

# Home Health Aide Training

## Module 6. Introduction to Home Care

### Goals

The goals of this module are to:

- Provide an overview on home care and why it is important.
- Introduce participants to the care plan and the important functions of “observe, record, and report.”
- Provide participants with an overview of qualities of home health aides.
- Help participants begin to develop an awareness of, and respect for, the range of diversity in the clients with whom they will work—including, but not limited to race, national origin, spiritual/religious beliefs, sexual orientation, and age.

### Time

2 hours and 30 minutes

Activities	Teaching Methods	Time
1. Introduction to Home Care	Small-group work, large-group discussion, and interactive presentation	1 hour
2. Qualities of a Home Health Aide	Interactive presentation and video (optional) and large-group discussion	1 hour
3. Diversity	Brainstorming and interactive presentation	30 minutes

## Module 6. Introduction to Home Care

### Supplies

- Flip chart, markers, and tape
- Paper and pencils
- VCR or DVD player and TV monitor; *Heart Work*<sup>1</sup> video or DVD

### Learner's Book

1. Understanding Home Care
2. Understanding Consumer-Directed Care (*optional*)
3. How to Read a Care Plan
4. Observe, Record, and Report
5. What Makes a Good Home Health Aide?
6. Diversity
7. Exploring Assumptions
8. Showing Respect

### Handouts

- Handout 1. Key Terms
- Handout 2. Summary of Key Information

### Advance Preparation

Review all the training instructions and learner's materials for this module. Note that icons are used to remind the trainer of the following:



When you are *presenting* or covering Key Content *in the discussion*. (Key Content is also addressed in the Learner's Book and the handouts, but we use the "key" icon only when it is covered elsewhere in the learning process.)



When it is important to ask a particular question to get participants' input.

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<sup>1</sup> *Heart Work* was produced by PHI in collaboration with Home Care Associates in Philadelphia, 2001. It can be ordered at [http://phinational.org/wp-content/uploads/2010/08/Heartwork\\_OrderForm.pdf](http://phinational.org/wp-content/uploads/2010/08/Heartwork_OrderForm.pdf) for \$149 plus shipping and handling.

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When it is time to refer to the Learner's Book.



When it is time to distribute and discuss a handout.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

Please note that the Key Content is meant to be background information for the trainer. **DO NOT READ OUT LOUD TO PARTICIPANTS.**

### **Activity 1. Introduction to Home Care**

Prepare the following flip chart pages:

- “Home Care: Share What You Already Know” (Step 1)
- “Observe, Record, and Report” (Step 10)

### **Activity 2. Qualities of a Home Health Aide**

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

If you will use the video, preview the *Heart Work* video to identify key issues and/or scenes to reference in the discussion. Also, determine if you want to use the entire video (42 minutes) or parts of it. For this activity, the parts of the video that focus on the work and the relationship with the client are most relevant (see below).

Participants may want to see the rest of the video, which could be available for viewing during lunch.

If you do not show the whole video, you should introduce it by explaining that this video shows the development and performance of an original theatre piece, created and performed by home health aides and certified nurse aides from the Philadelphia area. The purpose was to tell, in their own words, what it is like to be a home health aide.

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The following segments are recommended for this activity:

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

### **Activity 3. Diversity**

Prepare a flip chart page for “Examples of Diversity in Home Care” (Step 2).

Be prepared to share an example from your own life where you made an assumption about a person that was incorrect—and that you had to overcome in order to work together.

# Activity 1. Introduction to Home Care

1 hour

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## Learning Outcomes

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

*Describe how home care differs from some of the other work settings for long-term care.*

*Define consumer-directed care.*

*Describe the needs of clients in home care.*

*Explain the purpose of the service or care plan.*

*Explain the role of the home health aide to observe, record, and report changes in the client's condition, environment, and relationships.*



## Key Content

- Clients of long-term care services are found in several settings—in their own homes (home care), in nursing homes, in personal care homes and assisted living centers, and in adult day facilities. In all those settings, the direct-care worker is hired and supervised by an agency or facility. A different model of service delivery is consumer direction, in which the client does the hiring and supervision. This could happen in the client's home or in an assisted living facility.
- Although the principles of caregiving are virtually the same in all settings, home care has some elements that are unique from the others. This training will prepare participants to provide services in the home care setting. If they eventually work in other settings, they should be oriented to the unique features of those settings.

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- Care plans are vital in the job of a home health aide providing home care. The care plan is a document that specifically explains what the home health aide is expected to do to assist the client. The care plan is sometimes the only basis for regular communication between a supervisor and a home health aide.
- Since the home health aide usually spends more time with the client than any other member of the care team, he or she is the “eyes and ears” of the care team. One of the home health aide’s most important responsibilities is to carefully observe any changes in the client’s condition or environment, write down their observations in clear and objective language (“record”), and pass that information on to the appropriate person (“report”). Recording and reporting may be different in different work settings, but the principles and the skills of observation are the same.

### Activity Steps

#### Small-Group Work—15 minutes

1. **Set up small groups and give instructions.** Put participants in groups of three or four. Post the prepared flip chart page with group instructions. Explain that they will discuss the following questions and be prepared to share their thoughts with the rest of the group. There are no correct answers to these questions! This activity is just about seeing what they already know about home care. Recommend that someone volunteer to take notes on their answers—provide paper if needed. Explain that they will work in their groups for about 10 minutes. Answer any questions they have.

#### *Flip Chart*

<p style="text-align: center;"><b><u>HOME CARE:</u></b> <b><u>Share what you already know</u></b></p> <ol style="list-style-type: none"><li>1. Who are the clients for home care? What type of care is provided?</li><li>2. Do you know anyone who has done this work? What was that like?</li><li>3. Do you know anyone who has received home care? What was that like?</li><li>4. What else would you like to know about working as a home health aide?</li></ol>
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### **Teaching Tips**

The ideal number of groups is four, but you don't want more than four participants per group.

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

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

### **Teaching Tips**

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

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

### **Large-Group Discussion—30 minutes**

- 3. Facilitate reporting back to the large group.** Ask one group to briefly share their responses to the first question. After a couple of minutes, thank the group for sharing; then ask if there were different ideas in any other group. Allow another couple of minutes for discussion on the first question.

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### Teaching Tip

Participants are usually reluctant to speak at length in the early stages of the training. At the same time, you may find that the stories about someone they know who was a client or a worker can get quite lengthy! To keep on time, the discussion on each question should not be more than 5 minutes total.

- 4. Continue with the rest of the questions.** Ask another small group to share their responses to the second question; then ask if others had different ideas to share. Repeat the process for the third and fourth questions. Thank the groups for their efforts.



- 5. Give information about consumer-directed care.** Refer to **1. Understanding Home Care** and **2. Understanding Consumer-Directed Care** in the Learner’s Book. Note how the information fits with what they already know—or how it is different. Answer their questions about the work setting through the discussion of **1** and **2**, or provide additional information, if available. If their questions cannot be answered at this time, write them on a flip chart page called “Parking Lot,” to be answered during the course of the training.

### Teaching Tip

If your trainees will not be providing consumer-directed care, it is not necessary to refer to **2** in the Learner’s Book.

### Interactive Presentation—15 minutes

- 6. Review definition of ADLs.** Remind participants about the “activities of daily living” (ADLs) introduced earlier, and ask them to name all five. Note that each client has his or her own unique needs in terms of which ADLs he or she needs assistance with and what kind of assistance. In order to let home health aides know what they are expected to do—and, equally important, NOT do—all the work settings use some version of a service or care plan.



- 7. Refer to 3. How to Read a Care Plan** in the Learner’s Book. Explain that the care plan—sometimes called a service plan—is a form of communication from the agency to the home health aide, and that it assigns the tasks that the home health aide is expected to do. The care plan is initially created by a medical professional, who is responsible for managing the care for each client. The care plan does not get changed or written on by the home health aide. It is the first thing a home health aide should



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check when starting to work with a new client, to find out what specific tasks he or she needs to do with the client.

8. **Give additional information.** Note that care plans may look different for different home care agencies, but the information will be basically the same. In the later modules, participants will use care plans that have been filled out for the profiled client and will see how the care plan is an essential tool in guiding their work.
9. **Make the connection with “observe, record, and report.”** Explain that, in the module on Key Concepts of Home Care, participants will learn about some of the other staff who work with home care clients as part of a team. It is important to note now that *the home health aide usually spends more time with the client than any other member of the care team.* Thus, he or she is the “eyes and ears” of the care team. Home health aides are trained to identify and report potential problems so that the client can get medical attention or other assistance, if needed.
10. **Post and review the prepared flip chart, “Observe, Record, and Report.”** Explain that one of the home health aide’s most important responsibilities is to carefully observe any changes in the client’s condition or environment. Ask participants to give examples of what kinds of changes they might observe.

### *Flip Chart*

<p style="text-align: center;"><b><u>OBSERVE, RECORD, AND REPORT</u></b></p> <p><b>OBSERVE (with all your senses):</b></p> <ul style="list-style-type: none"><li>• Changes in client’s condition, environment, or relationships</li></ul> <p><b>RECORD:</b></p> <ul style="list-style-type: none"><li>• Use clear, objective language</li><li>• Use format provided by agency</li></ul> <p><b>REPORT:</b></p> <ul style="list-style-type: none"><li>• To appropriate person for each work setting</li></ul>
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11.  Refer to 4. **Observe, Record, and Report** in the Learner’s Book. Note that participants will learn more about what to observe and how to record and report throughout this training.

### **Teaching Tip**

On 4, the answer for “Practice being ‘objective’” is “d.”

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### Activity 2. Qualities of a Home Health Aide

1 hour

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#### Learning Outcomes

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

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

*Explain the importance of attitudes of caring and respect—for clients and for one’s self—in order to be an effective home health aide.*

*List some of the knowledge, attitudes, and skills (at least two from each category) that are needed to be a competent home health aide.*



#### Key Content

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


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### Activity Steps

#### Teaching Option

If you are not going to use the video, Steps 1–4 can be replaced by: 1) a large-group discussion on the importance of the relationship between the client and the home health aide; 2) small-group work, listing knowledge, attitudes, and skills that participants think would be needed for this work; and 3) group presentations. Then proceed to Step 5, with the large-group discussion of **5. What Makes a Good Home Health Aide?** in the Learner’s Book

#### Interactive Presentation—5 minutes

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

#### Video—30 minutes


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


#### Teaching Tip

This video is actually 42 minutes long. See Advance Preparation for ideas about how to select the most important scenes for a 30-minute presentation.

#### Large-Group Discussion—25 minutes

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


 *Which of the workers’ stories felt familiar to you?*

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


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


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4. **Facilitate a discussion about knowledge, attitude, and skills of a home health aide.** Note that being a good home health aide requires a blend of knowledge, attitudes, and skills. Ask participants:

 *What do you think a home health aide needs to **know**, based on what you saw in the video and your own previous experience?*


After a few responses, go on to the following questions:

 *What **skills** do home health aides need, or what do they have to be able to do in their work?*

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

### **Teaching Tip**

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

5.  **Summarize knowledge, attitudes, and skills addressed in this training.**  
Thank participants for their responses. Then refer to **5. What Makes a Good Home Health Aide?** in the Learner’s Book. Briefly review the list of knowledge, attitudes, and skills in this training. Note that the list may look long and challenging, but they will work on each one in small pieces, building on what they learn from one day to the next.

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### Activity 3. Diversity

**30 minutes**

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#### Learning Outcomes

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

*Define diversity.*

*Discuss how elements of diversity affect caregiving.*

*Define assumptions and stereotypes.*

*Describe the possible negative impact of making assumptions in their work with clients.*

*Explain how to use their awareness of their own assumptions to begin building a respectful relationship with their client.*

*Describe at least three ways to show respect for a client.*



#### Key Content

- Diversity means the differences between individuals in any group. Diversity is important for home health aides to consider because they are very likely to work with many people who are different from them.
- Diversity can affect areas of caregiving such as: verbal and nonverbal communication, health-related beliefs, food choices, housekeeping preferences, family relations, and systems of support.
- Assumptions are guesses that we make about a person. All people make assumptions. This is a natural part of getting to know someone. Key factors in our assumptions are stereotypes about age, sex, race, culture, socio-economic status, sexual orientation, or appearance. Many times such assumptions are wrong!


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- Home health aides cannot afford to act on any assumptions that they may have about clients. There is usually a deeper story than what is revealed in the care plan or even in the first visit. The first step is to become aware of their assumptions. The second step is to explore the assumptions by asking the client to tell his or her story.
- Everyone has had experiences with people making assumptions about them based on how they look or how they talk or where they come from. However, each participant has a unique life story, as do the clients. Valuing the uniqueness of each individual will provide a foundation for a caring relationship between the home health aide and the client. Encouraging a client to tell his or her story, and really listening, can help to start building a relationship based on who the client really is, rather than on assumptions and stereotypes.
- Key strategies for showing respect for clients include:
  - Be curious and learn about a client’s culture.
  - Remember that each individual is unique, even within the same culture.
  - If you’re confused about what the client is saying, ask for clarity.
  - Think about what you say, before you say it.
  - Keep an open mind!

### Activity Steps

#### **Brainstorming—15 minutes**

1. **Explore understanding of diversity.** Explain that “diversity” is an important concept to understand for their work. Ask:

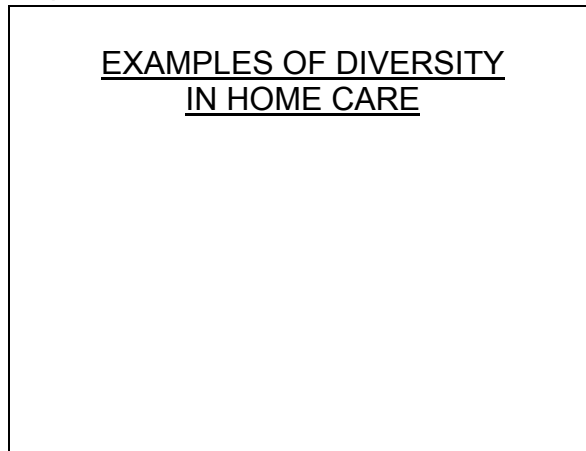
 *What does “diversity” mean to you?*

 *Why do you think it would be important in home care?*

2. **Define diversity.** Explain that “diversity” means the differences between individuals in any group. Post the prepared flip chart page, “Examples of Diversity in Home Care.” Ask participants to brainstorm all the ways that clients may be different from home health aides. List their ideas on the flip chart page.

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*Flip Chart*



### **Teaching Tip**

Examples that you are looking for include: race, nation of origin, age, language spoken, religion, sexual orientation, height and weight, food preferences (vegetarian or not), physical and developmental abilities or disabilities.

- 3. Explore impact on home care.** Select a couple of examples from the list. Ask participants:


 *How could this difference affect your work with a client?*

### **Teaching Tip**

Diversity can affect areas of caregiving such as: verbal and nonverbal communication, health-related beliefs, food choices, housekeeping preferences, family relations, and systems of support.

-  **4. Summarize the importance and impact of diversity.** Review **6. Diversity** in the Learner's Book.

### **Interactive Presentation—15 minutes**

-  **5. Explore the importance of being aware of assumptions about people who are different from ourselves.** Review **7. Exploring Assumptions** in the Learner's





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Book. Note the importance of using the communication skills that they worked on in the pre-training session to encourage a client to share his or her story. Briefly share an example from your own life where you made an assumption about a person that was incorrect—and that you had to overcome in order to work together.

### **Teaching Tips**

This is an introduction to a big topic and is less about teaching content and more about starting a process of self-awareness which they will keep working on throughout the training.

6.  **Summarize the lessons of this activity.** Note that working in such a diverse world requires being respectful of each other's culture, values, and beliefs. Valuing the uniqueness of each individual and showing respect for differences will provide a foundation for a caring relationship between the home health aide and the client. Review **8. Showing Respect** in the Learner's Book. Note how these are practical tools for respecting and valuing each person as an individual, which are the keys to overcoming assumptions and stereotypes and respecting differences.
  
7.  **Summarize the module.** Distribute and briefly review **Handout 1. Key Terms** and **Handout 2. Summary of Key Information**. Answer any questions.

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**Activity 1. Introduction to Home Care**

- 1. Understanding Home Care**
- 2. Understanding Consumer-Directed Care**
- 3. How to Read a Care Plan**
- 4. Observe, Record, and Report**

**Activity 2. Qualities of a Home Health Aide**

- 5. What Makes a Good Home Health Aide?**

**Activity 3. Diversity**

- 6. Diversity**
- 7. Exploring Assumptions**
- 8. Showing Respect**

# Module 6. Introduction to Home Care

## 1. Understanding Home Care

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### **What is home care?**

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

### **What are the workers called?**

Workers in home care are called home health aides (HHA); home attendants or home care workers; personal care aides, attendants, or assistants (PCA); or direct support professionals.

### **Who are the clients of home care?**

- People who are elderly and needing assistance
- People who are sick or disabled for the rest of their lives
- People who are sick or hurt and are recovering at home
- People who are dying and want to remain at home

### **Why is home care becoming more important and more in demand?**

- There is a growing number of elders and disabled people in the U.S. and they want to stay in their homes.
- Hospitals are releasing patients sooner than they used to.
- In general, family and friends cannot give these people all the care they need.

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### 1. Understanding Home Care

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#### **What types of care do home health aides give in the home?**

Home health aides may give:

- Comfort and companionship
- Assistance with activities of daily living
- Assistance with cooking, cleaning, laundry, shopping, and getting to appointments
- Specific health-related tasks (as assigned in the care plan)

#### **What are the hours for home health aides in the home?**

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

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### 2. Understanding Consumer-Directed Care

#### **What is consumer-directed care?**

In consumer-directed care, the client is called a “consumer.” He or she lives at home (or in an assisted living facility) and is in charge of his or her own care. The consumer hires and supervises the home health aide either independently or through a support organization such as a Center for Independent Living (CIL).

#### **Who are the consumers in consumer-directed care?**

The consumers usually:

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

#### **What types of support do home health aides give in consumer-directed care?**

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

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

#### **What are the hours for home health aides in consumer-directed care?**

The hours depend on the consumer.

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### 3. How to Read a Care Plan

The care plan (or service plan) describes all the tasks that a home health aide is expected to do with the client. **If a task is NOT on the care plan, the worker is not supposed to do it.**

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

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

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

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

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### 4. Observe, Record, and Report

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Home health aides spend more time with clients than any other health care worker. That makes them the “eyes and ears” of the care team. Things that the home health aide notices about a client will let the nurse (or doctor) know if the care plan should be updated. This could improve—or even save—the client’s life!

Home health aides should keep notes of when they do the tasks that are listed on the care plan. They also should note what they observe while doing those tasks and while spending time with the client.

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

#### **What should I observe?**

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

#### **Changes in the client’s condition—look for:**

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

#### **Changes in the client’s environment—look for:**

- Potential safety hazards
- Health hazards

#### **Changes in relationships with family and friends—look for:**

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

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### 4. Observe, Record, and Report

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#### **How do I “record” it?**

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

#### **What should I write?**

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

- Write what you see, hear, smell, or feel by touch
- Write what the client does and what you do
- Put a date on all of your observations
- Sign your name

#### **Practice being “objective.”**

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

- a) Mrs. Hernandez’s condition is getting worse.
- b) Mrs. Hernandez does not like me.
- c) Mrs. Hernandez was cranky today.
- d) Mrs. Hernandez yelled at me, and said, “Don’t ever come here again!”

#### **Who do I “report” my observations to?**

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



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### 5. What Makes a Good Home Health Aide?

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A good home health aide has the knowledge, attitudes, and skills to assist clients. Here are some examples.

#### **Knowledge**

##### **A good home health aide knows about:**

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

##### **A good home health aide knows how to:**

- Assist different kinds of clients
- Do all the tasks of his or her job well
- Keep germs from spreading

#### **Attitudes**

##### **A good home health aide:**

- Cares about clients
- Feels empathy for clients (can relate to what they're going through)
- Respects clients who are different from him or her
- Is patient with clients
- Takes pride in his or her work

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### 5. What Makes a Good Home Health Aide?

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#### **Attitudes (continued)**

##### **A good home health aide:**

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

#### **Skills**

##### **A good home health aide can assist clients to:**

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

##### **A good home health aide can:**

- Be gentle
- Cook, clean, and shop
- Listen and talk effectively with the client
- Help the client to solve problems

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### 6. Diversity

In every group of people, there are things that are similar and things that are different about each person. These things may be due to race, class, or the languages the person speaks. They may be due to age or sexual orientation. They may be due to a person's religion or culture. They may even be due to a person's abilities. Some of these things are easy to see; others are not.

The different things, or differences, are called **diversity**. Diversity is very important to talk about if you work as a home health aide. As a home health aide, you will work with many people, both clients and co-workers. Some of them will be different from you in some ways. Some of them will only *seem* to be different from you, but really will be the same in many ways.

Diversity can affect the care you provide to a client. These are things that could be affected by diversity:

- Communication (both words and body language)
- Beliefs about health and medications
- Food choices
- Housekeeping choices
- Family relations
- Friends and family networks

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### 7. Exploring Assumptions

**Assumptions** are guesses that we make about a person. They are the things we believe to be true, without knowing for sure.

Many of our assumptions are based on **stereotypes**. Stereotypes are how we expect a person to be or to act just because they are part of a certain group. People often base stereotypes on age, race, or culture.

Example: “Women cry more than men” is a stereotype. Some women *do* cry more than some men. But that doesn’t mean that ALL women cry more than ALL men.

We all make assumptions. This is a normal part of getting to know someone. But many times our assumptions are wrong! Working with wrong assumptions can cause problems or can be upsetting for the client.

Example: You may assume that a client who is Hispanic will always want to eat spicy food. But you won’t know that for sure unless you ask the client.

So the first step is to **become aware of your assumptions**. The second step is to **check your assumptions** by asking the client to say what he or she wants and likes. Ask the client to tell his or her story.

Assumptions and stereotypes can stop you from really knowing your co-workers, too. However, if you are *aware* of your assumptions, you can ask questions to check if they are wrong or right. This can help you to build stronger relationships. This will also help you work better with your team.

The most important thing is to **respect and value each person for who they are**. This will help you to create caring and respectful relationships between you and your clients or co-workers.

## Module 6. Introduction to Home Care

### 8. Showing Respect

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People like to be treated with respect. Read how these workers show respect for the people they care for.

**Rashan’s tip—Learn about a client’s culture.**

“I try to find out about my client’s culture. Mrs. Levy is Jewish and keeps kosher. She told me that pork isn’t allowed in a kosher diet. So I make sure there isn’t any ham or bacon when I fix her breakfast.”

**Kiki’s tip—Remember that the individual is unique.**

“It’s great to think about culture. But it’s also important to think about the person. People assume things about me because I’m Latina. Yes, I am Latina—but I’m also me.”

**Malek’s tip—If you’re confused, ask.**

“I got this job soon after coming to the United States. Everything seemed so strange—the language, the customs. I was very confused. Still, I didn’t want to offend anyone or sound dumb. So I would pretend I understood everything. I made a lot of silly mistakes from doing that! Now I know it’s OK to ask.”

**Vincent’s tip—Think about what you say, before you say it.**

“When I was growing up, my family used to make fun of some groups of people. Even now my friends often tell jokes like that. Once I started working here, I found out it’s not OK to do that. It’s also not fair. People are much more than the color of their skin or what language they speak.”

## Module 6. Introduction to Home Care

### 8. Showing Respect

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#### **Mirena's tip—Keep an open mind.**

“I used to think people who looked or acted differently from me were just wrong. But I changed after I started working here. I've met so many nice people from many different backgrounds. And you know what? Those differences are what make them interesting.”

#### **Review—Showing Respect:**

1. Learn about a client's culture.
2. Remember that the individual is unique.
3. If you're confused, ask.
4. Think about what you say, before you say it.
5. Keep an open mind.

# Module 6. Introduction to Home Care

## Handout 1. Key Terms

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### **Assumptions [7]**

Guesses that we make about a person—things we believe to be true, but we don't know for sure. Many of our assumptions are based on **stereotypes**. Stereotypes are things we expect a person to think or do because they are part of a particular group.

### **Attitudes [5]**

Attitudes are the personal and emotional qualities that a home health aide brings to his or her work. Attitudes are shown in the way the HHA acts toward the client, co-workers, and supervisors, and the pride he or she takes in doing a good job.

### **Care plan [3]**

The care plan (or service plan) describes all the tasks that a home health aide is expected to do with the client.

### **Client [1]**

A client is a person who is assisted by the home health aide. These are mostly older people and other adults who have trouble doing daily tasks.

### **Consumer-directed care [2]**

In consumer-directed care, the client is called a “consumer.” He or she lives at home (or in an assisted living facility) and is in charge of his or her own care. The consumer often hires and supervises the home health aide.

### **Culture [6, 7, 8]**

The traditions and beliefs that are passed on through your family, your community, and your heritage. But each person is unique—even within their culture.

### **Diversity [6]**

The differences that you find in any group of people. Some of these differences are about race, language, age, sexual orientation, religion, culture, and abilities.

# Module 6. Introduction to Home Care

## Handout 1. Key Terms

Page 2 of 2

### **Home care [1]**

Home care means taking care of people in their homes.

### **Home Health Aide (HHA) [1]**

A home health aide is a direct-care worker who assists **clients** in their homes.

Other types of workers in home care are home attendants, home care attendants, personal care attendants, personal care assistants, or direct support professionals.

### **Knowledge [5]**

Knowledge describes the information and processes that a HHA needs to understand in order to assist clients.

### **Observe, Record, and Report (ORR) [4]**

When working with a client, a HHA can notice changes in the client's condition (observe). Sometimes these changes need to be written down (record) and/or shared with a supervisor, care coordinator, or nurse (report). In some cases, the HHA also needs to record when a task is completed with the client.

### **Respect [7, 8]**

Respect means having and showing positive feelings or esteem for a person.

### **Skills [5]**

Skills refer to being able to *do* certain tasks well. In home care, that means being able to help the client do ADLs gently, effectively, and without either the client or the HHA getting hurt. Skills also refer to communicating and helping with problem-solving.



## Module 6. Introduction to Home Care

### Handout 2. Summary of Key Information

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- Home health aides (HHAs) are direct-care workers who provide home care services to clients.
- A client is a person who is assisted by the home health aide. These are mostly older people and other adults who have trouble doing daily tasks.
- Home Health Aides assist clients with activities of daily living (ADLs). ADLs include bathing, dressing, eating, toileting, and walking or getting around (ambulating). Sometimes HHAs assist with other activities, such as shopping, housekeeping, and getting to appointments.
- The key to good care is **respect**. Respect builds strong ties between the HHA and the client. When you treat each other with respect, both of you are happier.
- In home care, the HHA usually works for a home care agency and is assigned by the agency to work with one or more clients.
- In consumer-directed care, the client (or “consumer”) is in charge of his or her own care. They may hire and supervise the HHA themselves or through a support organization for consumers.
- The care plan (or service plan) describes all the tasks that a home health aide is expected to do with the client. If a task is NOT on the care plan, the HHA is not supposed to do it. The care plan also explains when and how often a task should be done and any special instructions needed.
- Home health aides are the “eyes and ears” of the care team. Things that HHAs notice about their clients could improve—or even save—their lives! During this training, HHAs will report about changes in the client’s condition that need to be documented and reported to a supervisor, care coordinator, or nurse. This important part of the worker’s job is called “Observe, Record, and Report”—ORR, for short.
- This training will help you to learn the specific knowledge, attitudes, and skills you need to be a home health aide.

## Module 6. Introduction to Home Care

### Handout 2. Summary of Key Information

Page 2 of 2

- It is important to be comfortable with diversity because in your job you will work with many different types of people. Diversity can affect the care you provide to a client. All of the following things can be affected by diversity:
  - Communication (both words and body language)
  - Beliefs about health
  - Food choices
  - Housekeeping choices
  - Family relations
  - Support
  
- We all make assumptions. This is a natural part of getting to know someone. But when we are helping clients, we need to be aware of our assumptions and always ask the client how they want to be helped. Respecting and valuing each person as an individual will help to overcome assumptions and stereotypes.
  
- People like to be treated with **respect**. You show respect to a client when you:
  - Learn about a client's culture.
  - Remember that the individual is unique.
  - If you're confused about what the client means, ask.
  - Think about what you say, before you say it.
  - Keep an open mind.