



Healthcare College

## Module 1

**PERSONAL SUPPORT WORKER (PSW)  
FOUNDATIONS**

# BOOK REFERENCE

- Chapters 1 – 14, 47
- **Mosby's Canadian textbook for the support worker (4th ed.)** Sorrentino, S. A., Wilk, M. J., & Remmert, L. N. (2018)  
Toronto, Ontario: Elsevier Canada.

# PERSONAL SUPPORT WORKER (PSW)

- Personal Support Worker (PSW) is a program that teaches students the essential knowledge, skills, and character required to provide or assist with personal care needs for clients/patients such as;
  - the older adults or elderly, people with physical disabilities, people in long-term care facilities/nursing homes/retirement homes, people in acute medical and surgical settings, and people receiving palliative care.

# PSW cont . . .

- Some of the personal support workers' activities include providing their clients with personal care and hygiene, household and family management, meal preparation, assisting clients with their medications, palliative and restorative activities.
- Over the course, you will learn the full range of skills required to assist people with their personal and household needs in order to ensure their comfort and safety.

# Professional and Personal Development

- **KNOWLEDGE**
- **SKILLS**
- **ATTITUDE**
  - Personal Support Workers (PSW) are bounded by rights and legal responsibility.
  - Conduct at work and relationship with clients are determined by:
    - Code of Ethics
    - Employer / Institution Policies
    - Federal and Provincial / Territorial Laws

# CODE OF ETHICS

Support workers do not have a formal code of ethics, however, each agency or facility has its own code of ethics that describes the values and personal qualities that should guide its employees' ***work and conduct***.

1. Support workers provide high-quality personal care and support services. They work within their scope of practice.
2. The support worker needs to be aware of the policies and procedures for each area.
3. Support workers provide compassionate care to all clients.
4. Support workers value the dignity and worth of all clients.

# CODE OF ETHICS cont . . .

5. Support workers respect their client's choices about how they receive or participate in their care.
6. Support workers respect their client's right to privacy and confidentiality.
7. Support workers do not misuse their position of trust.
8. Support workers are reliable.
9. Support workers promote and maintain their client's safety.

# Basic Human Rights in Canada

## Canadian Charter of Rights and Freedoms

- a constitutional document that applies to all Canadians regardless of where they live.

### The Charter list of basic rights and freedoms:

1. Freedom of conscience and religion
2. Freedom of thought, belief, opinion, and expression
3. Freedom of peaceful assembly and association
4. Right to vote
5. Right to enter, stay in, or leave Canada
6. Right to life, liberty, and security
7. Right to equality before and under the law, without discrimination based on race, ethnic origin, color, religion, gender, age, or mental or physical disability.



# Basic Rights of People Receiving Health Services

1. Right to be treated with dignity and respect
2. Right to privacy and confidentiality
3. Right to give or withhold informed consent
4. Right to Autonomy



Source: Catchlight Visual Services / Alamy Stock Photo



Source: Sorrentino, S.A. (2008). Mosby<symbol name=" x0027" xmlns=" http://www.elsevier.com/xml/bk/dtd" ></symbol> textbook for nursing assistants (7th ed., p. 137). St. Louis, MO: Mosby.



Source: RubberBall / Alamy Stock Photo

# Culturally Shaped Values

## Culture vs. Ethnicity

***Culture*** – characteristics of a group of people  
(language, values, beliefs, habits, ways of life,  
implied rules of behavior, music, and traditions)  
– that are shaped or perhaps even passed from one  
generation to the next

***Ethnicity*** – group of people who share a common history,  
language, geography, national origin, religion, or  
identity

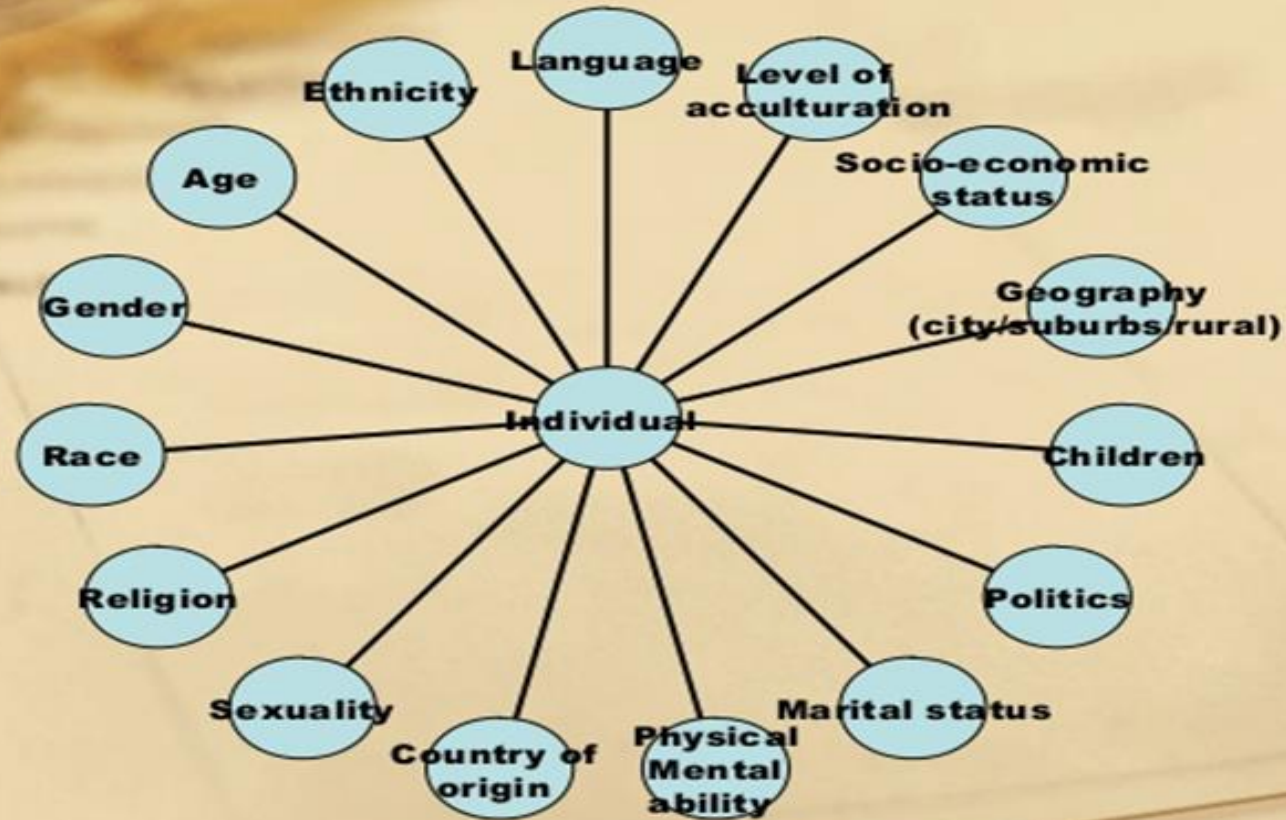
# Culturally Shaped Values cont . . .

*All support workers must possess –*

## *Respect for Diversity*

- Different cultures and religions
- Recognizing personal values and attitudes
- Impact of culture and religion in caregiving
- Personal space/territoriality
- Response to ongoing conditions, illness, or impending death

# Dimensions of Diversity



# CULTURE

## FACTORS AFFECTING CULTURE :

- Family and social organization
- Religion
- Perceptions of Health Care and Illness
- Communication
  - 1) use of translators and interpreters
  - 2) body language
  - 3) touch
  - 4) personal space
  - 5) eye contact
  - 6) facial expressions
  - 7) silence
- *Providing culturally sensitive care and support –*  
**each person is unique; do not stereotype**

# Other Applied Legislations (Sources of Rights)

- ***Human Rights Act***
  - intended to prevent discrimination, and promote and advance human rights for province and territory
- ***Bill of Rights***
  - list of basic rights for people receiving care; differ for every provinces (e.g. Ontario, Manitoba)
- ***Long-Term Care Act (Ontario)***
  - client has the right to be dealt with in a courteous and respectful manner – respects the client's dignity

# Other Applied Legislations (Sources of Rights) cont . . .

- ***Access to Information Act***
  - allows citizen to demand records from federal bodies
- ***Advocacy Act***
  - to contribute to the empowerment of vulnerable persons and to promote respect for their rights, freedom, autonomy and dignity; provide advocacy services
- ***Mental Health Act***
  - law which regulates the administration of mental health care

# Other Applied Legislations (Sources of Rights) cont . . .

- ***Consent to Treatment Act***
  - no treatment without consent
- ***Substitute Decisions Act***
  - legal criteria determining when a person has the ability to make decisions
- ***Privacy Act***
  - guidelines to facilities and agencies on how to collect, use, and disclose personal health information



# Other Applied Legislations (Sources of Rights) cont . . .

- ***Regulated Health Professions Act***
  - set out the governing framework for the regulated health professions in Ontario.
- ***Occupational Health and Safety Act***
  - is Ontario's cornerstone legislation for workplace health and safety.

# Workplace Legislation

- ***Regulated Health Professions Act***
  - set out the governing framework for the regulated health professions in Ontario
- ***Occupational Health and Safety Act***
  - is Ontario's cornerstone legislation for workplace health and safety
- ***Labour Relations Act***
  - framework for relationships and negotiations between trade unions and employers

# Workplace Legislation cont . . .

- ***Workplace Safety and Insurance Act***
  - you need to be a “worker” employed in a business or industry that is “covered” by the Act
- ***Child and Family Services Act***
  - to promote the best interests, protection and well being of children

# CONSENT

## Elements of a Consent

1. It must relate to a treatment.
2. It must be informed.
3. It must be given voluntarily.
4. It must not have been obtained through misrepresentation or fraud.

# CONSENT cont . . .

## INFORMED CONSENT

- Legal condition whereby a person is given accurate and relevant information so that he or she can appreciate and understand the situation and the potential implications and still consent to an action or procedure
- For a consent to be valid it has to be informed

# CONSENT cont . . .

- It is considered “informed” when the client understands the following:
  1. Reason for treatment
  2. What will be done
  3. How it will be done
  4. Who will be doing it
  5. Expected outcomes
  6. Potential risks and side effects of treatment
  7. Other treatment options
  8. Consequences of not having the treatment

# **Substitute Decision Maker**

- another person to provide consent on behalf of the client when the client is:
  1. not able to make informed decisions
  2. under legal age (usually 18 years of age)

## **Types of Substitute Decision Maker**

1. Substitute Decision Maker for Personal Care
2. Substitute Decision Maker for Property / Finances

# Advance Care Directive/ Advance Directives

- legal documents that allow clients to convey their decisions about their own health care (e.g. end-of-life care)
  - ***Do Not Resuscitate Order (DNR)***
    - is a doctor's order that tells medical personnel not to perform CPR if person goes into cardiac arrest
  - ***Power of Attorney for Health Care***
    - appointing representative to make medical decisions



# Advance Care Directive/ Advance Directives cont . . .

- ***Living Will***

- a written statement detailing the desire for medical treatment when the person can no longer give express informed consent

- ***Organ Donation Form***

- whether a person wish to donate organs upon death

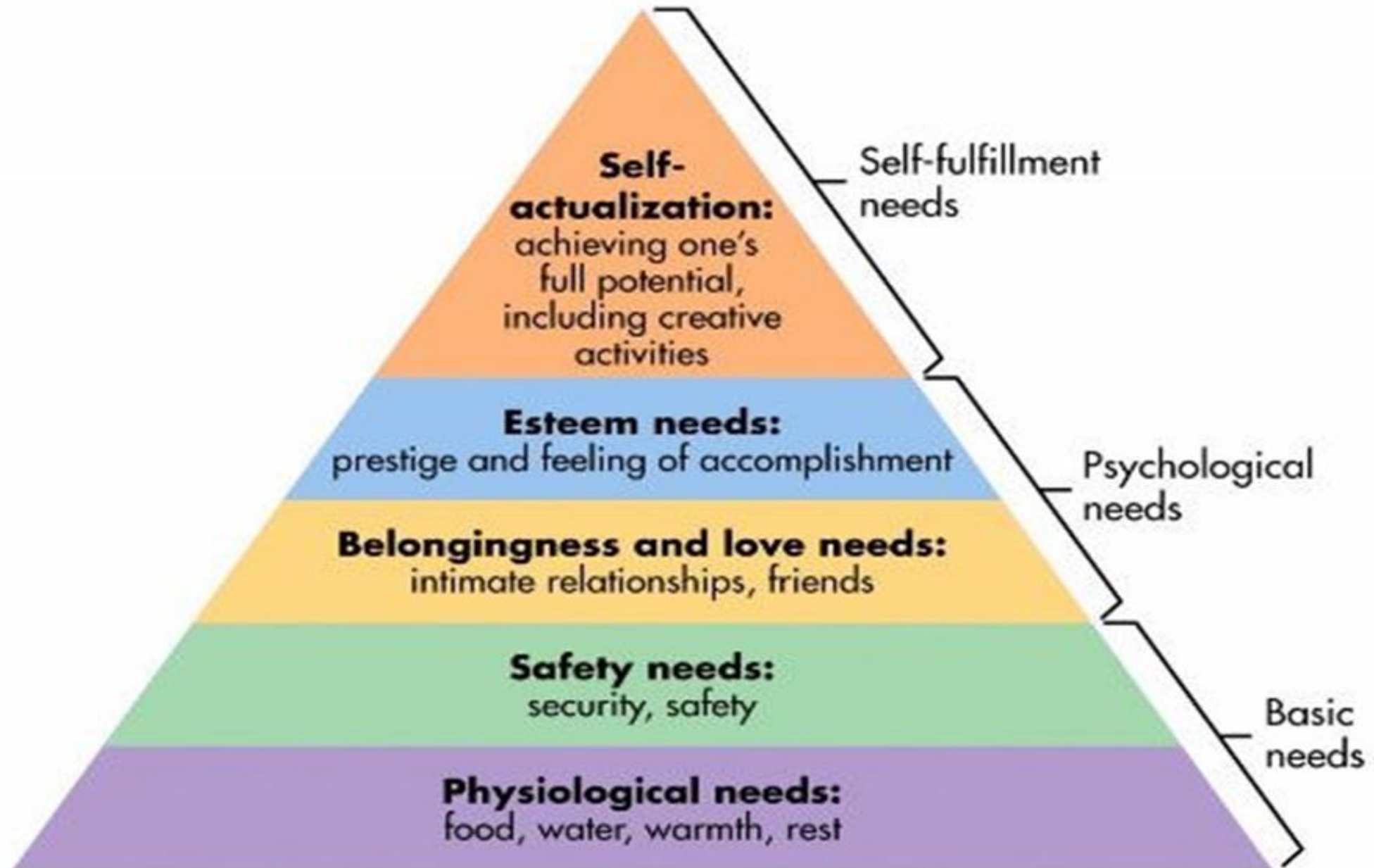
# LEGAL ISSUES

- ***NEGLIGENCE***
  - when you fail to act in a careful or competent manner and thereby harm the client or damage property
- ***ASSAULT***
  - intentionally attempting or threatening to touch a client's body without consent
- ***BATTERY***
  - actual touching of client's body without consent

# LEGAL ISSUES cont . . .

- **FALSE IMPRISONMENT**
  - unlawful restraint or restrictions on a client's freedom of movement
- ***INVASION OF PRIVACY***
  - giving of information without consent
- **DEFAMATION OF CHARACTER**
  - injuring name and reputation by making false statements to a third person
    - **Libel** – defamation in writing form
    - **Slander** – defamation in verbal form

# Abraham Maslow's Hierarchy of Needs



# Understanding the Client/Consumer

## A. Types of Clients

- Older persons (geriatrics)/ Elderly
- Mothers and newborns (obstetrics)
- Children (pediatrics)
- Adults with medical problems
- Persons with mental health problems
- Special care needs
- Needing rehabilitation
- Having surgery

# DIPPS Approach

- **DIPPS –**

- ❖ Dignity,

- ❖ Independence,

- ❖ Preferences,

- ❖ Privacy and,

- ❖ Safety

- *Support workers need to provide care and support free from prejudice and discrimination*

# Relationship with the Client

*When working with clients, demonstrate the following:*

- ***Respect***
  - showing acceptance and regard for another person
- ***Compassion***
  - person's awareness of the misfortune and suffering; desire to reduce or ease the problem
- ***Empathy***
  - recognize and understand another's emotions

# Relationship with the Client cont . . .

- ***Sympathy***
  - involves reaction; different from empathy
- ***Competence***
  - performing the job well
- ***Self-awareness***
  - understanding one's own feelings, moods, attitudes, preferences, biases, qualities, and limitations



# ***Promoting Independence***

- ***Dependence***
  - relying on others for support, unable to manage without help
- ***Independence***
  - not depending on others for control or authority
- ***Interdependence***
  - depending on each other
- ***Balance of power***
  - avoiding controlling behavior

## ***Promoting Independence cont . . .***

- Dignity and non-intrusive measures
- Client focused approaches and encouraging participation in directing tasks
- Impact of loss (physical/cognitive) and building self-esteem and self-worth
- Balance of power between consumer/client and worker

# **Sexual Harassment, Racism, Discrimination**

## **Definitions and Examples of Sexual Harassment/ Inappropriate Gender Related Comments:**

- ❖ Gender related comments about an individual's physical characteristics or mannerisms
- ❖ Unwelcome physical contact
- ❖ Suggestive or offensive remarks about members of a specific gender
- ❖ Propositions of physical intimacy
- ❖ Gender related verbal abuse, threats, or taunting

# **Sexual Harassment, Racism, Discrimination cont . . .**

- ❖ Leering or inappropriate staring
- ❖ Bragging about sexual powers
- ❖ Demands for dates, and sexual favors
- ❖ Offensive jokes, or comments of a sexual nature about an employee, client, or tenant
- ❖ Displaying sexually offensive pictures, graffiti, screen savers, or other materials

# Negative Characteristics

- ***Racism***
  - results when people have feelings of intolerance or prejudice toward a person or group because of their racial or ethnic backgrounds
- ***Prejudice “prejudge”***
  - an attitude toward or opinion of a person based on the membership in a group
- ***Ageism***
  - feelings of intolerance or prejudice toward others because of their age

# Negative Characteristics cont . . .

- ***Discrimination***
  - unfair treatment of people on the basis of their physical characteristics, health history, or group membership
- ***Stereotype***
  - assumption that “all are alike”; overly simple or exaggerated view of a group of people

# Appropriate Responses to Clients' Issues

- Gender
- Race
- Age
- Culture
- Religion
- *Remember that everyone has a culture and that attitudes and behaviors are shaped by culture.*

# Appropriate Responses to Clients' Issues cont . . .

## *Support workers must:*

- Accept clients' differences
- Not agree with clients' beliefs and practices
- Be tolerant and not make judgments
- Be understanding of others



# Healthcare Team

## Regulated vs. Unregulated Workers

- ***Regulated***
  - is self-governing
  - has a professional organization called a college
- ***Unregulated (UCPs)***
  - does not have a professional college and does not have legislation written specifically for it

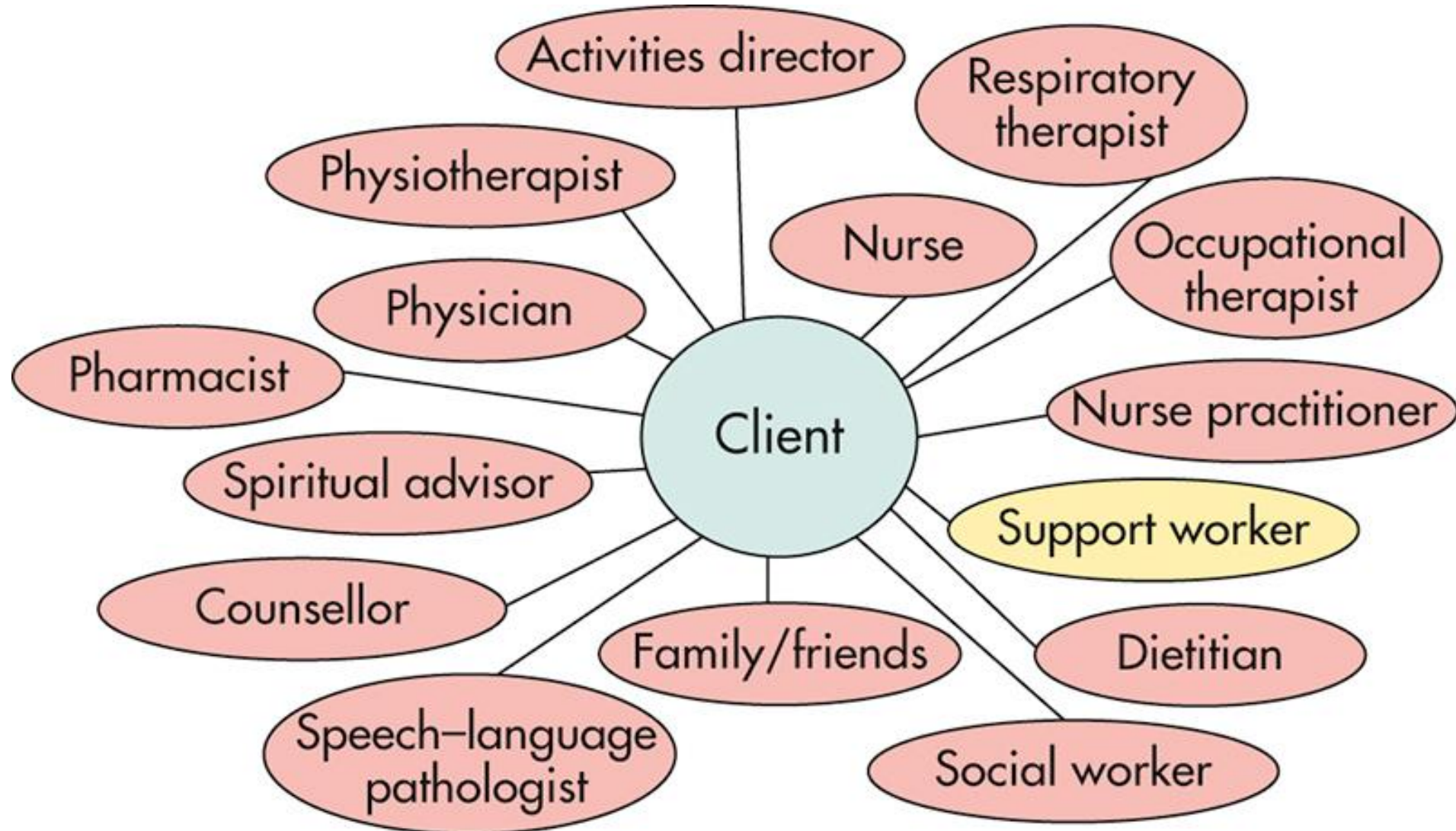
# Healthcare Team cont . . .

## A. Scope of Practice

***“Never act beyond the legal limits of your role.”***

- Three sources of information about scope of practice:
- Educational Program
- Employer’s Policies
- Supervisor

# Members of the Healthcare Team



# Personal Support Worker Role

*Ultimate Goal of support work: to improve the person's quality of life*

## Other Terminologies for Support Worker

- Person who provides personal care and support services
- Personal support worker
- Assisted-living worker
- Personal attendant
- Patient care assistant
- Resident care aide
- Resident care attendant
- Health care aide
- Home support worker
- Nursing attendant
- Community health worker
- Continuing care assistant

# **SCOPE of Responsibilities of PSW**

## **(Scope varies on institution or unit)**

- Cooperates with all members of the health team
- Promotes safety and works in a safe manner
- Assists with ambulating, mobilization, proper positioning, and maintains body alignment as required
- Assists with mechanical and physical lifts and/or transfers
- Changes bed linens, towels and performs laundry related tasks
- Assists with personal hygiene: bathing, skin care, dressing, toileting, changing incontinent pads, hair grooming, nail and foot care (directed), tooth brushing, denture care, flossing, and rinsing

# Scope of Responsibilities of PSW

## (Scope varies on institution or unit)

- Assists with meal preparation, grocery shopping, feeding, dietary planning, food handling, and reporting fluid intake and output
- Answers call bells
- Takes and records temperature, pulse, respirations, body weight, and height
- Records blood pressures
- Teaches life skills – safety, supportive devices, personal care, ambulation, mobility
- Collects sputum, urine, stool specimens and assists the care-receivers with monitoring blood sugar levels

# Scope of Responsibilities – cont'd

- Assists with range of motion exercises and other rehabilitative measures
- Practices universal precautions and maintains a clean working environment
- Provides emotional and social support services to care-receivers and their families
- Assists with oxygen therapy, hot and cold applications, and medications
- Is aware of common allergies and related first aid measures

## **Scope of Responsibilities – cont'd**

- Works as a supportive care worker for palliative care and hospice patients
- Observes and reports clinical and treatment findings, behavioral changes,
  - and changes in ongoing conditions
- Maintains records and document procedures
- Advocates for clients/consumers



# Qualities for Good Work Ethics

- Caring
- Dependability
- Consideration
- Cheerfulness
- Empathy
- Trustworthiness
- Respectfulness
- Courtesy
- Conscientiousness
- Honesty
- Cooperation
- Enthusiasm
- Self-awareness
- Life-long learning

# Professional Appearance

- Grooming
- Hygiene
- Fingernails
- Hairstyles
- Make-up
- NO Perfume/cologne
- Jewelry
- Posture
- Department (Manners
- Clothing



This support worker is well groomed. Her uniform and shoes are clean. Her hair is worn in a simple style and is kept out of her face and off her collar. She is not wearing any jewellery, except a watch. Her name tag is easily visible and approved by her employer.



Source: Sorrentino, S.A. (2000). *Mosby's textbook for nursing assistants* (5th ed., p. 37). St. Louis, MO: Mosby.

# Team Work

- How team functions
- Team dynamics
- Understanding the PSW's role as a team member
- Importance of communication including communication barriers, resolving interpersonal issues, appropriate documentation, leaving voice mail messages
- Contributing to the team
- Evaluation of team progress and interactions

# Workplace Settings for Support Workers

## Types of Workplace Settings

- ***Facility-based settings***

- eg. hospitals, long-term care facilities, nursing homes

- ❖ Acute care

- ❖ Sub-acute care – convalescent care

- ❖ Long-term care

- ❖ Respite care

- ❖ Rehabilitation services

- ❖ Palliative care

- ❖ Hospice

- ❖ Mental health care services

- ❖ Residential facility

- eg. assisted-living, group homes, retirement residences, long-term care

# ***Community-based settings***

- assist clients with social integration, may teach important skills such as laundry, shopping for groceries, managing their money, doing their own banking, clients may need assistance with learning everyday skills
  - Home Care
  - School
  - Community Health Centers
  - Doctor's Offices
  - Day Programs
  - School Boards
  - Private Duty
    - working directly for clients
  - Accompanying client with travel
    - escorting for medical appointments

# *Community-based settings*



Source: MANDY GODBEHEAR/Shutterstock.com

**THIS MAN RECEIVES  
ASSISTANCE  
THROUGH HOME  
CARE SERVICES SO  
HE CAN CONTINUE  
TO LIVE BY HIMSELF  
AT HOME**

# Time Management

## A. Principles of Time Management

- Essential to reduce stress
- Identify priorities
- Balancing multiple demands on time
- Setting SMART goals
  - » **S – specific**
  - » **M – measurable**
  - » **A – achievable**
  - » **R – realistic**
  - » **T – timely**



# Time Management cont . . .

## B. Conflict Resolution Strategies for Time Management

- Scheduling
- Planning tools
- Schedule evaluation and adjustmen

# Tips to Save Time and Stay Organized

- Follow the assignment sheet or the care plan
- Remember the client's needs and priorities
- Know what tasks need to be done at a certain time
- Set yourself time limits; work within those limits unless a client's needs are more pressing
- Develop routines that work for you and for client
- Allow for more time than you need, when possible

# Tips to Save Time and Stay Organized cont . . .

- Remain flexible at all times
- Start with the tasks that must get done
- Remind yourself not to get sidetracked by non-essential things
- Learn to say no- firmly, positively, and tactfully
- Use a calendar to note down important dates and reminders
- Make sure that you have the necessary equipment and supplies before you start a task
- Put equipment and supplies back in their proper place after the task has been completed

# Stress Management

## ***Stress***

- normal part of life; emotional, behavioral, or physical response to an event or situation (stressor)

## **A. Types of Stress**

### ***Eustress***

- healthy and gives one a feeling of fulfillment or other positive feelings

### ***Acute stress***

- is short in duration

### ***Chronic stress***

- ongoing

# Stress Management cont . . .

## B. Sources of Stress

- Changes
- Pressure
- Lack of Control
- Conflict
- School
- Daily Frustrations

## **C. Signs of Stress**

- Rapid Pulse
- Increased blood pressure
- Sweaty palms
- Perspiration
- Diarrhea
- Difficulty sleeping
- Change in appetite
- Chronic headache
- Anxiety
- Decreased sexual drive
- Depression
- Anger
- Worry
- Forgetfulness
- Burnout
- Irritability
- Loss of self-esteem

## **D. Managing Stress**

- Develop self-awareness
- Take care of your needs
- Assert yourself
- Ask others for help and support
- Practice calming exercises
- Learn to accept the things you cannot change

# Communication with The Health Care Team

## A. Benefits of Working on a Team

- Opportunities for collaboration
- Opportunities for communication
- A wide range of abilities, skills, and perspectives
- Better decision making and problem solving
- A positive, trusting atmosphere

# Communication with The Health Care Team cont . . .

## **B. Challenges of Working on a Team**

- Recognizing role boundaries
- Being flexible
- Handling conflict
- Expressing your needs and views



# Communication with The Health Care Team cont . . .

## C. Teamwork in Different Settings

- Long-Term Care Facilities
  - nurse as a team leader
- Hospitals
  - multidisciplinary team
- Hospices and Palliative Care Units
  - team approach involving many disciplines (family conference/care conference)
- Assisted-Living Facilities
  - professionals from various disciplines
- Home Care
  - case manager/team leader
- Community Day Program
  - supervisor

# Communication with The Health Care Team cont . . .

## **D. Working Under Supervision**

- PSW has a responsibility to the supervisor, client, and co-workers
- Accountability to your supervisor

# Responsibility vs. Accountability

## ***Responsibility***

- having a duty; answerable

## ***Accountability***

- willingness to accept responsibility

### ***1. Supervision in a Facility***

- Team leader/supervisor has the overall responsibility and accountability for the client's care and the work of the other team members.

### ***2. Supervision in a Community Setting***

- PSW and supervisor works for the same agency – agency is accountable for the actions
- Case manager communicates with supervisor and gives information and instructions for specific clients.

# Delegation Process

- **Tasks** – functions, procedures or activity
- **Assigning** – giving someone responsibility for providing care or support
- **Delegation** –transfer of tasks; function

## 1. Assigned tasks

- Activities of daily living (ADL's) – dressing, personal hygiene, mobility, feeding, toileting
- Social and recreational activities
- Household management – housecleaning, meal preparation
- Basic nursing care tasks – measuring height, weight, and vital signs

# Delegation Process

## ***2. Delegated tasks***

- Suctioning of a permanent tracheotomy
- In-and-out catheterization
- Administering glucometers
- Dressings
- Tube feedings
- Medications

# Delegation Process cont . . .

## ***3. Delegation in a Facility***

- *A nurse who delegates a task in a facility is required to:*
  - Teach the task
  - Assess your performance
  - Monitor you over time to ensure you remain able to perform the task correctly and safely

# Delegation Process cont . . .

## ***4. Five Rights of Delegation***

- The right task
- The right circumstances
- The right person
- The right directions and communication
- The right supervision and evaluation

# Delegation Process cont . . .

## ***5. Role in Delegation***

- Perform the task safely to protect the client
- Perform the task correctly
- You can either agree or refuse the task



# Effective Communication Skills

## Practice Effective Communication Skills

- Use Standard Terminology
- Be Clear & Concise
- Be Timely
- Check for Understanding

Sender

Use Cross-talk  
Share a Mental Model  
Recognize Barriers to Understanding  
Listen to individuals and the Team  
Close the Loop

Receiver

- Repeat Back
- Acknowledge
- Ask for Clarification

Communication is the ability to share information with people and to understand what information and feelings are being conveyed by others.

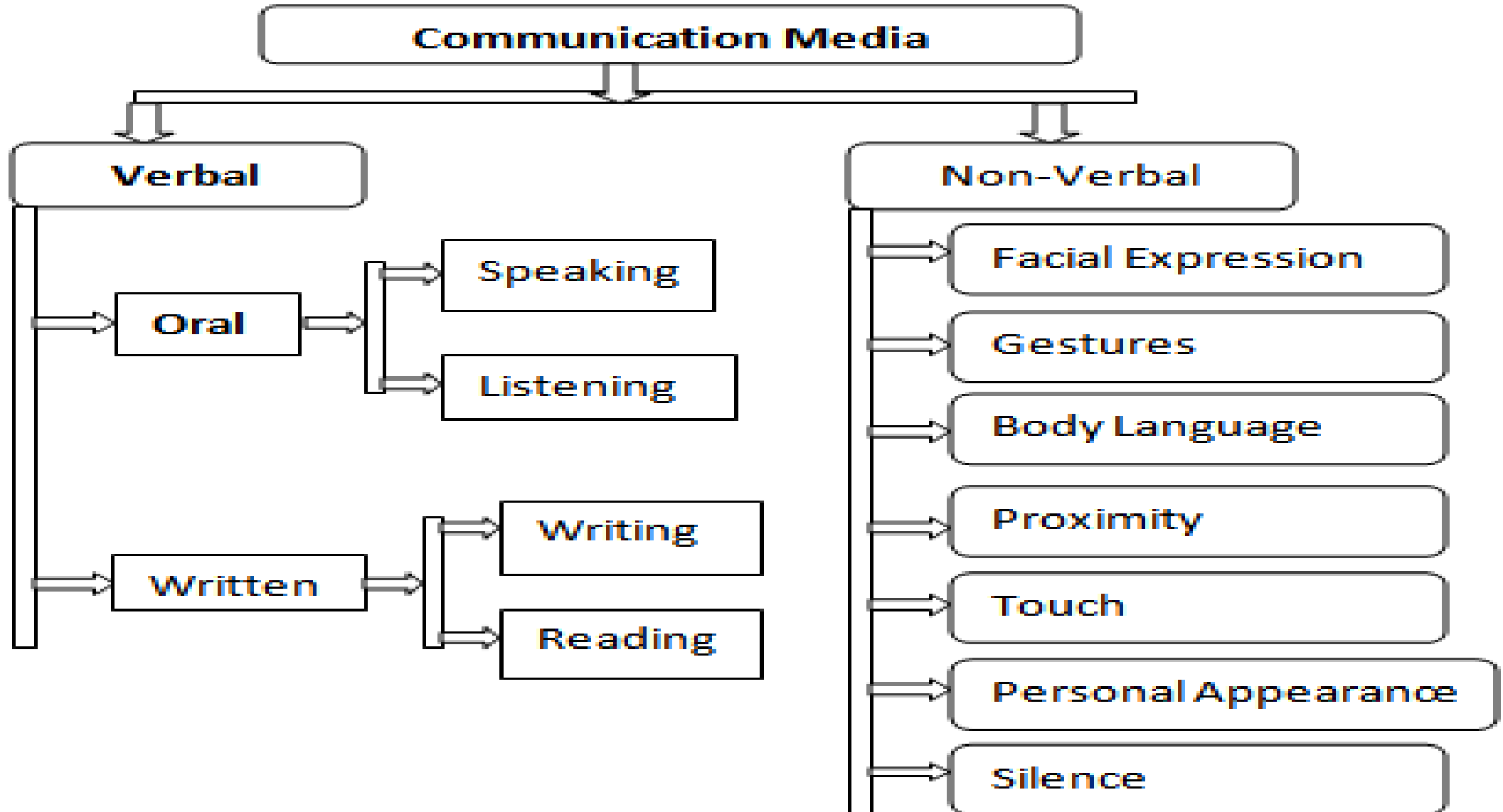
Communication can take on many forms including gestures, facial expressions, signs, and vocalizations (including pitch and tone), in addition to speech and written communication.

Too often, communicators think that because they have said something once, they can stop. Always confirm receipt of the message you are trying to communicate.

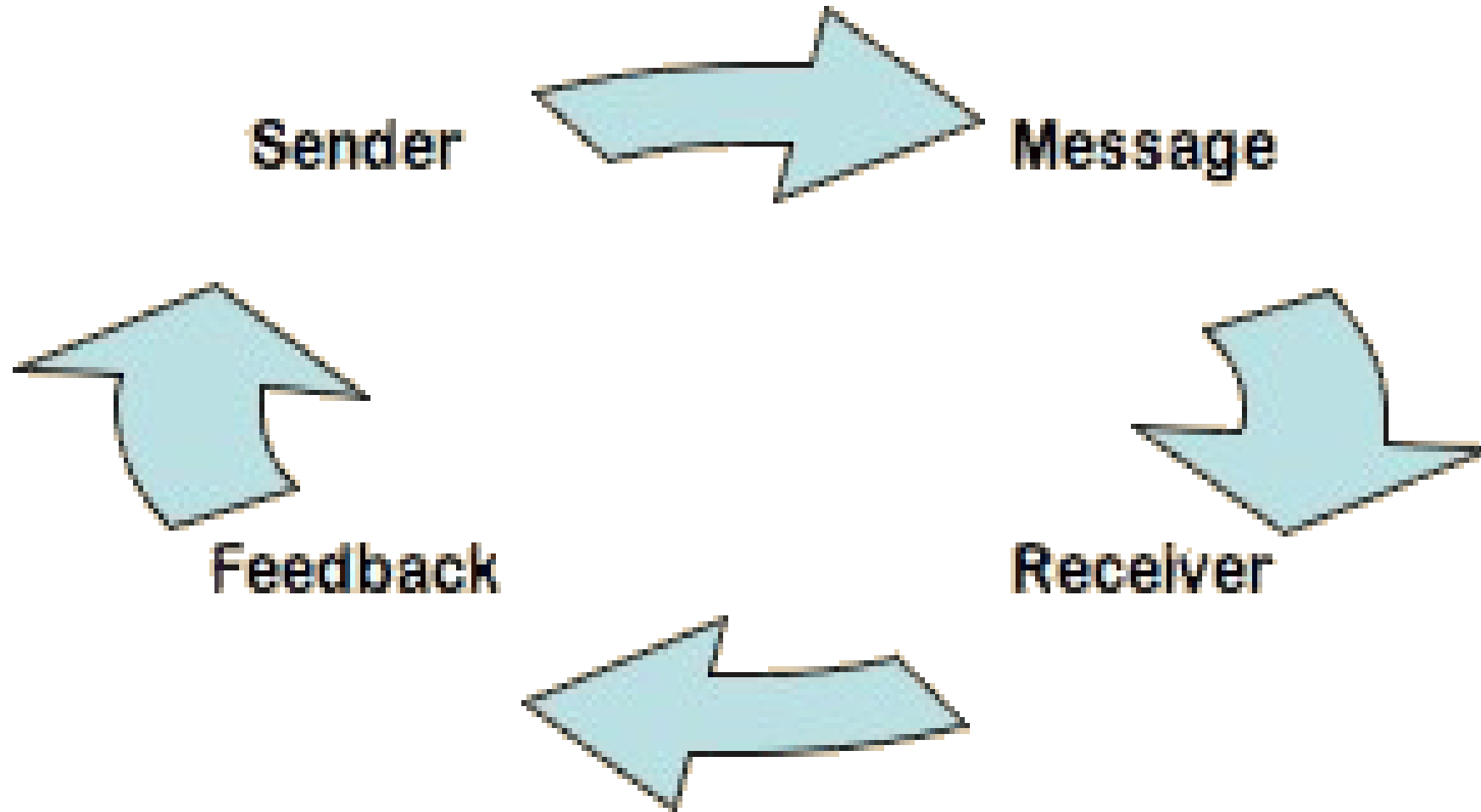
# Reasons Why Effective Communication Is Important

- To read and understand job specific materials
- For concise and coherent expression of ideas in oral and written form
- To help in identifying the perception of the consumer
- To demonstrate respect, empathy, acceptance, and tolerance
- To adapt communication styles
- To encourage efforts to communicate

# Types of Communication



# Parts of Communication



# Communication Methods

## 1. ***Active listening***

- Face the client
- Make eye contact
- Lean toward the client
- Respond to your client
- Avoid communication barriers

## 2. ***Paraphrasing*** - restating a person's message

## 3. ***Empathetic Listening*** – being open to and trying to understand experiences and feelings of others

## 4. ***Asking Closed-Ended Questions: answerable by YES or NO (non-therapeutic)***

## 5. ***Asking Open-Ended Questions: encourages verbalization of feelings***

## 6. ***Clarifying*** – make sure that you understand a person's message

## 7. ***Focusing*** – limiting conversation to a certain topic

# Communication Barriers!

(Non-Therapeutic Behaviors)

- Interrupting
- Answering You Own Questions
- Giving Advice
- Minimizing Problems
- Using Patronizing Language
- Failing to Listen

# Communicating with Foreign Speaking Persons

- Convey comfort by tone of voice and body language
- Do not shout
- Speak slowly
- Short, simple messages
- Use gestures and pictures
- Repeat the message in different ways
- Be alert for signs if the person is pretending to understand – nodding, answering yes

# Communication in Conflicting Situations

- Recognize that the client is feeling frustrated or frightened
- Treat the client with respect and dignity
- Answer the client's questions clearly and thoroughly
- Keep the client informed
- Explain and teach tasks to clients:
  - Put the client at ease
  - Start with small steps
  - Start with easy steps
  - Observe and listen
  - Use positive statements
  - Let the client set the pace
  - Provide support and offer encouragement
  - give time for practice
- Do not keep the client waiting for long periods
- Stay calm and professional
- Do not argue with the client
- Listen and use silence
- Protect yourself from violent behaviors
- Report the client's behavior to the supervisor

## GUIDELINES FOR COMMUNICATING WITH PATIENTS AND THEIR FAMILIES

- Convey to the patient and family that they are important to you and that you want to help them. There are many ways to do this; you must do what is comfortable and natural for you. However, there are some things everyone can do.
- Convey honesty and trustworthiness.
- Try not to overwhelm the patient with embarrassing or personal questions. When it is necessary to ask personal questions, explain why and keep it short and matter-of-fact.





# Problem Solving Process

- ❖ Identify the Problem
- ❖ Analyze the Problem
- ❖ Find a Solution
- ❖ Devise a Plan
- ❖ Implement the Plan
- ❖ Evaluate

# CLIENT CARE: PLANNING PROCESSES, REPORTING, and RECORDING

## Care Planning Process in Facilities (Also known as Nursing Process) Steps:

- **Assessment** – collecting information about the client
- **Nursing Diagnosis** – uses information from the assessment; uses a list established by NANDA
  - **PSWs observations are very important and must be reported to the nurse**
- **Planning** – establishing priorities and goals, developing measures to achieve the goal
- **Implementation** – carrying out or performing, actions listed in the care plan take place at this stage of the process
  - **PSWs are only assigned or delegated tasks that are within the legal limits of role and job description**
  - Parts of Implementation Process
    - Providing care
    - Observing the client during the care
    - Reporting and recording that the care has been completed
    - Reporting and recording the observations made during the care
- **Evaluation** – assessing and measuring the progress your client has made toward meeting the goals

# Role of PSWs in Care Planning Process

1. **Providing observations, feedbacks** – other members of the team use these for the care plan
2. **Developing observation skills**
  - *Subjective data or symptoms* - consist of information reported by a client but not directly observed by others
  - *Objective data or signs* - you observe using your senses
3. **Focus observations** the client's physical, mental, emotional and social condition
4. **Describing observations**
  - Be precise and accurate
  - Do not interpret or make assumptions

## **Verbal Reporting**

- PSWs need to report and record actions and observations
- Verbal reporting in a facility – report actions and observations to the charge nurse
- Verbal reporting in a community setting – most employers in the community do not require PSWs to make daily verbal reports

## **Basic Rules of Reporting**

- Avoid words with more than one meaning
- Use familiar words
- Brief and concise
- Logical and orderly
- Factual and specific
- Use correct spelling, grammar, and sentence structure
- Objective vs. subjective reporting
- Verification of number entries

## When To Contact Your Supervisor

- There is an emergency, such as finding your client lying unconscious on the floor
- You observe a change in the client's condition or normal functioning
- The client becomes ill; e.g. client vomits, has diarrhea, or develops fever
- The client is in distress, either physical or emotional
- You believe the client's safety is at risk
- A problem arises involving medications
- The client complains about her condition or care
- The client asks you a question about his diagnosis, condition, or treatment plans
- The client or family member asks you to do something that contradicts the care plan
- You have conflict with a client or a family member
- A question or problem arises, and you need help to sort it out

# Charts

## **1. Charts are useful to ensure:**

- Communication
- Currency
- Accountability
- Continuity of care

## **2. Documents used in charts**

- Data forms
- Assessment forms
- Home assessment forms
- Activities-of-daily-living (ADLs) checklists and flow sheets
- Tasks sheets (log notes)
- Graphic sheets
- Other flow sheets
- Summary reports

# Care Plan

Medical Diagnosis: Bronchial Asthma

Problem: Ineffective Breathing Pattern RT Presence of Secretions

## Nursing Assessment for Home Care

<b>Patient Information:</b>			
Last Name: _____		First Name: _____ Middle Initial: _____	
ADAP ID Number: 555- _____		Social Security Number: _____	
Contact Person (Name & Relationship): _____			
Contact Phone (Day-time): _____ <i>Please submit release to allow Program contact.</i>			
<b>Living Situation:</b>			
Dwelling: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Other: _____ Floor: _____ # of Rooms: _____ Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lives alone: <input type="checkbox"/> Yes <input type="checkbox"/> No Identify all individuals living in the home: _____			
List the services, hours and days they are available and able to assist with care giving: _____			
<b>Hospitalization:</b>			
Hospital Name: _____		Address: _____	
Hospitalized: From: _____ To: _____		Diagnoses: _____	
Hospital Contact: _____		Phone: _____	
<b>Patient Status:</b>			
Is patient alert? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		Can patient direct a home care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who is responsible for directing home care workers?</i>	
		Name/Relationship: _____	
Patient Height: _____		Patient Weight: _____ Recent significant weight loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, amount lost: _____	
<b>Impairments:</b>			
<b>Sensory:</b>		<b>Muscular/Motor:</b>	
	None	Partial	Total
1. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	Partial	Total
1. Hand/Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cardiovascular / Respiratory:</b>			
	None	Partial	Total
1. Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Circulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe impact on functional ability. _____			
1. Does patient have history of tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra pulmonary			
2. Did patient complete therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Does patient currently have tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra pulmonary			
4. Is patient currently on tuberculosis prophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No Hx of TB prophylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Last documented PPD: Date and result _____ Energy results if available: _____			
6. If on tuberculosis treatment, are there 3 negative AFB? <input type="checkbox"/> Yes <input type="checkbox"/> No Negative chest x-ray <input type="checkbox"/> Yes <input type="checkbox"/> No			

Assessment	Nursing Diagnosis	Scientific Explanation	Planning	Interventions	Rationale	Evaluation
<b>Subjective:</b> (none)  <b>Objective:</b> <ul style="list-style-type: none"> <li>wheezing upon inspiration and expiration</li> <li>dyspnea</li> <li>coughing, sputum is yellow and sticky</li> <li>tachypnea, prolonged expiration</li> <li>tachycardia</li> <li>chest tightness</li> <li>suprasternal retraction</li> <li>restlessness</li> <li>anxiety</li> <li>cyanosis</li> <li>loss of consciousness</li> </ul>	Ineffective breathing pattern r/t presence of secretions AEB productive cough and dyspnea	Presence of secretions in the bronchi will result into a blockage of air that will enter the body and thus producing insufficient air needed by the body. And inability to maintain clear airway. This obstruction is further heightened by bronchospasm due to the contraction of the smooth muscles in the bronchi. This is caused by parasympathetic stimulation of the muscarinic2 receptors as well as by chemical mediators released in response to the presence of allergen.	<b>Choose:</b> Patient will demonstrate pursed-lip breathing and diaphragmatic breathing.  Patient will manifest signs of decreased respiratory effort AEB absence of dyspnea  Patient will verbalize understanding of causative factors and demonstrate behaviors that would improve breathing pattern	<ol style="list-style-type: none"> <li>Establish rapport.</li> <li>assess pt.'s condition</li> <li>VS monitor and record</li> <li>Auscultate breath sounds and assess airway pattern</li> <li>Elevate head of the bed and change position of the pt. every 2 hours.</li> <li>Encourage deep breathing and coughing exercises.</li> <li>Demonstrate diaphragmatic and pursed-lip breathing.</li> <li>Encourage increase in fluid intake</li> <li>Encourage opportunities for rest and limit physical activities.</li> <li>Reinforce low</li> </ol>	<ol style="list-style-type: none"> <li>To gain pt.'s trust.</li> <li>To obtain baseline data</li> <li>Serve to track important changes</li> <li>to check for the presence of adventitious breath sounds</li> <li>To minimize difficulty in breathing</li> <li>To maximize effort for expectoration.</li> <li>To decrease air trapping and for efficient breathing.</li> <li>To prevent fatigue.</li> <li>To prevent situations that will aggravate the condition</li> <li>To mobilize</li> </ol>	Patient will demonstrate pursed-lip breathing and diaphragmatic breathing.  Patient will manifest signs of decreased respiratory effort AEB absence of dyspnea  Patient will verbalize understanding of causative factors and demonstrate behaviors that would improve breathing pattern  (change will to shall then shift to past tense)

# Progress Notes (Narrative Notes)

## KARDEX FORM

### KARDEX

Patient Name:		Age:	Sex:	Medical Number:	
Address:			Date & Time Admitted:		
Chief Complaints:					
Date Ordered	Shift	IV Fluids	Medicine Infused	Date & Time Administered	Endorsement
Date Ordered	Shift	Blood Transfusion		Date & Time Administered	
Date Ordered	Oral Medicine	Date Ordered	Parenteral Medicine	Date Ordered	Treatment
Date Ordered	Laboratory Investigation	Date Ordered	I & O; BP Taking	Date Ordered	ECG & RADIOLOGY

A **Kardex** is a medical information system used by nursing staff as a way to communicate important information on their patients. It is a **quick summary** of individual patient needs that is updated at every shift change.

PROGRESS NOTES PROBLEM ORIENTED  
NOTES D'ÉVOLUTION SOULIGNANT PROBLÈMES

DATE	TIME HEURE	NOTES
Dec 9/09	11:30	At up & # difficulty, e/o pain to legs/hips. Unable to take a step. Brought to window sitting up in chair. Encouraged pt to continue moving. Physio will be in to assess later this afternoon. At rest pt RR ≈ 30-40, grunting sounds. ↑ NoB, ↓ in-drawing noted. Chest clear & good A/E bilat. Warm to touch, ppp x4 @ 2+, CR ≈ 3 sec pink. Will continue to monitor. RN's signature
	14:30	Asleep x 1 1/2 hrs, RR 44, using accessory muscles to breathe, ↓ in-drawing, ↓ nasal flaring noted, SaO <sub>2</sub> @ 98% on R/A. HR 111. Continue to monitor. Physio in to see pt. RN's signature
Dec 9/09	15:30	Physio Note sf mom @ bedside Previously (N) amb; able to run, ↓ gross motor issues. Mom left room for of o/e #P crying & Rom of L/E (had just roused) worked on bilat L/E ext. - able to achieve push thru (R) L/E ≈ 3/5 - ↓ pushing thru (L) L/E ARom achieved - 10° on (R), -5° on (L); completed hip/knee flex/ext, QOR, isom ABD/ABD in relatively extended position. At significant pain today. Physio's signature

FORM NO. 2014 Rev May 91 (8253) PLEASE SIGN EACH ENTRY / VEUILLEZ SIGNER CHAQUE ENTRÉE P.O.M.R.



# Documentation

- Also called charting or reporting
- When recording focused on:
  - What you observed, including symptoms the client reported to you
  - What you did
  - When you did it
  - The client's response
- When recording on a document or on a computer – communicate clearly and thoroughly
- Use the third person (the client, “the writer” when you pertain to yourself)
  - Be careful with the use of (he, she, they), can be used but be particular to the person that you've been talking about.
- Recording time – use 24-hour clock
- Terminology and abbreviations – use only approved abbreviations

# 24-Hour Clock Format

## MORNING in 24-Hour Clock

0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100
12:00am (midnight)	1:00am	2:00am	3:00am	4:00am	5:00am	6:00am	7:00am	8:00am	9:00am	10:00am	11:00am

## MORNING in 12-Hour Clock

## AFTERNOON in 24-Hour Clock

1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
12:00pm (midday)	1:00pm	2:00pm	3:00pm	4:00pm	5:00pm	6:00pm	7:00pm	8:00pm	9:00pm	10:00pm	11:00pm

## AFTERNOON in 12-Hour Clock

# Methods of Charting

- **Methods of Charting**
- ***Narrative charting*** - records information about the client and client care in chronological order.
- *SOAP charting* – uses 4 essential components:
  - S – subjective data
  - O – objective data
  - A – assessment, or analysis, of the data
  - P – plan of care
- *PIE charting* – 3 components
  - P – problem
  - I – intervention
  - E – evaluation

# Guidelines: Documentation

- Always use ink
- Include the date and time whenever a recording is made (24-hour clock)
- Legible and neat writing
- Use only employer-approved abbreviation
- Use correct spelling, grammar, and punctuation
- Never erase or use correction fluid. Draw a single line through the error. Write error over it then rewrite that part
- Sign all entries with your name and title
- Do not skip lines. Draw a line through the blank space of a partially completed line or to the end of a page
- Make sure each form is stamped with client's name
- Record only what you observed and performed
- Never chart a procedure or treatment until after completion
- Be accurate, concise, and factual
- Record in a logical manner and in order in which tasks occurred
- Be descriptive
- Use the client's exact words
- Report any changes from normal or changes in client's condition
- Do not omit any information
- Record all safety measures used

# Common Abbreviations

<b>abd</b>	<b>abdomen</b>	<b>dx</b>	<b>diagnosis</b>
<b>ac</b>	Before meals	<b>ECG (EKG)</b>	electrocardiogram
<b>ADL</b>	Activities of daily living	<b>EEG</b>	electroencephalogram
<b>ad lib</b>	As desired	<b>ER</b>	Emergency room
<b>A.M. (a.m.)</b>	morning	<b>F</b>	Fahrenheit
<b>amb</b>	ambulatory	<b>FBS</b>	Fasting blood sugar
<b>amt</b>	amount	<b>Fl (fld)</b>	fluid
<b>bid</b>	Twice a day	<b>gal</b>	gallon
<b>BM (bm)</b>	Bowel movement	<b>GI</b>	gastrointestinal
<b>BP</b>	Blood pressure	<b>H (hr)</b>	hour
<b>BRP</b>	Bathroom privileges	<b>H<sub>2</sub>O</b>	water
<b>c</b>	with	<b>HS (hs)</b>	Hour of sleep
<b>C</b>	centigrade	<b>ht</b>	height
<b>CA</b>	cancer	<b>I&amp;O</b>	Intake and output
<b>cath</b>	catheter	<b>in.</b>	inch
<b>CBC</b>	Complete blood count	<b>IV</b>	intravenous
<b>CBR</b>	Complete bed rest	<b>lab</b>	laboratory
<b>cc</b>	Cubic centimeter	<b>liq</b>	liquid
<b>c/o</b>	Complains of	<b>LLQ</b>	Left lower quadrant
<b>CO<sub>2</sub></b>	Carbon dioxide	<b>LPN</b>	Licensed practical nurse
<b>CPR</b>	Cardiopulmonary resuscitation	<b>LUQ</b>	Left upper quadrant
<b>dc (d/c)</b>	discontinue	<b>LVN</b>	Licensed vocational nurse
<b>DOA</b>	Dead on arrival	<b>meds</b>	medications
<b>DON</b>	Director of nursing	<b>min</b>	minute
<b>drsg</b>	dressing	<b>mL</b>	milliliter

<b>neg</b>	negative	<b>qh</b>	Every hour
<b>NPO (npo)</b>	Nothing by mouth	<b>Q2h, q3h, etc.</b>	Every 2 hours, every 3 hours, and so on
<b>O2</b>	oxygen	<b>qhs</b>	Every night at bedtime
<b>OB</b>	obstetrics	<b>qid</b>	Four times a day
<b>OR</b>	Operating room	<b>qod</b>	Every other day
<b>OT</b>	Occupational therapy	<b>R</b>	Rectal temperature; respiration; right
<b>Oz (Oz)</b>	ounce	<b>RBC</b>	Red blood cell; red blood count
<b>pc</b>	After meals	<b>RLQ</b>	Right lower quadrant
<b>peds</b>	pediatrics	<b>RN</b>	Registered nurse
<b>per</b>	By, through	<b>ROM</b>	Range of motion
<b>P.M. (p.m.)</b>	After noon	<b>RPN</b>	Registered practical nurse
<b>Po (per os)</b>	By mouth	<b>RUQ</b>	Right upper quadrant
<b>Postop (post op)</b>	postoperative	<b>s</b>	without
<b>Preop (pre op)</b>	preoperative	<b>SOB</b>	Shortness of breath
<b>prep</b>	preparation	<b>Spec (spec)</b>	specimen
<b>prn</b>	When necessary	<b>SSE</b>	Soap suds enema
<b>Pt (pt)</b>	patient	<b>stat</b>	At once, immediately
<b>PT</b>	physiotherapy	<b>tbsp</b>	tablespoon
<b>qd</b>	Every day	<b>tid</b>	Three times a day
		<b>TLC</b>	tender loving care
		<b>TPR</b>	Temperature, pulse and respiration
		<b>tsp</b>	teaspoon
		<b>U/a (U/A, u/a)</b>	urinalysis
		<b>VS (vs)</b>	Vital signs
		<b>WBC</b>	White blood cell; white blood count
		<b>w/c</b>	wheelchair
		<b>wt</b>	weight

# Medical Terminologies

## A. Abdominal Regions

- *Right upper quadrant – RUQ*
- *Left upper quadrant – LUQ*
- *Right lower quadrant – RLQ*
- *Left lower quadrant – LLQ*

## B. Directional Terms

- *Anterior (ventral)* – located at or toward the front of the body or body part
- *Distal* – the part farthest from the center or point of attachment
- *Lateral* – farthest away from the midline of the body
- *Medial* – closest to the midline of the body
- *Posterior (dorsal)* – back surface of the body
- *Proximal* – nearest to the trunk of the body or point of origin

## Other Important Terminologies

- **Acute Illness**: an illness or disability that appears suddenly and lasts for a short period, usually less than 3 months but the symptoms can be severe.
- **Chronic Illness**: an ongoing illness or disability, slow or gradual in onset, that may or may not grow worse overtime. Because chronic illness may not be cured, the focus of care is on preventing complications of the illness. Also known as persistent illness.
- **Terminal Illness**: is a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a short period of time. This term is more commonly used for progressive diseases such as cancer.
- **Case Management**: is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.



- **Healthcare Team**: involves a team of different healthcare professionals — doctors, nurses, pharmacists, dietitians, social workers and others, that work together towards health and wellness goal.
- **Hospice Care**: a portion of palliative care that provides home, residential, or inpatient care to a client who has a terminal diagnosis and is no longer seeking life-prolonging or curative care.
- **Patient-focused Care**: also known as “patient-centered care”. Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.
- **Holistic Care**: a concept of providing care that considers the person as a whole being; giving care that considers the client/patient’s physical, emotional, social, cognitive, and spiritual dimensions.