

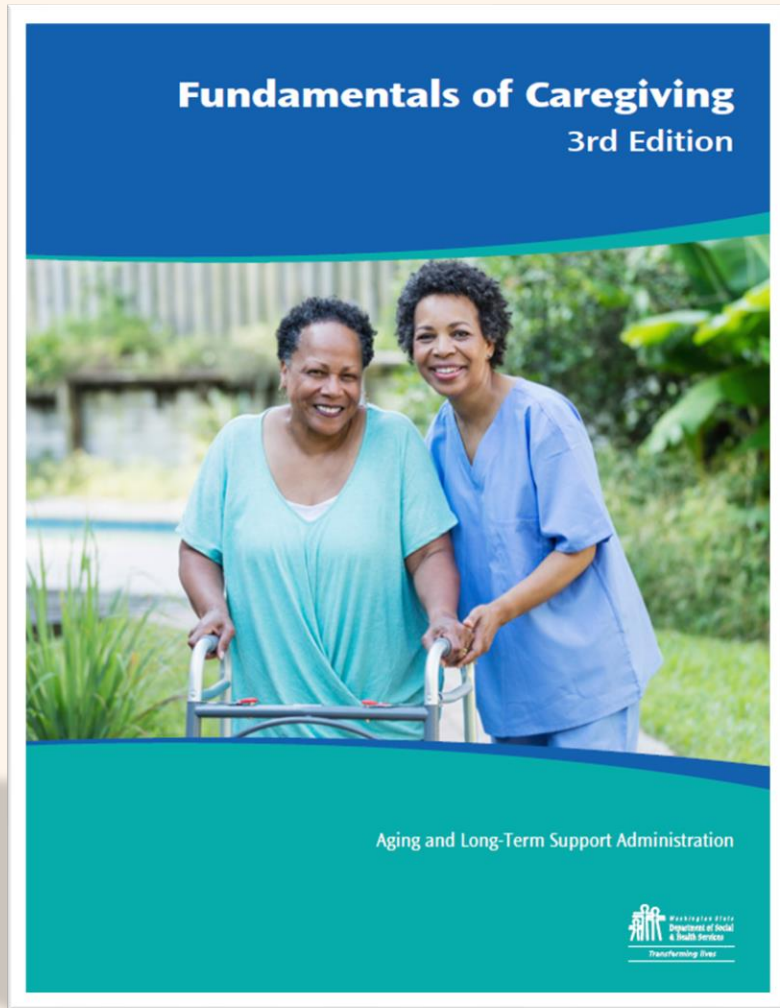
# Welcome!

## Fundamentals of Caregiving 3<sup>rd</sup> Edition

The webinar will begin shortly.

“The Webinar/Meeting you are about to participate, or view, is being recorded. As such, it becomes a public record and is subject to disclosure under the Public Records Act. We ask that no client specific, confidential, or personal information be discussed. If you interact with the presenters by asking questions or making comments, understand your contributions become part of the public record. If you choose to do so, it implies your consent to being recorded.”





# Fundamentals of Caregiving 3<sup>rd</sup> Edition

*What's new with the FOC?*

# Content

- Generally the same content
- Many changes to detail
- Updated with input from 40+ SMEs, Reviewers, Instructors, and Learners

Washington State Department of Social & Health Services Aging and Long-Term Support Administration

### Variety

A healthy diet consists of mostly vegetables, fruit, and whole grains with some healthy fats and proteins.

## THE HEALTHY EATING PYRAMID

Department of Nutrition, Harvard School of Public Health

**USE SPARINGLY:**  
RED MEAT & BUTTER  
REFINED GRAINS: WHITE BREAD, RICE & PASTA  
SUGARY DRINKS & SWEETS  
SALT

**OPTIONAL: ALCOHOL IN MODERATION**  
(Not for everyone)

**DAIRY** (1-2 servings a day OR VITAMIN D/CALCIUM SUPPLEMENTS)

**HEALTHY FATS/OILS:**  
OLIVE, CANOLA, SOY, CORN, SUNFLOWER, PEANUT & OTHER VEGETABLE OILS; TRANS-FREE MARGARINE

**WHOLE GRAINS:**  
BROWN RICE, WHOLE WHEAT PASTA, OATS, ETC.

**VEGETABLES & FRUITS**

**HEALTHY FATS/OILS**

**WHOLE GRAINS**

**NUTS, SEEDS, BEANS & TOFU**

**FISH, POULTRY & EGGS**

**DAILY EXERCISE & WEIGHT CONTROL**

**DAIY MULTIVITAMIN PLUS EXTRA VITAMIN D** (for most people)

Module 9

Many Americans are familiar with "the food pyramid," which shows examples of foods from each food group. Each layer of the pyramid also shows us how much we should eat from each food group. In this food pyramid, healthy levels of activity are shown as the foundation of healthy eating.

You can think of the "Healthy Eating Pyramid" as a kind of grocery list. Some things, like vegetables, fruits, whole grains, healthy proteins, and a little dairy if desired should be in your shopping cart every week. The foods at the top of the pyramid, such as red meat and white rice, should make up the smallest part of your diet.

What do you usually eat in a week? Are there any food groups you would like to eat more of? Less of? Make a list of your favorite foods from each food group.

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### Nutrition Basics

As a caregiver, your role in meal preparation is to understand the basics of good **nutrition** and encourage your client to make healthy food choices. This can include helping a client:

- plan meals and shop;
- prepare or assist a client in fixing a meal;
- clean up after meals.

Healthy food choices are especially critical for a client. Good nutrition can:

- increase overall health and energy - prolonging independence;
- prevent or control certain diseases (e.g. diabetes, osteoporosis, heart disease, high blood pressure, cancer, tooth decay);
- reduce bone fractures.

### The Food Pyramid (Pyramid)

A healthy diet means choosing a variety of healthy foods and setting limits to how much and how often less healthy foods are eaten. The United States Department of Agriculture (USDA) Food Pyramid shows with pictures the types of food (groups) people should eat and in what quantities each day.

**Fats, Oils & Sweets**  
**USE SPARINGLY**

**Milk, Yogurt & Cheese Group**  
**2-3 SERVINGS**

**Meat, Poultry, Fish, Dry Beans, Eggs & Nuts Group**  
**2-3 SERVINGS**

**Vegetable Group**  
**3-5 SERVINGS**

**Fruit Group**  
**2-4 SERVINGS**

**Bread, Cereal, Rice & Pasta Group**  
**6-11 SERVINGS**


**KEY**  
 Fat (naturally occurring and added)  
 Sugars (added)  
 These symbols show fats and added sugars in foods.

Module 8 - Lesson 1  
Nutrition  
Page 135

# Structure and Organization

- New Module 2: Person-Centered Care
- 12 Modules in a new order
- Each module now has 2 lessons (except module 1)

Fundamentals of Caregiving, 3rd Edition • Module 3



**Module 3: Communication**

**Learning Goal**  
Home Care Aides will use effective strategies to communicate in a respectful and appropriate manner with clients, family members, and care team members.

**Lesson 1: Basic Communication**

**Lesson 2: Overcoming Challenges to Communication**

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# Lesson Structure

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Module 4

## Lesson 1 The Client

### Learning Objectives

After this lesson, the Home Care Aide will be able to:

1. Describe the importance and impact of client-centered care on a client's independence, self-determination, and quality of life;
2. Describe the role of a care team and the long-term care worker's role in the care team; and
3. Recall the purpose of a service plan and how it is created and modified.

### Key Terms

**Adult family home (AFH):** residential, neighborhood home licensed to care for two to six people (qualified homes can apply for a capacity up to eight people).

**Assessment:** gathering information to determine what care and services a client needs and wants and how and when they want assistance provided.


**Assisted living facility (ALF):** larger residential facility licensed to care for seven or more people.

**Care setting:** where a client lives, such as an adult family home, assisted living facility, enhanced services facility, or their own house or apartment.

**Care team:** everyone who supports a client, including professionals, friends, family, and the client themselves.

**Enhanced services facility (ESF):** residential facilities for up to sixteen people with specialized staff and intensive services that focus on behavioral interventions.

**Functional disabilities:** a physical, cognitive, emotional, or mental condition caused by disease, developmental disability, or chemical dependency which impairs a person's ability to live independently.



**Self-determination:** the ability of a person to control what they do and what happens to them.

**Service plan or care plan:** a guide or map of the care and services a client wants and needs, including how and when services should be offered and who will provide them. In an assisted living facility, this document is called a "negotiated service agreement."

### Overview

Long-term care helps adults with functional disabilities live independently in their home or a home-like care setting. Client-centered care is essential to quality of life and well-being. Home Care Aides support a client's self-determination and choices.

Each client needs different kinds and amounts of support. An assessment identifies the client's individual needs. The client and the rest of their care team negotiate a service plan that directs the client's care. A Home Care Aide follows the client's service plan and preferences to provide appropriate care and support.

What emotions would you feel if you lost the ability to do the activities you enjoy?

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Fundamentals of Caregiving, 3rd Edition • Module 4 • Lesson 1: The Client

Module 4

## Summary

Long-term care services help adults maintain their independence and quality of life. As part of the client's care team, you will provide the client with the support they need. The client-centered care you provide will empower clients to live with dignity and self-determination.

## Checkpoint

Try to answer these questions without looking back in the lesson. When you have finished, check your own answers and review any information you may have missed. Note the pages on which you found the answers.

1. What are the benefits of supporting a client's independence?
2. Who creates a client's service plan?
3. Who chooses the members of a client's care team?
4. When would a client's service plan change?
5. Is memory loss a normal part of the aging process?

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# Organization of Content

- Content and organization flow from learning objectives.
- Clear heading and subheadings
- Most sections include an activity or discussion question.

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**Advocating for a Client**

Supporting a client can also mean advocating for them. This includes alerting others (including the client) that:


- a client has additional personal care needs that are not being met;
- a client has certain preferences that are not being followed;
- you are aware of other services available in the community that may be helpful for a client;
- you know of additional equipment or assistive devices that would give a client more independence.

Listen to the client for cues on what is important to them for their quality of life. Think about how that need could be met.

For example, if the resident talks a lot about going to concerts, this might mean that music is important to them. Do they have access to music? Do they have any opportunity to experience live music? Meeting this need could have a positive effect on the client's emotions and quality of life.

**Observing Changes from Baseline**

A client's physical, mental, and emotional condition may improve or decline over time. You need to know the client's baseline and monitor carefully to recognize any changes.



**A Client's Baseline**

A client's baseline means their usual condition and level of ability. A baseline is also called a client's customary range of functioning. You can learn about the client's baseline from the client, their service plan, and other care team members.

**What Would You Do**

A client you work with complains that they often get dry, patchy areas on the legs. How can you find out if these areas are unusual for them?

Module 5

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# Additional Content

- RFOC Addendums on hearing loss and foot and nail care
- Severe Heat
- Handling mistreatment while providing care in a person’s home


Fundamentals of Caregiving, 3rd Edition • Module 3 • Lesson 2: Overcoming Challenges

### Hearing Loss or Impairment

According to researchers, nearly 25 percent of people age 65 to 74 and 50 percent of those who are 75 and older have disabling hearing loss. Studies have linked this loss of hearing to walking difficulties, falls, and social isolation. This makes it very important for caregivers to identify when a client might be experiencing hearing loss and may need professional assessment.

### Reporting Guidelines

To effectively report changes in a client’s condition, observe their physical and cognitive ability and compare it to their baseline. Good sources of baseline information include the client, their service plan, and the rest of their care team. You should document and report when you observe any changes in a client’s condition. You should report when the client develops a new problem or has personal care needs that are not being met or documented in the service plan. For more information on documenting and reporting, see *Module 5: The Caregiver* on page 86.



### Possible Signs of Hearing Loss or a Change in Condition from Baseline

People who are experiencing hearing loss may do the following:

- Increase volume level on audio/video devices
- Report ringing in their ears
- Speak loudly
- Be non-responsive to sound
- Be unable to hear your voice, or have trouble hearing high-pitched sounds
- Be unable to distinguish sound with background noise, or when two people are talking at once
- Misunderstand communication, especially if mobility challenged, e.g., unable to turn to the speaker while seated in a wheelchair
- Require a speaker to repeat the same thing multiple times
- Ask the speaker to speak more slowly, clearly and loudly
- Act withdrawn
- Miss part or whole words
- Only pretend to understand when spoken to
- Be unable to hear the caller on the phone
- Miss alerts, such as a kitchen timer
- Be unable to hear another person in a different room
- Struggle to follow what is being said
- Report missing phone calls
- Not hear people knocking on the door

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### Handling Mistreatment while Providing Care in a Person’s Home

Everyone should feel safe while at work. Try out these techniques if you are feeling uncomfortable or unsafe, or are experiencing harassment, abuse or discrimination while working with a client in their own house or apartment.

<p><b>Level 1</b></p> <p>You feel uncomfortable with behavior or conduct of the client or somebody else in the household, but do not feel that your safety is at risk.</p>	<ul style="list-style-type: none"> <li>• If you feel comfortable, ask the client to stop the behavior and explain that you are feeling uncomfortable.</li> <li>• Re-read the client’s service plan to see if the unwanted behavior is addressed in the plan and if there are interventions listed to help you address their behavior(s). Contact your supervisor or employer for a new copy of the plan.</li> <li>• Contact your supervisor or employer for suggestions or to report new, unwanted behaviors.</li> </ul>
<p><b>Level 2</b></p> <p>You feel unsafe with behavior or conduct of the client or somebody else in the household, but do not want or need to immediately leave the situation.</p>	<ul style="list-style-type: none"> <li>• Contact your supervisor or employer and report the behaviors causing you to feel unsafe. Provide details to help them understand the situation.</li> <li>• Consider accessing specialized training to help you better understand the client’s behavioral needs. To learn more about training options, contact your supervisor or employer.</li> <li>• Contact your supervisor or employer if you no longer wish to provide care to the client.</li> </ul>
<p><b>Level 3</b></p> <p>You feel unsafe with the behavior or conduct of the client or somebody else in the household and want or need to immediately leave the situation.</p>	<ul style="list-style-type: none"> <li>• Leave the home, then immediately call your supervisor or employer to let them know that you left and explain your concerns with the situation. If there are concerns about the client being alone and you are unable to contact your supervisor or employer, attempt to contact a supervisor or other DSHS/Area Agency on Aging (AAA) staff member. If leaving the client alone will put them in immediate danger call 911.</li> <li>• Review all of the interventions listed in levels 1 and 2.</li> <li>• Contact your supervisor or your employer if you no longer wish to provide care to your client.</li> </ul>

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Fundamentals of Caregiving, 3rd Edition • Module 8 • Lesson 2: Body Care

### Skill: Foot Care

See *Foot Care* in the *Skill Checklist* on page 424 for the specific steps of this skill.

Smooth, clean nails provide comfort and safety for a client. Jagged or sharp nails can catch and tear on clothing and may cause injury to the toes. Always handle a client’s feet gently and carefully.

The following are general tips when assisting a client with foot care:

- Inspect the client’s feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- For most clients, you will only be filing nails, and not clipping nails. Always verify the client’s service plan prior to performing foot care to determine whether the client’s foot care includes nail filing. Never clip toenails for a client with circulatory problems or diabetes.
- Do not cut down the corners of a client’s toenails or dig around the nail with a sharp instrument.
- Never file the nails too short as this may cause ingrown toenails, file the nails downward.
- Cuticles act as a barrier to infection. Do not clip them.

If a client has a circulatory problem or diabetes, a Home Care Aide may not clip the client’s toenails or fingernails.

### Skill: Assist a Client with a Bed Bath

See *Assist a Client with a Bed Bath* in the *Skill Checklist* on page 426 for the specific steps of this skill.

A bath can be refreshing and relaxing. A bath serves other important purposes for a client, including:

- cleaning the skin;
- stimulating circulation;
- providing movement and exercise; and
- providing an opportunity to observe the client’s skin.

Bathing may happen in a shower, bathtub, bed, or as a sponge bath. Where, when, and how often the client bathes is the client’s choice and should be included in the service plan.




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Fundamentals of Caregiving, 3rd Edition • Module 5 • Lesson 1: The Professional Caregiver

### Severe Heat

Severe heat (above 90°F / 32°C) can cause illness and death. It is especially dangerous for people who are older, have health problems, or take certain medications.

Home Care Aides must know how to help clients stay cool, recognize symptoms of heat-related illness, and respond to emergency situations.

### Staying Cool

Helping clients stay cool and hydrated is the best way to prevent heat-related illness. The following practices will help:

- Stay inside. If going outside, limit time in heat to 10 minutes, wear sunscreen and a wide-brimmed sunhat and do not over-exert.
- Keep shades, blinds, and curtains closed during the day. Open windows only at night, and only if it is cool outside.
- Use air conditioning and fans. (Note: Fans alone are not enough to prevent heat-related illness if the temperature is in the high 90s or above.)
- Wear loose, lightweight, light-colored clothes.
- Take cool (not cold) showers or baths.
- Encourage the client to rest.
- Do not use the oven to cook. Offer cool meals and snacks.
- To help lower a client’s body temperature, place cool cloths soaked in cool water on the back of their neck, wrists, ankles, and armpits.

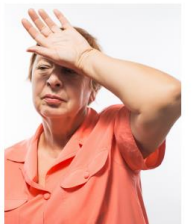
If it is too hot inside, find a local cooling center. Check your county website for locations. Public libraries are also good resources for an air-conditioned location.

### Staying Hydrated

Our bodies use water to stay cool when it is hot, so it is important to help clients stay hydrated.

- Offer plenty of liquids without alcohol, caffeine, or sugar. If a doctor has told the client to limit liquids, ask the doctor what to do in hot weather.
- Encourage clients to drink regularly, even if they do not feel thirsty.
- Gelatin, popsicles, and ice chips are a good way to get liquids in for clients who do not like to accept fluids.
- Eat frozen fruit like grapes, peaches, or pineapple chunks.
- The body loses salt when it sweats. This can cause heat cramps. Drinking fruit juice, vegetable juice, and sports drinks can help prevent or relieve heat cramps.

See *Module 6: Lesson 1: Nutrition* on page 174 for more information about dehydration.



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# Rewriting

- 6-10 grade reading level
- Removed passive voice, idioms
- Simple and clear

## Nurse Delegation

Nurse delegation is a Washington State law that allows a registered nurse (RN) to train a long-term care worker to perform specific health care tasks for one client in certain settings. These tasks are different from personal care tasks. Without nurse delegation, a long-term care worker is not allowed to do them.

### Nurse Delegation and Care Settings

Nurse delegation can happen in a client's home, an assisted living facility, or an adult family home. Nurse delegation is not allowed in enhanced services facilities, skilled nursing facilities, medical clinics, or hospitals.

### Training Requirements for Nurse Delegation

Before you can accept a delegated task, you must:

1. be certified as a HCA, NAC or NAR;
2. pass the [Nurse Delegation for Nursing Assistants and Home Care Aides](#) class and training on the specific task for the specific client\*;
3. be willing to perform the specific skilled task to be delegated; and
4. show the delegating RN that you can correctly perform the specific skilled task.

\*if you will be delegated the task of insulin injections, you must also successfully complete the [Nurse Delegation for Nursing Assistants: Special Focus on Diabetes training](#).

If you have concerns or complaints about nurse delegation, contact the RN delegator or speak to your employer. If the issue rises to the level of abuse, neglect, or other mistreatment, call DSHS at 1-800-562-6078.

## Delegated Tasks

After you have met all the requirements, you must take direction from the delegating RN. The RN will supervise the delegation and evaluate the client's condition. The RN will decide when nurse delegation begins and ends. Each task for each client is delegated separately.

### Types of Tasks That Must be Delegated

- Medication administration
- Non-sterile dressing changes
- Urinary catheterization using clean technique
- Ostomy care (caring for the skin and changing the wafer around the ostomy) in established and healed condition
- Blood glucose monitoring
- Gastrostomy feedings (tube feeding) in established and healed condition

The above list of tasks that can be delegated is not a complete list. The RN will determine whether a task should be delegated and instruct you on how to safely and accurately perform that task.

How would you feel about performing each of these nurse delegated tasks?

### Types of Tasks That may NOT be Delegated

There are certain tasks written in law that cannot be delegated.

- Injections, other than insulin
- Sterile procedures
- Maintenance of central IV lines
- Anything which requires nursing judgment

## Self-Directed Care

A Washington State law protects the rights of a client living in their own home to direct a paid personal aide (working privately or as an individual provider, not for a home care agency) to perform health care tasks the client cannot physically do. These are health care tasks that a caregiver would not otherwise be allowed to do (e.g. placing a pill in the client's mouth or assisting with an injection).

Self-directing these health care tasks gives a client the freedom to direct and supervise their own care. It allows them to continue to live at home rather than move to a care facility, where a licensed professional would have to perform the task(s) or a qualified caregiver would perform them with nurse delegation.

### Self-Directed Care Rules

The self-directed care law only applies to clients who employ a paid personal aide such as an IP. Agency providers and residents of adult family homes, assisted living facilities, and enhanced services facilities are not allowed to participate in self-directed care.

If the personal aide is an individual provider, any care tasks that a client wants to self-direct must be listed in the DSHS care plan. The case manager must be involved and the DSHS care plan needs to be updated to include the task before it can be done.



### Roles in Self-Directed Care

The specific roles and responsibilities of the client, personal aide and case manager are outlined in law.

**Client responsibilities** include:

- informing their health care provider that task(s) will be self-directed to the caregiver;
- informing the case manager of their desire to self-direct certain tasks and providing the necessary information that must be documented in the DSHS care plan; and
- training, directing, and supervising the personal aide in performing the task(s).

**Personal aide** responsibilities include:

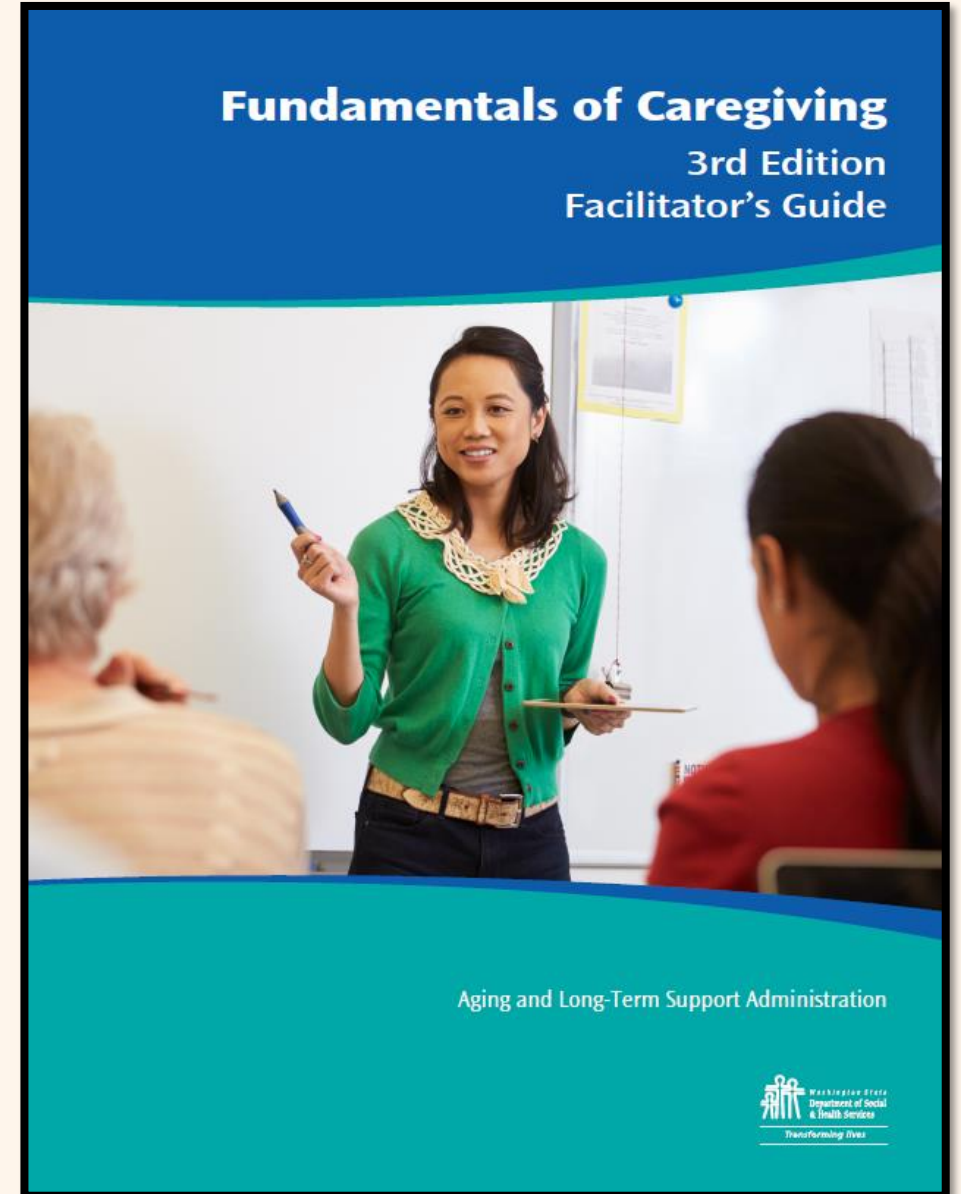
- deciding if they are comfortable providing the self-directed care task;
- getting trained by the client to do the task(s); and
- performing the task(s) according to the instructions from the client.

**Case manager** responsibilities include:

- documenting the self-directed care tasks in the DSHS care plan, including what is to be done and who is doing it;
- providing the personal aide and the client with a copy of the DSHS care plan with the self-directed care tasks listed;
- updating the DSHS care plan, as needed.

# Facilitator's Materials

- New Facilitator's Guide
- Lesson plan for Module 2
- PowerPoint presentation for Module 2



# Facilitator’s Guide

- Example Schedule
- Suggestions for Activities

Fundamentals of Caregiving, 3rd Edition, Facilitator Guide • Introduction to the Home Care Aide Training Program

## Introduction to the Home Care Aide Training Program

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    graph TD
      A[Home Care Aide Training Program  
75 Hours] --> B[Orientation and Safety Training  
5 Hours]
      A --> C[Core Basic Training  
54 Hours*]
      A --> D[Population Specific Training  
16 Hours]
      C --> E[FOC3d + Enhancement  
38 Hours]
      C --> F[Hands-on Skills Practice  
16 Hours]
    
```

\*Recommended breakdown of hours.

**Orientation and Safety Training** must be completed before the long-term care worker can begin providing care (WAC 388-112A-0200 through 388-112A-0240).

**Fundamentals of Caregiving (FOC) 3rd Edition** covers the core competencies that describe the behavior, knowledge, and skills outlined for basic caregiver training in WAC 388-112A-0320.

**Enhancements** means additional time and training provided for skills practice and supplemental learning materials and/or classroom activities that help a long-term care worker to thoroughly learn the course content and skills. Enhancements may include new participant materials, videos or DVDs, online materials, and additional participant activities per WAC 388-112A-0300(4). Some suggestions for enhancements are included in this facilitator’s guide.

**Hands-on Skills Practice** means hands-on skills practice in a lab setting or with clients while on the job based on the Skills Practice Procedure Checklist for Home Care Aides.

**Population Specific** is training on topics unique to the care needs of the population that the home or provider serves.

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## Suggested Schedule

How your class moves through the instructional and skills practice hours will depend on many factors. The following is a suggested schedule that you will modify to fit your context. The Fundamentals of Caregiving 3rd Edition covers the required core competencies for Home Care Aide training. Extra time should be used for additional skills practice.

Day	Module – Topic (Hours allotted)	Inst. Hours
Day 1	<b>Module 1 – Course Introduction</b>	1
	<b>Module 2 – Person-Centered Care</b> Lesson 1: Introduction to Person-Centered Care (2.5) Lesson 2: Honoring Differences (1.5)	4
	<b>Module 3 – Communication</b> Lesson 1: Basic Communication (2) Lesson 2: Overcoming Challenges (1)	3
Day 2	<b>Module 4 – Clients and Their Rights</b> Lesson 1: The Client (1.5) Lesson 2: Resident and Client Rights (2.5)	4
	<b>Module 5 – The Caregiver</b> Lesson 1: The Professional Caregiver (2.5) Lesson 2: Mandatory Reporting and Preventing Mistreatment (1.5)	4
Day 3	<b>Module 6 – Infection Control and Prevention</b> Lesson 1: Breaking the Chain of Infection (2) Lesson 2: Blood-Borne Pathogens (1.5)	3.5
	<b>Module 7 – Mobility</b> Lesson 1: Safely Assist with Walking and Transfers (1.5) Lesson 2: Falls and Prevention (1)	2.5

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# Module Guides

- Overview for the Facilitator
- Suggested approaches to each section of content
- Media Options (enhancements)

## Module 4 Guide: Clients and Their Rights

### Overview for the Facilitator

This module gives participants the opportunity to understand long-term care from the client’s point of view. By placing themselves in the client’s shoes, the participant will reflect on the importance of independence and self-determination on quality of life. Lesson 1 introduces the concepts of the care team and the service plan. Lesson 2 goes in depth into client and resident rights and how these relate to the caregiver’s job. After this module, participants should have a good understanding of their role in promoting a resident’s independence, self-determination, and rights.

### Lesson 1: The Client

#### Media Options

- The Thin Edge of Dignity by Dick Weinman  
<https://youtu.be/UciTEPCivl>
- A New Wrinkle on Assisted Living (Zahra Premji, reporter and anchor at CBC Vancouver News, and Kaan Eraslan, Kaan Eraslan media owner)  
<https://youtu.be/PniXnNfupnU>

#### Key Concepts

- Clients
- Aging and Health

#### Clients

**Terminology “client” or “resident”:** Explain that for the purposes of this training, the term “client” means any person who is receiving long-term care services. “Client” is inclusive of “resident.” When the term “resident” is used, it specifically refers to a client who lives in an Assisted Living Facility (ALF), Enhanced Services Facility (ESF), or Adult Family Home (AFH). This distinction is sometimes important, as in the Resident Rights section of Lesson 2. For facility instructors, identify the preferred terminology in your care setting.

**Service Plans:** The service plan is introduced here to explain that it reflects the client’s choices and desires about the care they need. Emphasize the caregiver’s role in following and keeping the service plan up to date. Remind participants that other terms may be used for the service plan such as “negotiated service agreement,” or “care plan.” Make sure participants know what the service plan is called in their care setting.

Module 5 covers the difference between a DSHS CARE assessment and facility service agreement (or negotiated care plan) and how a caregiver uses a service plan to understand their duties.

#### Aging and Health

**Understanding the Aging Process:** This section explains how misunderstanding the effects of aging can lead to clients not getting the care they need. Guide participants through the reflection questions and try to draw out as many examples as possible.

**Common Physical Changes Associated With Aging:** Select several of the listed common changes of aging. Ask participants to comment on:

- the types of things they may see in an aging client;
- what the client may be experiencing (both positive and negative) because of it; and
- types of things they may need to report.

**Common Diseases and Conditions:** Ask participants to volunteer what disease and/or conditions the client they are caring for is living with. Ask them to talk about:

- how the condition impacts the client’s personal care requirements,
- what they did to learn about the client’s disease/condition,
- what additional things they do to support the client in maintaining independence.

The importance of the client’s disease or condition impacting care is reinforced throughout the curriculum. Set a good foundation!

**Memory and Aging:** Emphasize that dementia is not a normal part of aging and explain why it is important to watch for signs of delirium and find its root causes.

# Turn-key Materials for Module 2

## Module 2, Lesson 1 – Introduction to Person-Centered Care (2 hours)

Topic	Pages	Main Points and Activities	Time
Learning Objectives and Overview	10	<ul style="list-style-type: none"> <li>📖 Read aloud (or ask a participant to read aloud) the learning objectives.</li> <li>📖 Read aloud (or ask a participant to read aloud) the overview.</li> </ul>	5 min.
<b>Do you have any questions before we begin this lesson?</b>			
Person-Centered Philosophy	10	<ul style="list-style-type: none"> <li>? Ask participants “What do you think when you hear “person-centered care?”                             <ul style="list-style-type: none"> <li>✓ Care specific to that individual</li> <li>✓ Personal care to one person</li> <li>✓ Focusing on the client’s needs instead of prioritizing the expectations of any other individuals</li> <li>✓ Not what “we” want for the client but what they want and what their needs are</li> <li>✓ Making them feel like they are an individual and respected for who they are</li> </ul> </li> <li>☐ Person-centered care is a philosophy, or a way of thinking.</li> <li>☐ You will learn about several person-centered concepts in this lesson.</li> <li>➤ Tell participants to look at the 4 questions on page 10. They should ask themselves these questions about each of the person-centered concepts they learn.</li> </ul>	5 min.
Learning about People	11	<ul style="list-style-type: none"> <li>➤ Put participants into small groups and show them the following questions. Have the groups discuss the questions (3 minutes). Then ask for volunteers to share their answers (2 minutes).                             <ol style="list-style-type: none"> <li>1. Why is it important to get to know the people you care for?</li> <li>2. How can you get to know a client?</li> <li>3. What should you try and learn about a client?</li> </ol> </li> </ul>	5 min.
Discovering the Whole Person	11	<ul style="list-style-type: none"> <li>📖 Read aloud (or ask a participant to read aloud) the “More Whole Introduction” on page 11.</li> <li>? Ask participants “Which introduction is more person-centered?”                             <ul style="list-style-type: none"> <li>✓ Point out that option A focuses mostly on needs while B recognizes need but also abilities and strengths.</li> </ul> </li> <li>★ Emphasize that person-centered thinking is about learning not only a person’s needs but also their strengths and goals.</li> </ul>	4 min.
Recognizing and Respecting Worldviews, Perspectives, and Attitudes	12	<ul style="list-style-type: none"> <li>☐ As you learn about the people you care for, you will probably find some differences between your views and theirs.</li> <li>? Ask participants “What kinds of differences in worldview, perspective, or attitude might be challenging for a caregiving relationship?”                             <ul style="list-style-type: none"> <li>✓ Political beliefs</li> <li>✓ Religious beliefs</li> </ul> </li> </ul>	10 min.

### Module 2: Person-Centered Care

#### Lesson 1: Introduction to Person-Centered Care



## Recognizing and Respecting Worldviews, Perspectives, and Attitudes



- Clients may have different religious beliefs, political views, or values than you.
- Remember your professional responsibility is to be tolerant and respectful.

<u>July (now!)</u>	<u>September</u>	<u>December 31, 2022</u>
<ul style="list-style-type: none"> <li>• Textbook and Facilitator’s Materials available online:  <a href="https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available">https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available</a>   <a href="https://www.dshs.wa.gov/os/publications-library">https://www.dshs.wa.gov/os/publications-library</a> <ul style="list-style-type: none"> <li>○ 22-1830</li> <li>○ 22-1831</li> </ul> </li> <li>• Physical copies of textbook available to order from fulfillment:                      Myfulfillment.wa.gov                      22-1830</li> </ul>	<ul style="list-style-type: none"> <li>• Translations available online.</li> </ul>	<ul style="list-style-type: none"> <li>• RFOC phases out</li> <li>• Fully switch over to new materials</li> </ul>

THANK YOU to all my subject matter experts, tribal partners, reviewers, pilot instructors, and pilot learners that made this project possible.



## Contact

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# Q&A



**Module 1: Course Introduction**

**Module 2: Person-Centered Care**

**Module 3: Communication**

**Module 4: Clients and Their Rights**

**Module 5: The Caregiver**

**Module 6: Infection Control and Prevention**

**Module 7: Mobility**

**Module 8: Skin and Body Care**

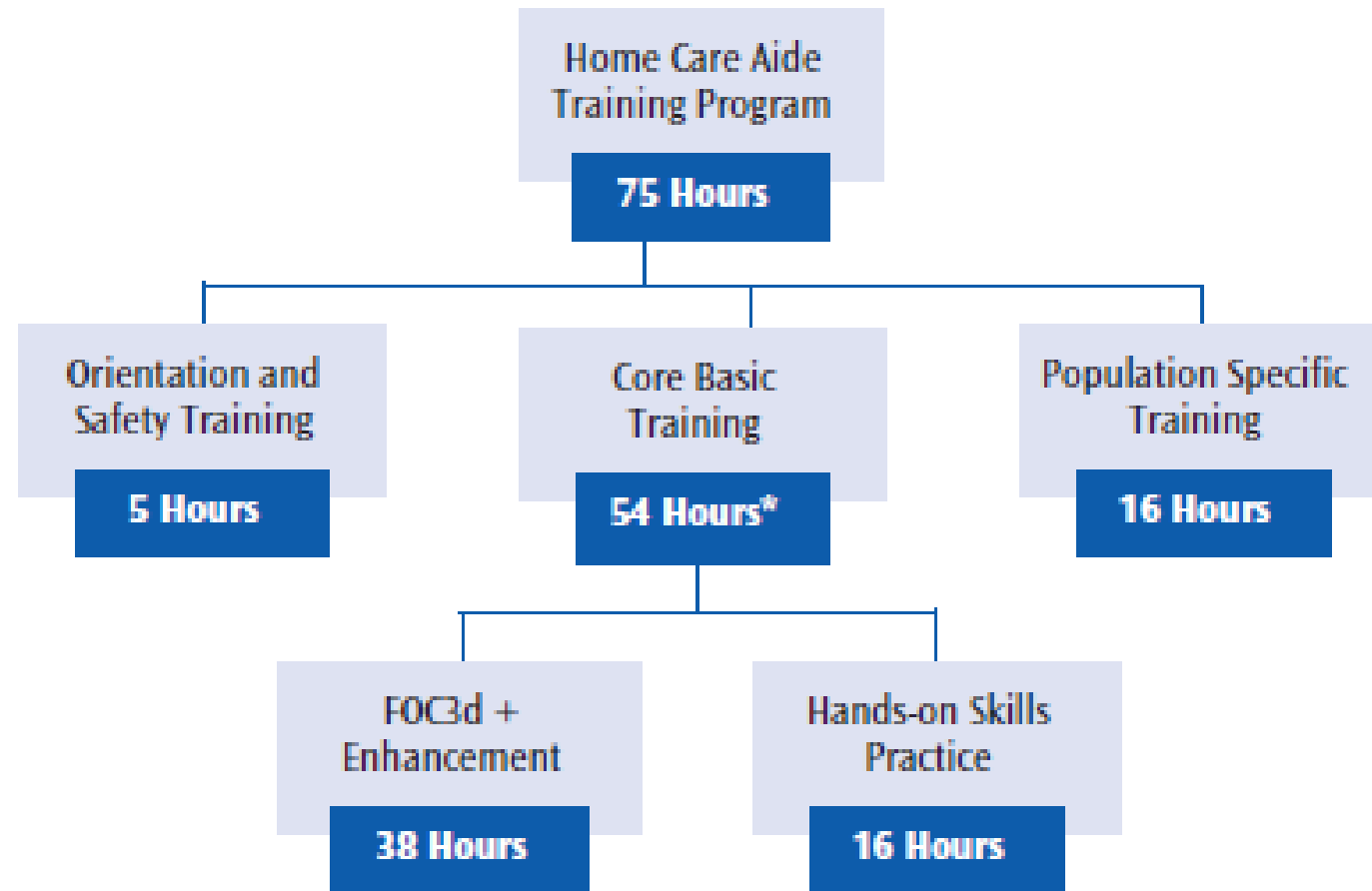
**Module 9: Nutrition and Food Handling**

**Module 10: Toileting**

**Module 11: Nurse Delegation and Medications**

**Module 12: Self-Care for Caregivers**

# Introduction to the Home Care Aide Training Program



\*Recommended breakdown of hours.