



State-Approved Curriculum NURSE AIDE I TRAINING PROGRAM

July 2013 Module Q



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education
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Module Q – Person-centered Care Teaching Guide

Objectives

- Define person-centered care.
- Describe the characteristics of a facility incorporating person-centered care.

Supplies

- Index cards or paper cut the size of index cards (three per student)

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector
- Content for Person-centered Care is mainly experiential. In experiential learning, the student will 1) have an experience (i.e., participate in an activity), 2) reflect on that experience, 3) form concepts based on reflection, and 4) apply these concepts in clinical. The instructor is crucial in the facilitation of experiential learning. It is important that the instructor manage the learning environment so that all students participate in the learning activities. The instructor will find the answers to experiential learning activities within the group of students.

Advance Preparation – Activities

- **#Q1 Ideal Caregiver:** Divide students into groups of 3 to 4 students. Create a worksheet entitled, “My Ideal Caregiver” or have each participant write “My Ideal Caregiver” at the top of a blank sheet of paper.
- **#Q2 What Really Matters:** Read the activity carefully because it includes several components.
- **#Q3 Morning Routine:** Read the activity carefully because it includes several components. Decide how you will set-up this activity and plan accordingly.

**Module Q – Person-centered Care
Definition List**

Person-centered Care – is the practice of basing resident care on individual resident needs, preferences and expectations

Module Q – Person-centered Care	
(S-1) Title Slide (S-2) Objectives <ol style="list-style-type: none"> 1. Define person-centered care. 2. Describe the characteristics of a facility incorporating person-centered care. 	
Content	Notes
(S-3) Person-centered Care <ul style="list-style-type: none"> • The practice of basing resident care on individual resident needs, preferences and expectations 	
(S-4) Person-centered Care – Goals <ul style="list-style-type: none"> • To see the person as a unique individual (special, one of a kind, with an individual history and background) • To respect skills and abilities (things he or she is able to do, stories he or she tells you) • To support the person to be successful and maintain independence (need for some amount of control and decision making) • To help the person meet needs for attachment, inclusion, occupation, and comfort (to feel like he or she belongs, has a purpose, are in a relationship with others) • To support the person as a member of a community (the community may be the long-term care home or the larger community – church group, rotary club) 	
ACTIVITY #1Q: Ideal Caregiver (Individual) Refer to the instructor guide. Use the activity sheet for guidance.	
TEACHING TIP #1Q: Building Relationships Discussion Ask the students and encourage responses to the following question: <ul style="list-style-type: none"> • How do we enhance our ability to build relationships while still getting all the tasks done? 	
(S-5) Person-centered Care – Care is About Relationships <ul style="list-style-type: none"> • There is no doubt that tasks are important in health care • Medications need to be passed, therapies conducted, meals prepared and served, activities of daily living assisted, etc. • What matters most are relationships • If a health care organization wants to be a welcoming home, it must begin by focusing on relationships • Relationships between the resident and the staff, among staff members, and between families and the staff are key to producing the best quality of life for residents • Always focus on the relationship even if you are completing a task 	

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<p>TEACHING TIP #2Q: Being a Home</p> <p>Ask students:</p> <ul style="list-style-type: none"> • Do you agree that strong relationships are key to a health care organization being a home? • How do we enhance our ability to build relationships while still getting all the tasks done? <p>ACTIVITY #2Q: What Really Matters? (Individual)</p> <p>Refer to the instructor guide. Use the activity sheet for guidance.</p>	
<p>(S-6) Person-centered Care – Importance</p> <ul style="list-style-type: none"> • Person-centered is the practice of basing resident care on individual resident needs, preferences and expectations • Where a person lives, whether at home or in a nursing home, assisted living facility or a hotel, is the person's home • Each place should be made more like a home through person-centered care giving and personal choice including encouraging personal choice in daily activities such as waking, bathing, dining and sleeping. • Caregiver behaviors that encourage person-centered care include talking directly with a person to get the most accurate information about preferences and honoring individual preferences as much as possible in things the person does each day. 	
<p>(S-7) Person-centered Care – Nurse Aide's Role</p> <ul style="list-style-type: none"> • Federal regulations for long-term care facilities support person-centered care and quality of life • There are many ways caregivers can put person-centered care into practice in a long-term care or other setting. 	
<p>(S-8) Person-centered Care – Nurse Aide's Role</p> <ul style="list-style-type: none"> • Examples of how to put person-centered care into practice <ul style="list-style-type: none"> ○ Support residents to be as independent as they are able and wish to be – example, being able to and wanting to take care of one's personal belongings ○ Support residents' wishes to be self-directed and have their preferences honored – example, being able to choose the type and timing of one's bath ○ Support the relationships that resident finds meaningful – example, being able to visit with friends and family when they wish to ○ Support resident's sense of continuity and identity – example, being able to practice one's faith 	

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<ul style="list-style-type: none"> ○ Pay attention to resident’s physical well-being and sense of safety and order – example, alerting residents of changes in their regular routine with as much advance notice as possible 	
ACTIVITY #3Q: Morning Routine (Group) Refer to the instructor guide. Use the activity sheet for guidance.	
TEACHING TIP #3Q: Discussion Ask students and encourage responses to the questions: <ul style="list-style-type: none"> • How have the activities changed your thinking about the people that a health care organization cares for? • Think about the potential losses that residents may have experienced. Does it change your view about the residents? • Thinking about your ideal caregiver and the importance of relationships to you, how can you have a new perspective about the care you give to others? • Are you going to give care in a way that shows how much you value each person’s uniqueness and needs? 	
(S-9) Person-centered Care – Care is About Relationships <ul style="list-style-type: none"> • It is through relationships that we come to understand ourselves, our co-workers, and our clients better • With strong relationships, we are better able to understand others’ perspectives, preferences, and needs and are therefore better able to care for them 	
(S-10) TEACHING TIP #4Q: Wrap-up Review the goals of person-centered care <ul style="list-style-type: none"> • To see the person as a unique individual • To respect skills and abilities • To support the person to be successful and maintain independence • To help the person meet needs for attachment, inclusion, occupation, and comfort • To support the person as a member of a community Ask students: <ul style="list-style-type: none"> • What one thing will you take away from the class that will help you support relationships in a health care setting? 	
(S-11) THE END	

Activity #1Q
Ideal Caregiver (Individual)

Step 1: Ask participants to listen while you read the following script

“Tomorrow on your way home from work, you get into a terrible car accident. You survive, but will need surgery, a hospital stay, and eventually long-term care. You are now in the hospital, lying in bed while hospital personnel come in and out taking care of you. You know what lies ahead: 24-hour nursing care. You understand that some nursing care providers are good and some are not. You begin thinking about those who will take care of you. What will the staff be like? What kind of care will they give? As you contemplate those questions, you wonder what it would be like to create your own caregiver. What kind of person(s) would you want caring for you?”

Explain that care can be provided in whatever role a person has. Aides, volunteers, housekeepers, dietary staff, occupational and physical therapy, maintenance, laundry, administrators, activities, nurses, etc – all direct access staff are in the business of care because care is much more than merely meeting someone’s physical needs or providing treatment for them.

Step 2: Break participants into groups of 3 to 4. Give each participant a worksheet entitled, “My Ideal Caregiver.” (An alternative to a worksheet would be to have each participant write “My Ideal Caregiver” at the top of a clear sheet of paper.) Instruct them to take two minutes to write down on their worksheets what their ideal caregiver(s) would be like. Ask them to think about the characteristics of that person: What would he or she do? How would he or she treat you? What would he or she focus on, etc? How might a laundry worker be an ideal caregiver? How about someone from dietary? The point of these questions is to not only engage the nurse aide but all staff in all varieties of health care settings.

After two minutes, ask the groups to share with each other their individual ideas.

After three more minutes, invite volunteers to share their lists. Get one idea at a time from each group to encourage more sharing. After group has finished sharing, say, “Did we think of these?” and include the following if they were not mentioned: caring, fun, a good cook, interested in me, joyful, helpful.

Step 3: Close with comments that focus on the importance of care. Care is what people want, from all those with whom they interact, no matter their position or title.

Most of these adapted materials were produced by BEAM in cooperation with Michigan State University and the Michigan Office of Services to the Aging through the Michigan Department of Community Health Grant No. *11-P-93042/5-01 awarded by the Centers for Medicare & Medicaid Services.

Activity #2Q
What Really Matters (Individual)

Note: The purpose of the following three-card exercise is to illustrate the importance of relationships. Ninety percent of the time individuals will keep, as their last card, a relationship. Whether each participant's last card says family, spouse, faith, a pet, etc., they all represent relationships.

Instructions:

- Step 1: Distribute three index cards to each participant. (If you don't have index cards, cut regular paper into a similar size.) Ask students to list the three things in their life that mean the most to them (people, ideas, activities, roles, etc.), one item per card using just a word or two. Give them a minute to complete filling out their cards.
- Step 2: When participants have completed their cards, in a humorous way, inform them that you have some bad news: You (the student) have fallen and broken a hip and must depend on the care of others in a facility or at home. Because of your injury, you are unable to manage all of the things that are meaningful to you. It will not be possible for you to keep all three of the things you chose. Everyone must give you one of his or her cards.
- Step 3: Walk around the room collecting one card from each individual. Shuffle the cards and read them aloud. Ask the participants how it felt to give these things up. Invite one or two answers.
- Step 4: Explain that, unfortunately, your situation is more difficult or long-term enough that you have to give up managing even more of the things that are meaningful to you. Participants need to give up another card to you. Walk around the room collecting another card from each individual. Shuffle the cards and read through them aloud. Again, ask the participants how it felt to give up something else so meaningful. Invite one or two answers.
- Step 5: Explain that you are not going to take their last card. Go around the room and have each person share what their last card says. Let people pass if they are shy about sharing their card. Point out that in most cases, their last, most precious choice is some kind of relationship. It may be a relationship with a spouse, family, friends, or pets, or it may be their faith (their relationship with that faith).
- Tell them that while you are being humorous with this example, the situation is not so far removed from what many residents experience. Often, the need to enter long-term care is unexpected due to injury or health crisis; often residents do not have much choice or input about the circumstances of their lives. And, relationships change. For instance, the family of the person needing care may still be around, but that relationship is very different. Their beliefs and faith stay with them, but often they must be practiced in very different ways. If the client is homebound, they may face isolation and loneliness.
- Step 6: Discussion
 - Facilitate a brief discussion of the many relationships that residents lose when they enter long-term care – not just the more significant ones, (spouse, etc.) but the many incidental

relationships throughout their day – mail carrier, neighbor, bank teller, etc. It is important for us to understand the losses experienced by our clients and the deep need they have to belong.

- Ask participants: How can we help clients feel like they belong? Invite a few responses.
- Explain that the role of the nurse aide is to help that person feel like they do belong.
- Ask how we get to know the clients as individuals, and care for them as individuals. Explain that creating a home like environment and person-centered culture involves the valuing of each individual. Refer to the previous discussion of person-centered care. It is important to acknowledge a person's unique contributions and strengths, as well as the individual needs of the person.

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Activity #3Q Morning Routine (Group)

Goal: To personalize culture change by having participants think about the importance of their own morning routines and how they would be affected if something interfered with their routine, as is typical for people living in nursing homes.

Description: Work in small groups of four to six people. Have participants write down their own morning routine. In one column, write the time. In another column, write the task. Tell them to write what they do from the time they wake up to the time they leave home for work. Tell them they need not share anything about their sexual or bathroom practices.

Two possible ways to conduct this exercise:

Paired Sharing	Group Sharing
Have people swap their routines with someone next to them. Ask how it would be if this was now their routine instead of their own. ↓ Ask what insights come to them when they think about living someone else's routine instead of their own.	Have people share their routines with each other in their small group and compare notes. ↓ Ask what insights come to them as they hear how we all have different patterns and routines.

Discussion:

Ask a few people to share their morning routine. They may talk about relationships and connection, taking care of others (people, pets), spiritual time or busy time, shower or bath preferences, or quiet time to ready themselves for the day.

Explore with them what happens if their routine is interrupted or there is interference in it. For example, if they have guests or are staying somewhere else. Have them talk at their tables about what they think happens in nursing homes and other health care settings now:

1. How much are individuals able to maintain their morning routines?
2. What would be the impact on residents and staff when people are awakened according to the facility's routine instead of the individual's?
3. What could be done so people can start their day according to their own personal rhythms?

Closing points:

1. Everyone has a routine. It's surprising how regular and normal this is for each of us.
2. Each person's morning routine sets the pace of the day. Any interruption can set one off on a bad footing for the day.
3. The things that throw off your morning routine throw off residents, too.
4. Moving from an institutional routine to an individual routine will affect every department because the whole building is geared toward the institutional routine. It will also have an impact on the schedule all day long.

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5. Given the importance of starting our day right, we will see positive outcomes throughout the day when people living in nursing homes can start their day right.

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