout 17.5: How Would You Help Mrs. Jackson?** Assign one scenario to each

group and ask them to answer the questions for their scenario. Note that they will have about 10 minutes to do this, after which they will present their ideas to the large group. Remind them to consider using the communication skills that they have learned so far—listening, paraphrasing, and asking open-ended questions.

Teaching Tips

You can choose to substitute your own scenarios for the ones provided and create new handouts or post the scenarios on flip chart pages.

There should be no more than four people in the small groups. If you have more than 16 participants, have more than one group discuss each scenario

Large-Group Discussion—20 minutes

- 6. Facilitate reporting back to the large group.** Ask each group to read their scenario aloud and present their suggestions. Ask if other participants have questions or comments. If paraphrasing and asking open-ended questions are not mentioned, explore with participants how they could use these skills to help Mrs. Jackson.

Teaching Tips

The Instructor's Guide, Activity 17.3: How can a direct-care worker help Mrs. Jackson? (page 17.22) gives suggestions for responses to each scenario.

As an alternative to discussing the scenarios, you may choose to role-play them. Allowing participants to simulate a potential situation in the classroom setting will help prepare them for the actual experience.

- 7. Discuss consumer safety.** Note the seriousness of a consumer saying, “I just want to die.” Although it is perhaps a common feeling, it is important to ensure the consumer’s safety and report the comment to a supervisor, so that, if necessary, further assessment and action can be taken.

Teaching Tip

If participants will be working in consumer-directed settings, where the consumer is the supervisor, you may want to list other people whom the

worker can consult—for example, someone in the consumer’s family or the consumer’s doctor.

- 8. Wrap up the activity.** Explain that not all elderly consumers become depressed and not all younger consumers are immune to depression. Also, participants may know family or friends who show signs of depression. Provide information about community resources to help deal with depression.

Instructor's Guide, Activity 17.3: How Would You Help Mrs. Jackson?

You walk into Mrs. Jackson's apartment. You notice that she didn't pick up her newspaper or mail over the weekend. When you ask about it, she says, "I just didn't have the energy to read."

What would you say or do?

Suggested Response: I hear that you have no energy. Maybe I can read the newspaper for you, or help you with your mail. Would you like that?

Mrs. Jackson says, "It must be nice outside. I can't get out anymore. I'm not too steady on my feet, and I'm scared to go alone."

What would you say or do?

Suggested response: I hear that it may be scary to walk outside alone. I was going to go to the grocery market on the corner—a block away. Would you like to join me for the walk? I'd like the company.

Mrs. Jackson is just staring at the TV. She hasn't had lunch yet today. In her pantry, you see the ingredients for her favorite snack—a peanut butter and banana sandwich.

To get Mrs. Jackson interested in cooking, what would you say?

Suggested Response: I know the food in the dining hall wasn't your style today, but I am concerned you aren't eating enough. I see you have bread, bananas, and peanut butter. Would you like to cut up the bananas while I prepare the bread for a sandwich?

You are visiting Mrs. Jackson one afternoon. Usually, she is neatly dressed. But now her hair is a mess, and she is still in her night clothes. She says, "I just want to die. There is no sense in living. I'm a burden."

What would you say or do?

Suggested response: I enjoy working with you. You brighten my day... You are not a burden to be with. What can we do together, right now, that might make you feel better?

Activity 17.4 Exploring Options to Solve Problems

40 minutes

Learning Outcomes

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

Describe how to explore options in order to solve problems.

List some of the key issues to consider in problem solving.

Explain why it is important to consider more than one person's perspective in problem solving.

Explain why it is important to consider more than one option to solving a problem.

Key Content

- In long-term care, difficulties arise daily, if not hourly, for direct-care workers. Workers are challenged by the demands of their job, by meeting consumers' needs, and by the busy pace of the work. Sometimes these are unexpected situations to adjust to in the moment; other times problems need to be addressed in order to support the health and well-being of direct-care workers as well as consumers.
- There are many approaches to problem solving, but it is important for direct-care workers to use an approach that reflects the commitment to person-centered services on which this curriculum is based.
- The “exploring options” approach to problem solving is based on the principle of respecting the viewpoints and needs of everyone affected by the problem. The process involves identifying the key issues for each person involved in the situation, identifying more than one possible solution to the problem (options), and considering which option (or combination of options) addresses the key issues best.

- Identifying more than one option for solving a problem allows a person to consider the relative benefits of each option and choose the one that is most likely to succeed. In addition, it provides a “back-up plan” in case the first option does not work as hoped.

Activity Steps

Interactive Presentation—20 minutes

1. **Introduce activity.** Explain that participants will now consider how to deal with problems in a work situation. There are many approaches to problem solving. To help learn about some of the different ways participants approach problem solving, the group will start with a case scenario. Post the flip chart page, “Bertha Jackson and Helen, Her Direct-Care Worker.” Ask participants to read along with you while you read the scenario out loud.

Flip Chart

BERTHA JACKSON AND HELEN,
HER DIRECT-CARE WORKER

Helen is on the morning shift at the assisted living facility where Bertha Jackson lives. She and Bertha get along great.

Helen’s supervisor is worried that Bertha hasn’t been seen at breakfast for a week. When Helen asks her about it, Bertha says she makes her own breakfast.

Helen looks to see what food Bertha has in the cupboard and finds dozens of half-eaten candy bars covered with ants.

2. Invite participants to respond. Ask:

What would you do if you were the direct-care worker in this situation and why?

Keep the discussion brief, encourage different solutions, and do not comment on the validity of anyone’s ideas.

Teaching Tip

This discussion is almost like brainstorming—anyone’s idea of a solution is acceptable and the more the better! The point is to assess how participants currently approach problem solving and to demonstrate that there can be more than one possible solution.

3. Introduce the problem-solving approach. Thank everyone for their ideas. Now explain that using this same problem, you will demonstrate the “Exploring Options” approach to problem solving. This approach is based on the principle of respecting the viewpoints and needs of everyone affected by the problem. The process involves identifying more than one possible solution to the problem (options) and considering which option (or combination of options) best meets everyone’s needs. Post the prepared flip chart and briefly explain each step. Note that participants will get a handout with this same information later on.

Flip Chart

EXPLORING OPTIONS TO SOLVE PROBLEMS

- Clearly state the problem
- List who is involved
- List the key issues for each person involved in this situation
- Brainstorm options to address each of the key issues
- Think about what will happen as a result of choosing each option
- Choose the option that best addresses the key issues

4. **Revisit the case scenario.** Explain that we are going to use this approach to look again at the situation with Helen and Mrs. Jackson. Ask:

What is the problem? [Answers: Mrs. Jackson is probably not getting good nutrition for breakfast; the uneaten candies are attracting ants; ant-infestation goes against the building code]

Who is involved in or affected by this situation? [Answers: Mrs. Jackson, Helen, Helen’s supervisor, building maintenance, the assisted living facility’s reputation]

5. **Identify the key issues.** Distribute **Handout 17.7: Key Issues for Solving Problems**. Make two columns on a flip chart page and write the heading “Key Issues” over the left column. Read through the handout, briefly explain each issue, and ask participants to identify which of these issues would apply to this situation. Write their responses in the left column. Note that, depending on the situation, some issues will be more important than others and some may not even be relevant.

Flip Chart

<u>KEY ISSUES</u>	
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Teaching Tips

For the discussions that follow, the *Instructor’s Guide, Activity 17.4: Exploring Options Worksheet: Helen and Mrs. Jackson* (page 17.30) gives a sample of ideas that fit this case scenario. These are not necessarily the “right” responses. Be open to other ideas from participants and use the *Instructor’s Guide* to help you ask questions that will make sure key issues are addressed during the discussions.

For example, in this step, it is sometimes difficult to see beyond one’s own individual perspective. You may need to ask questions that bring out Mrs. Jackson’s rights. You may also need to ask questions that help participants see that the organization that is providing services to the consumer is almost always “affected” by the situation, if only because whatever happens can be a reflection on the whole facility. The facility is legally responsible for the well-being of its residents.

Brainstorming —5 minutes

- 6. Identify options.** Write “Options” at the top of the right column on the flip chart page. Remind participants that options are possible solutions to the problem. Ask the group to brainstorm options that address each of the key issues they listed. The goal is to come up with as many options as possible, including at least one for each issue. Write the ideas on the flip chart page.

Flip Chart

<u>KEY ISSUES</u>	<u>OPTIONS</u>

Teaching Tips

Encourage participants to be creative and think outside the box. Sometimes, thinking of ideas that are not realistic allows people to see possibilities that were not obvious.

If participants *really* think outside the box, they may come up with some silly and potentially dangerous options. However, keep the tone light and note the options—they will be able to eliminate unrealistic options in the next step. But do make sure there is a good selection of realistic ones.

Large-Group Discussion—15 minutes

- 7. Explain how to select the best option(s).** After participants have suggested at least six options, explain that in order to select the best option for solving the problem, they need to consider what is likely to happen as a result of each option. Then they will determine which option (or combination of options) best meets the needs of everyone involved.
- 8. Lead a discussion to consider possible results for the list of options.** Ask participants:

What would be the impact (both positive and negative) of each option on each of the key issues we listed?

If any of the options have a positive impact on two or more of the key issues, put a check mark next to those options.

- 9. Facilitate choosing the best option(s).** Ask participants to consider the checked options and determine which one (or which combination) comes closest to meeting the needs of everyone involved in this situation—the consumer, the direct-care worker, and the organization. Write “Plan A” in the margin next to that option (or options). Ask:

What would the next best option be (a.k.a. “Plan B”)?

Why would you want to have a “Plan B?”

Teaching Tips

Sometimes one option creates a situation in which the interests of the consumer, the direct-care worker, and/or the organization are in conflict. For example, in the case of Mrs. Jackson, one option would be to allow her to keep eating candy for breakfast. This respects the consumer’s right to choose *but* it may place her long-term health in jeopardy.

Sometimes direct-care workers get involved in solving problems that are not really their own. There may not be a “problem” for Helen in this situation. Being clear

about who has the problem and why can help direct-care workers to pull back, remain calm, and be more effective in supporting the consumer, when needed.

10. Invite reflection. Ask:

How is this approach different from the one we started with?

[Answers: more emphasis on Mrs. Jackson’s perspective, needs, and rights; less emphasis on what she “should” do; more compromise to meet the needs of all the parties involved]

11. Wrap up the module. Note that participants will have a chance to practice this approach to problem solving in the next module. Distribute **Handout 17.6: Exploring Options to Solve Problems.**

**Instructor’s Guide, Activity 17.4:
 Exploring Options Worksheet:
 Helen and Bertha Jackson**

Key Issues: List the ones that fit this situation	Options: List at least one possible solution for each key issue
<p>Consumer safety</p> <p>Infection control</p> <p>Consumer care</p> <p>Role of the caregiver</p> <p>Organizational policy</p>	<ul style="list-style-type: none"> • Talk with Bertha about health consequences of not eating a good breakfast regularly • Talk with Bertha about not leaving food exposed, where ants can get to it • Check with housekeeping staff about cleaning Bertha’s cupboard • Encourage Bertha to participate at breakfast and offer to accompany her initially • Document and report observations to supervisor (role of care-giver AND organizational policy) <p>ALL OF THESE OPTIONS CAN BE DONE AS “PLAN A.”</p>

Module 17. Working with a Consumer Who Is Depressed¹

Handouts

Activity 17.1: Introduction to a Consumer Who Is Depressed

Handout 17.1
Understanding Mrs. Jackson

Handout 17.2
Mrs. Jackson's Care Plan

Activity 17.2: Changes in How People Feel and Relate to Others as They Age

Handout 17.3
Quiz about Aging

Activity 17.3: Understanding Depression

Handout 17.4
Understanding Depression

Handout 17.5
How Would You Help Mrs. Jackson?

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Module **17.** Working with a Consumer Who Is Depressed

Activity 17.4: Exploring Options to Solve Problems

Handout 17.6
Exploring Options to Solve Problems

Handout 17.7
Key Issues for Solving Problems

Understanding Mrs. Jackson

Work with a partner. Answer these questions together.

What has Mrs. Jackson gained over the past few years? How has her life gotten better?

What has Mrs. Jackson lost over the past few years? How have her mind and body gotten worse? What are some things she can't do anymore?

Mrs. Jackson's Care Plan

[Insert Sample Care Plan from a personal care home or an assisted living facility. Adapt specifically for Mrs. Jackson.]

Quiz about Aging

How much do you know about older people? Take this quiz and find out.

1. There are more older women than older men.

True

- More than half the people over age 65 are women. In fact, 58 out of every 100 people over age 65 are women.
- Almost 7 out of every 10 people over age 85 are women. In fact, 69 out of every 100 people aged 85 and older are women.

2. Most older men are married. Most older women are widows or not married.

True. In 2003, more than 3 out of 4 men aged 65 to 74 were married. Only half—2 out of 4—women in this age group were married.

3. Most older people live alone if they don't live in nursing homes or institutions.

False

- Most older people live with their husband, wife, or a family member.
- Older men are more likely to live with a spouse than older women are.
- Older women are 2 times as likely as older men to live alone.

Quiz about Aging

4. Families no longer take care of older relatives.

False

- Families give as much care to older people as they ever did.
- The main family caregiver is still a middle-aged woman. She's likely to work outside the home.

5. Most people aged 65 and older have at least one health problem that doesn't go away.

True. These problems include diabetes, arthritis, and high blood pressure.

6. Most older people say they are healthy.

True. About 3 out of 4 people aged 65 and older say their health is good or excellent.

7. Older people can't learn.

False

- Many older people are busy learning new things.
- Many older people find new ways to be active. They volunteer, take classes, fight for causes, and go online.

8. Most older people are set in their ways and can't change.

False. Older people can and do change! In fact, they can be very creative.

9. You should treat older people like children.

False. Older people are adults. Even if they can't do as much as they used to, they still should be treated with respect.

Understanding Depression

Depression is more than just the blues.

Depressed people may feel sad, hopeless, grumpy, guilty, and worthless. We all have these feelings now and then. But, when you're depressed, these feelings do not go away.

Depression can lead to other problems.

Depressed people may:

- Gain or lose weight
- Have trouble sleeping
- Lose interest in activities and hobbies they used to enjoy
- Have hard bowel movements—constipation
- Drink too much or take drugs

Read what these depressed people have to say about what they are going through.

Maria—Low appetite

“I just don't feel like eating. I'll nibble here and there. Still, I haven't been hungry for about a month.”

Omar—Increased appetite

“I want to eat all the time.”

Sara—Feels restless

“I just can't sit still.”

Christiana—Loss of energy

“I have no energy to do anything.”

Understanding Depression

Parvati—Trouble concentrating

“I can’t think straight.”

Ron—Loss of memory

“I keep forgetting things lately.”

Carla—Suicidal thoughts

“I have no future. I just want to die.”

Some of the people you care for in your job will be depressed.

Here are some challenges you may face:

- Depressed people may be less willing to take medicines, do activities, and get counseling.
- Older people with depression are more likely to try to kill themselves than younger people with depression.
- Depression can make it easier to get sick.

The good news:

- Some older people get depressed. But many do not.
- Depression can be treated. The best treatment is a mixture of taking medicine and talking with a counselor.

How Would You Help Mrs. Jackson?

Imagine you are caring for Mrs. Jackson. What would you say or do in each of these situations?

Situation A

You walk into Mrs. Jackson's apartment. You notice that she didn't pick up her newspaper or mail over the weekend. When you ask her about it, she says, "I just didn't have the energy to read."

What would you say or do?

Situation B

Mrs. Jackson says, "It must be nice outside. I can't get out anymore. I'm not too steady on my feet, and I'm scared to go out alone."

What would you say or do?

How Would You Help Mrs. Jackson?

Situation C

Mrs. Jackson is just staring at the TV. She hasn't had lunch yet today. In her pantry, you see the ingredients for her favorite snack—a peanut butter and banana sandwich.

To get Mrs. Jackson interested in cooking, what would you say?

Situation D

You are visiting Mrs. Jackson one afternoon. Usually, she is neatly dressed. But now her hair is a mess, and she is still in her night clothes. She says, "I just want to die. There is no sense in living. I'm a burden."

What would you say or do?

Exploring Options to Solve Problems

How do you choose the best way to solve a problem?

Follow these steps to explore options:

1. Be clear about what the problem is.
2. List which people are involved.
3. List key issues for each person involved.
4. Talk with others and come up with different ways to deal with each of these key issues (options).
5. Think about what will happen as a result of each of these options.
6. Choose the option that best deals with the key issues. Also choose a back-up plan.

Key Issues for Solving Problems

There are many issues to think about when you choose the best way to solve a problem. Here are some key issues to consider:

Key Issues	Examples
Consumer safety	Prevent choking. Report unsafe living conditions.
Keeping germs from spreading	Follow standard precautions. Keep living space clean.
Consumer care	Take care of body. Take care of feelings.
Consumer rights	Respect right to privacy. Respect right to choose. Respect right to free speech.
Cultural respect	Respect values. Respect religion.
Role of caregiver	Stay within job description. Meet consumer's needs.
Caregiver safety	Report abuse of caregiver. Report unsafe space. Report broken equipment.
Company rules	Follow care plans. Follow rules about days off. Follow health and safety rules.

Providing Personal Care Services to Elders and People with Disabilities¹

Module 18. ADL: Eating

Goals

The goals of this module are to prepare participants to:

- Assist consumers to make healthy decisions about nutrition and diet.
- Assist consumers to eat.
- Use the exploring options approach to assist consumers to solve problems.

Time

3 hours and 45 minutes (including 30 minutes for opening, closing, and break)

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SECTION C. PERSON-CENTERED CARE

Module 18. ADL: Eating

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
18.1 Eating for Health and Enjoyment	Presentation, small-group work, large-group discussion, interactive presentation, and group presentations	1 hour & 55 minutes
<i>Break</i>		<i>10 minutes</i>
18.2 When Consumers Need Assistance with Eating	Interactive presentation, demonstration, and pairs practice	35 minutes
18.3 Practice Lab—The Exploring Options Approach to Problem Solving	Presentation, small-group work, and large-group discussion	45 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Food samples (see *Instructor's Guide, Activity 18.1*)
- Measuring cups and spoons; plates, cups, and bowls; food scales (enough for the five food groups)
- Individual puddings, spoons, and napkins
- Assistive devices for eating (see **Handout 18.6**)
- *Instructor's Guide, Activity 18.1*—Sample Foods

Handouts

- Handout 18.1: Food Likes and Dislikes
- Handout 18.2 Food Pyramid
- Handout 18.3 Regular and Simple Modified Diets
- Handout 18.4 Helping Mrs. Jackson Get Ready to Eat
- Handout 18.5 Show Your Skills: Helping Consumers to Eat
- Handout 18.6 Assistive Devices for Eating
- Handout 18.7 Situations for Exploring Options
- Handout 18.8 Exploring Options Worksheet

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

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 18.1 Eating for Health and Enjoyment

The *Instructor's Guide, Activity 18.1*—Sample Foods lists items needed for this activity. Either bring these items yourself, or ask participants a day ahead of time to choose one item from the list to contribute. Keep track of who is bringing in what item(s), so you can bring enough items to ensure that all the food groups are covered.

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “The Five Food Groups & Daily Recommended Portions” (Step 10)
- “Group Tasks for Meal Planning” (Step 12)
- “One Day Meal Plan” (Step 13)

Set up a workstation for each food group before class starts. Make sure each station has the necessary bowls, plates, cups, and measuring cups, as needed. The grain group and meat/beans group each need a food scale (or you can ask them to share one).

Activity 18.2 When Consumers Need Assistance with Eating

Buy a snack pudding for each participant, along with a few extras; bring enough plastic spoons and napkins for each participant.

Gather a selection of adaptive devices for eating (see **Handout 18.6**).

Activity 18.3 Practice Lab: The Exploring Options Approach to Problem Solving

Make sure you have the flip chart page from Activity 17.4, on “Exploring Options to Solve Problems.”

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 18.1 Eating for Health and Enjoyment

1 hour & 55 minutes

Learning Outcomes

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

Explain how individual values and a person's cultural upbringing affect a person's relationship to food.

List the five major food groups and identify foods within each group.

State the amount of food that is appropriate in each food group per day.

List six simple modified diets.

Explain the importance of respecting a consumer's preferences around food.

Key Content

- When people are asked to describe what is unique about the culture they came from or in which they were raised, food choices, meal preparation, and dining habits often enter into the conversation. What people eat and how they eat are integral parts of their culture. When direct-care workers help consumers with meal preparation or eating, they are entering into the consumer's culture.
- Asking open-ended questions will help the direct-care worker know, understand, and respect the consumer's food choices and preferences, cultural upbringing, and style of dining.
- At the same time as they reflect culture and upbringing, food and nutrition are major factors in maintaining health.

- Magazine stands are full of fad “diets” to help people lose weight. However, the word “diet” actually refers to the selection and quantity of food that people eat. Everyone needs to eat a balance of foods from the five food groups—grains, vegetables, fruits, milk, meat, and beans. This is called a “regular diet.”
- In addition to getting a balance of nutrients, many consumers are advised to follow a “simple modified diet.” This means that one feature of a regular diet is changed. The six simple modified diets are: soft foods, bland foods, low calorie, high calorie, low salt, and low fat.
- Direct-care workers need to be prepared to help consumers select and prepare foods that meet their dietary restrictions, at the same time as recognizing and honoring the consumer’s cultural traditions around eating and mealtime.

Activity Steps

Presentation—3 minutes

1. **Introduce the module.** Post and review the “Learning Agenda.”

Flip Chart

LEARNING AGENDA: MODULE 18

ADL: Eating

- What we eat and why
- What’s a healthy diet?
- What’s a simple, modified diet?
- Helping consumers to eat
- Exploring options approach to problem solving

PART A. ME AND MY FOOD

Small-Group Work—12 minutes

2. **Present the first bullet in “Key Content.”** Note that, before participants learn how to help consumers prepare and eat food, they will have a chance to explore their own cultural traditions around food. This exercise will help participants to recognize and honor the traditions of their consumers.
3. **Divide participants into five groups.** Distribute **Handout 18.1: Food Likes and Dislikes**. Ask participants to spend 10 minutes discussing the questions on the handout as a group. Have them choose one person to write down their answers on his or her handout. That person will also be “the reporter” and share their group’s answers in the large-group discussion. To clarify the assignment, read through the handout, briefly answering the questions from your own perspective.

Teaching Tip

If you have fewer than 10 participants, you can form fewer than 5 groups. You need to have at least two people in each “group.”

Large-Group Discussion—20 minutes

4. **Facilitate reporting back to the large group.** Working with one question at a time, invite the reporters to share their group’s responses to each question. Record the group responses for each question on a flip chart page.

Flip Chart

<p style="text-align: center;"><u>FOOD LIKES AND DISLIKES</u></p> <ul style="list-style-type: none">• Foods eaten regularly• Favorite foods• Least favorite foods• Lessons about food

Teaching Tip

To make this move more quickly, ask for only two responses from each group to each question. Each reporter can add to what previous groups reported, avoiding repetition. After you have heard from all the groups for one question, the reporters can add to the list, if they still have items that have not been reported.

5. Explore some of the themes from the different groups. Ask participants:

Are there any foods listed that you never heard of? (If so, ask someone to explain what they are.)

(For Favorite Foods) What would you do if you were no longer able to eat your favorite foods?

(For Least Favorite Foods) What would you do if you went to someone's house for dinner and the only foods served were your least favorites?

Do the "lessons learned" from family and culture still hold true for you today? If not, how and why have your eating patterns changed?

6. Make a transition to thinking about consumers and food. Ask participants to think about what they learned about Mrs. Jackson from Module 17. Ask:

How might Mrs. Jackson answer the four questions on the handout?

What have you learned from this activity about food, food choices, and dining?

How does this apply to helping consumers select, prepare, and eat their meals?

Teaching Tip

Make sure to mention the importance of asking open-ended questions and active listening to learn about the consumer's "food culture."

PART B. THE FOOD PYRAMID

Interactive Presentation—15 minutes

7. Define nutrition. Ask:

What does “nutrition” mean to you?

After several responses, note that there are several definitions, and they all refer to the way the body uses food to keep healthy or to grow.

- 8. Distribute and review Handout 18.2: Food Pyramid.** Explain that, to help us think about the “nutritional” aspects of food, scientists have identified five major groups of foods that are necessary to keep the body healthy or growing. On a blank flip chart page, list the five food groups one at a time. After each one, ask for examples of foods from that group.

Flip Chart



- 9. Discuss appropriate food quantities.** After all the groups have been listed, list the guidelines for how much food from each category should be eaten by an average adult in one day. Note that these quantities—ounces of grains, cups of fruit—are not very familiar, so they will practice measuring out these quantities to get a better sense of what is recommended.

Flip Chart

THE FIVE FOOD GROUPS &
DAILY RECOMMENDED PORTIONS:

- Grains—6 ounces
- Vegetables—2 ½ cups
- Fruits—2 cups
- Milk—3 cups
- Meat and/or beans—5 ½ ounces

Small-Group Work—15 minutes

- 10. Set up a table with the foods brought to class.** Place the food that you and/or participants brought on a central table.
- 11. Give instructions for small-group work.** Explain that participants will work in the same groups as before. Assign one of the food categories to each group. Post the prepared flip chart page and explain the three tasks for each group. Give them 10 minutes to complete their tasks. Ask the groups to be sure that everyone gets a chance to practice weighing or measuring the food.

Flip Chart

GROUP TASKS FOR MEAL PLANNING:

1. Collect all the foods for your food group from the table
2. Measure out the total amount for one day (different foods, please!)
3. Suggest how to spread this out over the day's meals and snacks

Teaching Tips

If you had fewer than five groups before, you will have fewer than five now. You may need to assign more than one food group to one or more of the groups. Or you can use one of the food groups as a demonstration, asking participants to guide you as you pick out the appropriate foods, select measuring devices and measure, and then think about how to spread the food out over a full day of meals and snacks.

The extra time needed for this demonstration will be made up during the presentations, when you have one group less to present.

Monitor the groups while they are working to answer any questions and to see that everyone is getting a chance to practice weighing and measuring.

Group Presentations and Large-Group Discussion—20 minutes

12. Facilitate group presentations. Ask each group to show the amounts of food they measured out to meet the daily requirements for their food group and to explain how they would include these amounts in a meal plan. Post the prepared flip chart page with the meals and list the foods and amounts suggested by each group.

Flip Chart

<p style="text-align: center;"><u>ONE DAY MEAL PLAN:</u></p> <ul style="list-style-type: none">• BREAKFAST• SNACK• LUNCH• SNACK• DINNER

13. Discuss how to revise the meal plan. After each group has presented, ask participants to consider the “one day meal plan” flip chart. Explain that this is very

similar to the process that meal planners and dietitians actually follow to ensure a balanced diet. However, since each group worked on their own, some of the combinations might seem a bit odd. Ask participants to suggest (in the large group) how they might revise this meal plan.

Teaching Tip

Remind participants that (a) different people have different preferences and (b) there are countless possibilities of food combinations that meet the daily recommendations.

- 14. Consider how people eat in the U.S.** Ask participants if anyone in the room thinks he or she eats a well-balanced diet every day. Acknowledge that most people in the U.S. do not and this has contributed to many diseases, including obesity, heart disease, liver diseases, high blood pressure, and diabetes. Ask participants:

What gets in the way of us eating healthily all of the time?

Teaching Tip

Some reasons are—we eat many of our foods on the run or in front of the TV where portion control is not a focus; often high fat foods are cheaper; some neighborhoods lack fresh fruits and vegetables and they cost a lot of money; and we aren't knowledgeable about good nutrition.

- 15. Remind participants about importance of nutrition for direct-care workers, too.** State that eating a balanced, nutritious diet is important for consumers to remain healthy. It is equally important for direct-care workers to eat a well-balanced diet because they need strength and energy to perform at their best.

PART C. SIMPLE MODIFIED DIETS

Interactive Presentation—15 minutes

- 16. Explain different types of diets.** Distribute and review **Handout 18.3: Regular and Simple Modified Diets**. Describe the most common simple modified diets and the medical reasons for following each diet.

PART D. FOOD FOR BERTHA JACKSON

Large-Group Discussion—15 minutes

17. Review Mrs. Jackson’s eating habits. Draw participants’ attention to Mrs. Jackson’s relationship to food at the moment. Ask:

What do we know about Mrs. Jackson’s eating habits?

Teaching Tip

From the profile and the role play in Module 17, they know that she has not been eating much, possibly due to depression, and has lost weight. She has a heart condition that probably requires a modified diet, and she states the food tastes “flat.”

18. Integrate discussions about nutrition and the social and emotional meanings of eating. Note that participants should have concerns about Mrs. Jackson’s nutritional status, but they also need to consider the social and emotional meaning of eating for her, and her personal choices to eat what and when she wants to eat. Ask:

As a direct-care worker, what are your concerns about Mrs. Jackson’s nutrition and what might you do?

Teaching Tip

In this discussion, balance the need for Some ideas are:

- Find out what she likes and fix her favorite meals
- Use spices/bring spices to the meals
- Eat with her, if allowed
- Listen to her to find out why she does not want to eat
- Have food available for her to eat when she feels like it, not just at mealtimes
- Ask her niece if she can prepare a few meals for her to store in the freezer

19. Review the direct-care worker's role. Emphasize that no matter how much we want to help Mrs. Jackson regain her strength by eating a healthy meal, we cannot force her to eat nor should we make her feel guilty or uncomfortable for not eating. If you become concerned about Mrs. Jackson's weight, or if she regularly eats foods that are unhealthy for her or does not eat at all, then it is time to call your supervisor to let him or her know of the situation. It is important as direct-care workers to encourage and provide nutritious and tasty meals and to do so in a way that honors the consumer's long-standing preferences.

Activity 18.2 When Consumers Need Assistance with Eating

35 minutes

Learning Outcomes

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

Identify non-nutritional factors that contribute to pleasant eating experiences.

Demonstrate how to provide assistance during mealtimes.

Key Content

- Eating is not just for nutrition. Eating is a social event with emotional and sensory elements of sharing, bonding, and just enjoying the experience. It fulfills many needs—physical, social, and even emotional. It is important to always be aware of this in assisting a person during mealtimes.
- A pleasurable dining experience is not just about what kind of food is eaten or served. Food and the dining experience are pleasurable to people for many different reasons.
- Direct-care workers are often asked to assist consumers during mealtimes. For various reasons, consumers may be limited in their ability to eat by themselves. They may be unable to move their hands or arms and manipulate utensils. Their hands/arms may tremble or shake. Or they may otherwise lack the strength to eat.
- There are various ways a direct-care worker can assist a consumer to eat, from providing companionship to assisting with utensils. The emphasis should be on making mealtimes an enjoyable experience for the consumer. To properly prepare for assisting consumers during meals, it is important to explore why we eat and why it isn't *just* about putting food into our mouths.

Activity Steps

Interactive Presentation—10 minutes

1. **Introduce the activity.** Explain that food has many purposes in our culture and, for many people, nutrition or hunger aren't the first things that come to mind when they think of eating! Explain that meetings, parties, social gatherings, and holidays are often centered on food. As noted earlier, how and what we eat are often significant identifiers of our culture, traditions, and beliefs.

2. **Invite participants to share their positive food experiences.** Ask:

What makes for a pleasurable dining experience (for you personally)?

Teaching Tip

Responses will likely be very personal, so affirm all responses. Ensure that the group touches on issues about the dining environment, aroma, temperature of food, food preferences, who may be there, who cooked the food, etc.

3. **Invite participants to share their negative food experiences.** Ask:

Have you ever had an unpleasant experience with food or dining? What made it unpleasant?

Teaching Tip:

Ensure that the following things are mentioned: hair on the food, cold food when it is supposed to be hot, burning your tongue, not liking the company, odd smells.

4. **Facilitate brainstorming.** State that we know that Mrs. Jackson does not need assistance with feeding during meals, but she is eating very little. And we also know that Bertha can express her wishes and needs verbally. Ask participants to list questions that the direct-care worker can ask to help make her dining experience pleasurable. Help them word the questions to be open-ended as appropriate and write them on a flip chart page.

Flip Chart

Bertha Jackson's Dining Experience

Teaching Tip

Some questions may be: what kinds of food do you like for breakfast, lunch, or dinner? What snacks do you like? Where do you prefer to eat? Are you allergic to anything? What's your favorite food? (Note: In the assisted living setting, consumers have a choice to eat with others or in their rooms alone; explore whether Mrs. Jackson is choosing to eat alone because of depression or for other reasons—e.g., she doesn't get along with other residents.)

- 5. Invite participants to reflect on their own “eating out” habits.** Explain that, in assisted living, consumers (commonly referred to as residents) often eat together in a dining room, so preparing someone to go to eat is an important part of a direct-care worker's job. Ask participants:

If you are going out to dinner with friends or family, how do you prepare?

- 6. Explain how to assist a consumer to prepare to eat.** Distribute **Handout 18.4: Helping Mrs. Jackson Get Ready to Eat**. Note how participants' responses (above) relate to each step. Note any of the information that was not covered in the discussion.
- 7. Explain how to help prepare a consumer to eat in bed.** Note that when consumers eat in bed, they also need to prepare for mealtimes. Review the bullets in the second list on **Handout 18.4**.

Demonstration—10 minutes

- 8. Explain the direct-care worker's role in assisting with eating.** After the direct-care worker has *prepared* a consumer to eat, ensuring his or her dignity, it is time to assist the consumer in actually *eating*. Explain that most consumers eat just like any other person, and eating can be a pleasurable or unpleasant experience as discussed earlier. Direct-care workers have the role of assisting a person in having the most pleasurable dining experience possible each time they eat.
- 9. List specific tasks.** Note that when a consumer is capable of feeding him- or herself, the direct-care worker still may need to assist with tasks such as: providing a clothing protector, opening cartons, cutting the food into bite-size pieces, seasoning food, or other requests the consumer might have. If the consumer is not eating with others, checking in with the consumer about whether he or she wants company while eating (i.e. *you*) is also important.
- 10. Introduce the demonstration.** Explain that sometimes consumers will need assistance being fed, due to dementia, physical limitations, problems with swallowing that might result from a stroke, and so on. Explain that you are going to demonstrate how to help a consumer actually eat.
- 11. Set up the demonstration.** Ask for a volunteer to help you with the skills demonstration by joining you at the front of the room. Bring the pudding, spoon, napkin, plastic cup with water, and a clothing protector to the place where you will conduct the demonstration.
- 12. Conduct the demonstration.** Follow the steps in **Handout 18.5: Show Your Skills: Helping Consumers to Eat**, and feed the pudding to the volunteer (pretending that you have a variety of food items available). Demonstrate good communication skills while feeding. Explain the steps and take questions.
- 13. Highlight key points on skills checklist.** Distribute **Handout 18.5: Show Your Skills: Helping Consumers to Eat**. Give participants a few minutes to review. Then ask:

How do you ensure the consumer's safety while eating?

How can you make eating easier and more pleasurable for a consumer who has difficulty swallowing?

Ask if there are any additional questions regarding assisting a consumer to eat.

Pairs Practice—15 minutes

14. Set up practice pairs. Ask participants to form pairs for skills practice. Distribute the snack (pudding), spoons, napkins, and cups of water to each participant, explaining that they will take turns and experience both feeding and being fed. Remind participants to follow the steps on **Handout 18.5** and to remember to use their communication skills. Allow the participants 10 minutes to feed each other (5 minutes each). Circulate around the room to ensure correct technique.

15. Facilitate debriefing. Ask participants:

How did it feel to assist another person to eat?

How did it feel to be on the receiving end?

How can you apply this experience to your work with consumers?

16. Discuss the assistive devices on display. Distribute **Handout 18.6: Assistive Devices for Eating**. Show samples of the different devices. Pass the utensils around for participants to feel how the grip is different.

Activity 18.3 Practice Lab—The Exploring Options Approach to Problem Solving

45 minutes

Learning Outcomes

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

Demonstrate how to explore options to assist a consumer to solve a problem.

Key Content

- In person-centered care, it is important for direct-care workers to use an approach to problem solving that respects the viewpoints and needs of everyone affected by the problem, especially the consumer. The “exploring options” approach to problem solving (as introduced in Module 17) asks the direct-care worker to state the problem and who is affected, identify key issues for each person involved in the situation, identify more than one possible solution to the problem (options), and consider which option (or combination of options) best addresses the key issues.
- Participants will practice applying the exploring options approach to problem situations faced by Mrs. Jackson.

Activity Steps

Presentation—5 minutes

1. **Review the exploring options problem-solving technique.** Post the flip chart page from Activity 17.4, “Exploring Options to Solve Problems,” and review the steps.

Small-Group Work—20 minutes

2. **Set up small-group work.** Divide participants into three groups. Distribute **Handout 18.7: Situations for Exploring Options** and **Handout 18.8: Exploring Options Worksheet**. Have each group work on a different situation and fill in the worksheet for that situation. Explain that they will use the worksheet to identify the key issues that apply to their situation, and then to brainstorm at least one option for each key issue. They will discuss what might happen as a result of choosing each option and then choose the one (or the combination) that they think will have the best results for their situation—their “Plan A.”

Teaching Tip

There should be no more than four people in each group. If you have more than 12 participants, form more groups and have more than one group working on each scenario. It is interesting to see if two groups working on the same scenario come up with the same or different solutions.

Large-Group Discussion—20 minutes

3. **Facilitate reporting back to the large group.** Have the groups read their situations and share their solutions—and why they came to those solutions. Allow for brief discussion (about 5 minutes total per group).

Teaching Tips

If you have more than three groups, this discussion may require more time.

If more than one group discussed the same situation, have those groups give their reports and then discuss.

If time permits, you can ask the groups what their second options would be—“Plan B.”

4. **Wrap up the module.** Summarize by asking participants:

*What did you learn about problem solving from this activity?
Aside from work, how might you use it in your own lives?*

Instructor Guide, Activity 18.1

Sample Foods

Instructors can bring these foods to class, or ask participants to choose from this list and contribute foods themselves. If asking participants to bring foods, remember to make assignments ahead of time.

Grains

- 2 bagels
- 2 tortillas
- Box of crackers
- Box or bag of cereal
- Container of cooked white or brown rice
- Loaf of your favorite type of bread

Vegetables

- 3 potatoes
- Bunch of celery—washed and cut up
- Head of broccoli—washed and cut up
- Head of lettuce—washed
- Small bag of carrots—peeled and cut up

Fruits

- 2 cans of peaches, or 3 fresh peaches
- 3 bananas
- 3 oranges—cut
- Box of raisins
- Jar of applesauce
- Large bunch of grapes—washed

Milk and Dairy

- 3 slices of cheese
- 3 small containers of plain yogurt
- Container of cottage cheese
- Small carton of milk

Meats, Eggs, Beans, and Nuts

- 3 eggs
- Can of beans
- Jar of nuts
- Jar of peanut butter
- Large can of tuna fish
- Piece of boneless chicken—cooked

Module 18. ADL: Eating¹

Handouts

Activity 18.1: Eating for Health and Enjoyment

Handout 18.1 Food Likes and Dislikes

Handout 18.2 Food Pyramid

Handout 18.3 Regular and Simple Modified Diets

Activity 18.2: When Consumers Need Assistance with Eating

Handout 18.4 Helping Mrs. Jackson Get Ready to Eat

Handout 18.5 Show Your Skills: Helping Consumers to Eat

Handout 18.6 Assistive Devices for Eating

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Activity 18.3: Practice Lab: The Exploring Options Approach to Problem Solving

Handout 18.7
Situations for Exploring Options

Handout 18.8
Exploring Options Worksheet

Food Likes and Dislikes

Different people can have very different taste in food. Talk with your group about your likes and dislikes.

1. Which foods do you and your family eat every week? Why do you eat them so often?
2. Which foods do you like the most? Why?
3. Which foods do you like the least? Why?
4. What did you learn about food and eating while you were growing up?



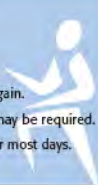
GRAINS Make half your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta	Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens Eat more orange vegetables like carrots and sweetpotatoes Eat more dry beans and peas like pinto beans, kidney beans, and lentils	Eat a variety of fruit Choose fresh, frozen, canned, or dried fruit Go easy on fruit juices	Go low-fat or fat-free when you choose milk, yogurt, and other milk products If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages	Choose low-fat or lean meats and poultry Bake it, broil it, or grill it Vary your protein routine – choose more fish, beans, peas, nuts, and seeds

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day	Eat 2½ cups every day	Eat 2 cups every day	Get 3 cups every day; <small>For kids aged 2 to 8, it's 2</small>	Eat 5½ oz. every day
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Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



Regular and Simple Modified Diets

A regular diet can be changed to fit the needs of different people. A “simple modified diet” is a diet that has just one change from regular.

Simple modified diets are: soft, bland, high-calorie, low-calorie, low-salt, or low-fat.

Mrs. Bradley—Regular diet

“Because I don’t have any health problems, I can pretty much eat what I like. Of course, I don’t overdo the fatty foods. And I make sure to eat lots of fruits and vegetables each day. Eating the right servings from the food groups gives me what I need to stay healthy.”

Mr. Hunt—Soft diet

“Ever since my surgery, I’ve had trouble eating. So I need soft foods that are easy to chew, swallow, and digest. I can have foods from every group. But they need to be strained, chopped, or ground up first. I stay away from foods with a lot of fiber, like seeds.”

Mrs. Atkins—Bland diet

“With my history of ulcers, I need to eat foods that are easy to digest. All the food groups are fine for me. But I’m supposed to stay away from foods with lots of fiber or spices. And I can’t have coffee or alcohol.”

Regular and Simple Modified Diets

Mr. Wang—High-calorie diet

“I need to gain back the weight I lost during chemo and build up my strength. I can have foods from any group. I just need to make sure they have lots of nutrients and calories. I get a milk shake for my snack each day.”

Mrs. Simms—Low-calorie diet

“I have diabetes, and I need to lose weight. So my doctor says I have to cut calories. I can have food from all the groups. I just eat less sweet or fatty foods. Skim milk, yogurt, fruits, vegetables, and lean meats are all great. But I really limit fried foods, chips, soft drinks, and cheese.”

Mr. Perez—Low-salt diet

“Salt makes my blood pressure worse. So I've cut back a lot on foods with sodium in them. Every food group is OK. But I need to stay away from salty foods like bacon, canned soups, and crackers.”

Mrs. Vern—Low-fat diet

“Because my liver doesn't work well, I have trouble digesting fat. The staff here has me on a low-fat diet. Now I have jello instead of ice cream for my night snack. And during the day I have some fruit instead of cookies.”

Helping Mrs. Jackson Get Ready to Eat

Eating is more than just the food. For many people, it is one of the most important events of the day. Whether consumers eat with others or alone, it's smart to plan ahead to make the meal as enjoyable as possible. Read how you can help them get ready to eat.

**Today Mrs. Jackson will be eating with other people.
Follow these steps to help her get ready:**

1. Help her wash her hands and face, brush her hair, and put on make-up. This helps her feel good about the way she looks.
2. Help her use the toilet, commode, or bedpan.
3. Make sure she has her dentures.
4. If she is going to the dining room, ask her where she would like to sit. Help her sit there.
5. Help her tuck a napkin into her blouse, if needed.

Today Mrs. Jackson is not feeling well and will be eating alone in her bed. Follow these steps to help her get ready:

1. Make sure her sheets and blankets are clean. Fluff and turn her pillow.
2. Help her sit up.
3. Place the tray on her lap or on a bed table, if she has one.
4. Help tuck a napkin into her shirt, if needed.
5. Make sure she can reach a bell or signal for you, if she needs you.

**Show Your Skills:
Helping Consumers to Eat**

Handout 18.5

Trainee's Name:

Date:

Trainer's Name:

What to Do	Shows Skill?	Trainer's Notes
Get ready		
1. Greet the consumer by name.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wash hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prepare the consumer to eat		
3. Prepare the consumer to eat as described in Handout 18.4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Determine if the consumer would like to eat in the dining room, in a chair, or in bed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Make sure the consumer has the food requested or the food required by the care plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Provide the consumer with a clothing protector, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Cut up food into bite-size pieces as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Open any cartons or containers that would be difficult for the consumer to open.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Talk to the consumer about what food is there, and ask if the consumer needs additional assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. If the consumer needs assistance with feeding, follow steps 11–23.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Helping Consumers Eat

Assist the consumer to eat		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Provide privacy if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Before feeding consumer, ensure he or she is in an upright sitting position and has a clothing protector.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Sit at consumer's eye level.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Ensure that food is not too hot. Stir to cool.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Cut food into bite-size pieces as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Offer the consumer fluid to moisten the mouth and ease swallowing. Continue to offer fluids throughout the meal every three or four bites.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Alternate types of food offered, allowing for consumer preferences.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Offer the food in bite-size pieces from the tip of a half-filled spoon.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Make sure consumer's mouth is empty before next bite of food or sip of beverage is offered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Talk to consumer while feeding him or her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Wipe food from consumer's mouth and hands as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Encourage consumer to finish the meal, but do not force food.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Show Your Skills: Helping Consumers Eat

Assist the consumer to clean up		
23. When finished eating, wipe mouth and remove food.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Remove clothing protector and dispose of in proper container.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. When the meal is complete, provide opportunity for consumer to wash hands and face. Assist as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean up and ORR		
26. Record fluid intake and uneaten food as required by the care plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Clean up eating area as needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Wash hands.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Trainer(s)

Date

Signature of Trainee

Date

Assistive Devices for Eating

These devices make it easier for the consumer to feed him or herself:

- Angled forks and spoons—for limited wrist or arm movement
- Easy-grip large-handled forks, spoons, and knives
- Hand-clip handle with easy grip
- Hand-clip handle for non-grip
- Sipper cup
- Plates with high lips—to keep food on plate
- Snap-on food guard—to keep food on plate

Situations for Exploring Options

Working with your group, read the assigned situation. Then go on to the next handout.

Situation A

Mrs. Jackson has refused to eat her dinner in the dining room for more than a month. She has lost weight. Your supervisor wants you to try to bring her to dinner and make sure she's eating. When you ask her to come to dinner with you, she refuses.

Situation B

After much prodding, Mrs. Jackson has agreed to come to dinner with you. But she says the food is too bland. She starts putting a lot of salt on her food, even though the doctor said she needs to limit salt. You ask her to stop. She tells you to be quiet and to be glad that she came to dinner at all.

Situation C

Mrs. Jackson's niece visits often. She likes to visit early in the morning. That's when you are helping Mrs. Jackson get ready for breakfast in the dining room. Mrs. Jackson loves spending time with her niece. So she won't go to breakfast when her niece visits.

Exploring Options Worksheet

Working with your group, discuss the situation you were assigned in the last handout. Follow this worksheet to use the “exploring options” approach.

Circle the case your group discussed.

Case A Case B Case C

1. Key Issues:

Decide which of these issues is important in your group’s case.

Place a check mark by each issue.

- Caregiver safety
- Company rules
- Consumer care
- Consumer rights
- Consumer safety
- Cultural respect
- Keeping germs from spreading
- Role of caregiver

Exploring Options Worksheet

2. Options:

List the key issues you checked off. Write down at least one way (option) to deal with each issue.

Key Issue: _____

Option: _____

Key Issue: _____

Option: _____

Key Issue: _____

Option: _____

Key Issue: _____

Option: _____

3. Discuss, for each option, what might happen—both good and bad?

4. “Plan A”: which option (or combination of options) do you suggest to address this situation?

Providing Personal Care Services to Elders and People with Disabilities¹

Module 19. Return Demonstrations: Dressing, Eating, Toileting

Goal

The goal of this module is to provide an opportunity for participants to:

- Practice the skills taught in Modules 14, 16, and 18, (dressing, eating, and toileting) and
- Perform return demonstrations for those skills, plus other skills, as needed.

Time

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

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SECTION C. PERSON-CENTERED CARE
Module 19. Return Demonstrations: Dressing, Eating, Toileting

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
19.1 Practice Lab and Return Demonstrations—Dressing, Eating, and Toileting	Practice triads and return demonstrations	3 hours
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Toilet paper, gloves, and any other props or supplies needed to demonstrate toileting
- Adult disposable briefs (e.g., “Depends”)
- Two complete sets of women’s clothing (extra large, to fit over participants’ uniforms: top, skirt, or pants, underwear, bra, socks, shoes, pajamas, and sweater)
- Two sets of men’s clothing (extra large, to fit over participants’ uniforms: shirt, pants, underwear, socks, shoes, pajamas, and sweater)
- Two or three pairs of elastic knee-high stockings
- Assistive devices for dressing (if available): zipper pull, button fastener, extra-long-handled shoe horn, shoe holder with attached shoe horn, slack pull aid, socks/stocking aid, and blouse/jacket pull
- Two beds or tables that can serve as beds (with padding)
- Bedpans and covers: one fracture, one regular
- Urinal and cover
- Portable commode
- In-dwelling catheter, drainage tube, collection bag, and graduated container
- Cotton balls
- Supplies for perineal care
- Perineal model that allows for a catheter insert
- Disposable gloves
- Small plastic bags
- Toilet tissue

- Disposable bed protectors
- Towels and washcloths
- Plastic trash bags
- Individual puddings, spoons, and napkins
- Assistive devices for eating

Handouts

- Handout 14.2 Show Your Skills: Assisting a Consumer to Use the Toilet
- Handout 16.2 Show Your Skills: Assisting a Consumer to Dress
- Handout 16.3 Show Your Skills: Assisting with Elastic Stockings
- Handout 16.5 Show Your Skills: Assisting a Consumer to Use a Bedpan
- Handout 16.6 Show Your Skills: Assisting a Consumer to Use a Urinal
- Handout 16.7 Show Your Skills: Assisting a Consumer to Use a Portable Commode
- Handout 16.8 Show Your Skills: Perineal Care for a Consumer with a Catheter
- Handout 18.5 Show Your Skills: Helping Consumers to Eat

Advance Preparation

Review all training and presentation materials for this module.

Copy additional handouts, if needed, for instructors to use during return demonstrations.

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 19.1 Practice Lab and Return Demonstrations—Dressing, Eating, and Toileting

This three-hour practice lab is intended to give participants a chance to review and practice skills learned up to this point and successfully complete return demonstrations for dressing, eating, and toileting. Additional instructors may be needed to assess return demonstrations.

Prepare a flip chart page with the Module 19 “Learning Agenda” (Step 1).

Set up practice stations for assisting a consumer to dress and undress, for assisting a consumer to eat, and for assisting a consumer with the various aspects of toileting—using a toilet, using a bedpan, using a catheter, using a portable commode. (See Modules 14, 16, and 18 for additional instructions on setting up practice stations.) Skills that require a bed—dressing, bedpan, catheter, and portable commode—may be grouped for practice and demonstration in order to save space.

At each practice station, have extra copies of checklists for skills to be practiced (from the previous modules). Make sure enough copies are available for instructors to mark while assessing return demonstrations.

There may be a need to do return demonstrations for some participants for the skills covered up to Module 12—infection control, body mechanics, ambulating, bathing, and other personal care tasks. Since the skills to be covered in this module are fewer, it may be possible to do those return demonstrations during this activity, if needed. Set up practice stations accordingly.

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” in Module 1 as a guide.)

Activity 19.1 Practice Lab and Return Demonstrations—Dressing, Eating, and Toileting

3 hours

Learning Outcomes

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

Demonstrate how to dress and undress a consumer while maintaining that consumer's dignity.

Demonstrate how to put elastic knee-high stockings on a consumer.

Demonstrate assisting a consumer to use a toilet.

Demonstrate how to assist a consumer to use a bedpan and a urinal.

Demonstrate how to assist a consumer to use a portable commode.

Describe and/or demonstrate how to provide perineal care for a consumer with a catheter.

Demonstrate how to provide assistance during mealtimes.

Key Content

- By the end of this activity, every participant should have had the opportunity to demonstrate each of the skills for which there are skills checklists in Modules 14, 16, and 18—assisting the consumer to use a toilet (Module 14), assisting the consumer to dress and undress (Module 16), assisting the consumer with other aspects of toileting (Module 16), and assisting with eating (Module 18). For each return demonstration, an instructor will observe and assess the participant, using the skills checklist.

- While some participants are doing their return demonstrations, other participants will continue to practice these skills, working in practice triads as before.
- Some participants may need to do return demonstrations for skills covered prior to Module 13.

Activity Steps

Practice Triads and Return Demonstrations (3 hours)

- 1. Introduce the module.** Review the learning agenda and explain the points in “Key Content” to participants, emphasizing the primary purposes of this activity—to have each participant demonstrate their skills, with an instructor observing and recording, for all the skills introduced up to this point in the training.

Flip Chart

LEARNING AGENDA:MODULE 19
Return Demonstrations: Dressing,
Eating, and Toileting

- Practice assisting a consumer with the following:
 - Dressing
 - Using a toilet
 - Using a bedpan
 - Using a catheter
 - Using portable commode
 - Eating
- Demonstrate skills (for assessment)

- 2. Note the practice stations for this activity.** Point out which skills will be practiced at each location: dressing (with a bed), eating, using a toilet (with a chair to simulate a toilet), using a bedpan (with a bed), using a catheter (with a bed), and using a bedside portable commode (with a bed). (See Advance Preparation for tips for setting these up.)
- 3. Set up the practice triads and explain your role.** Participants will work in triads for skills practice, until they are ready to do their return demonstrations. Explain that you (and other instructors, if available) will be observing their practice and answering questions as needed. Participants will use their own skills checklists from the activities when the skills were introduced.

Teaching Tips

If this is the first time they are practicing a particular skill, each participant should take a turn in each role: practicing the task as a direct-care worker, experiencing what it feels like as a consumer, and observing (reviewing the steps for each task on the checklist while observing teammates and encouraging them as they perform the steps).

For return demonstrations, participants will probably remain in their triads, depending on time, space, and the number of instructors available to observe return demonstrations (see Advance Preparation).

Instructors should have enough copies of all the skills checklists to assess return demonstrations for all participants who did not do their return demonstrations earlier.

- 4. Conduct practice and return demonstrations.**
- 5. Wrap up the module.**