



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

# State-approved Curriculum Nurse Aide I Training Program

## MODULE Q Person-Centered Care

### Teaching Guide 2024 Version 1.1



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
North Carolina Education and Credentialing Section

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## Module Q – Person-Centered Care Teaching Guide

### Objectives

1. Embracing Diversity, Equity, and Inclusion
2. Define Person-Centered Care
3. Identify person-centered care practices by healthcare systems and healthcare professionals.
4. Discuss Diversity, Equity, and Inclusion practices

### Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer
- Establish internet connection

### Supplies

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

### Handouts- Optional

### Instructional Resources/Guest Speakers- Optional

### Advance Preparation – Teaching Tips

**#Q5 Building Relationships Discussion:** Ask the students and encourage responses to the following question: How do we enhance our ability to build relationships while still getting all the tasks done?

**#Q7 Building Relationships Discussion:** Ask the student and encourage responses to the following question. How do we enhance our ability to build relationships while still getting all the tasks done?

**#Q10 Being a Home:** Ask students, “Do you agree that strong relationships are key to a nursing home being a home?” How do we enhance our ability to build relationships while still getting all the tasks done?

**#Q12 Discussion:** Ask students and encourage responses to the questions: How have the activities changed your thinking about the individuals that a nursing home 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?

### Advance Preparation – Activities

- **#Q7 Ideal Caregiver:** Divide students into groups of 3 to 4 students. Create a worksheet entitled, “My Ideal Caregiver” or have each student write “My Ideal Caregiver” at the top of a blank sheet of paper.
- **#Q10 What Really Matters:** Read the activity carefully because it includes several components.

- **#Q12 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**

**Equity** – making sure individuals have the same available resources and opportunities to make contributions to society despite barriers that may exist

**Diversity** – individuality defined by sexual orientation, spirituality and nationality

**Inclusion** – Purposeful intent to make certain each person of various cultures and ethnic backgrounds are embraced and respected within a community

**Person-Centered Care** – a method to provide care by recognizing the value of a person and self-worth

<b>Module Q – Person-centered Care</b>	
<p><b>(S-1) Title Slide</b></p> <p><b>(S-2) Objectives</b></p> <ol style="list-style-type: none"> <li>1. Embracing Diversity, Equity, and Inclusion</li> <li>2. Define Person-Centered Care</li> <li>3. Identify person-centered care practices by healthcare systems and healthcare professionals.</li> <li>4. Discuss Diversity, Equity, and Inclusion practices</li> </ol>	
	<b>Notes</b>
<p><b>(S-3) Diversity, Equity, and Inclusion (DEI)</b></p> <ul style="list-style-type: none"> <li>• Refer to definition list Diversity, Equity, and Inclusion</li> <li>• The principles of diversity, equity and inclusion can and should <ul style="list-style-type: none"> <li>— Be integrated in the healthcare setting to create an environment that is person-centered</li> <li>— Provide an equal opportunity for residents to achieve their best outcome</li> <li>— Advance healthcare organizations to improve their performance</li> </ul> </li> </ul>	
<p><b>(S-4) Person-Centered Care (1)</b></p> <p>Center for Medicare and Medicaid Services (CMS) defines Person-centered care as medical treatment:</p> <ul style="list-style-type: none"> <li>• Directed and informed by resident’s wishes, choices and personal values</li> <li>• Delivering measurable outcomes based on resident feedback</li> <li>• Involving interdisciplinary care</li> <li>• Managing multiple medical conditions</li> <li>• Developing trusting relationships between resident and care providers</li> </ul>	
<p><b>(S-5) Person-Centered Care (2)</b></p> <ul style="list-style-type: none"> <li>• Person-centered care is a method to provide care by recognizing the value of a person and self-worth <ul style="list-style-type: none"> <li>– Reduces the risk of neglect and abuse</li> <li>– Supports residents to be informed and involved in their own healthcare</li> <li>– Allows the resident to gain confidence by receiving supportive care</li> <li>– Builds mutual respect between resident and healthcare team</li> <li>– Emotional and social needs are met thereby improving quality of life</li> <li>– Improves residents’ independence</li> </ul> </li> </ul>	
<p><b>ACTIVITY #Q5: Ideal Caregiver (Individual)</b></p> <p>Refer to the instructor guide. Use the activity sheet for guidance.</p>	

<b>Module Q – Person-centered Care</b>	
<p><b>TEACHING TIP #Q5: Building Relationships Discussion</b> Ask the students and encourage responses to the following question:</p> <ul style="list-style-type: none"> <li>• How do we enhance our ability to build relationships while still getting all the tasks done?</li> </ul>	
<p><b>(S-6) Person-Centered Goals (1)</b></p> <ul style="list-style-type: none"> <li>• To help the resident meet needs for attachment, inclusion, sense of well-being, and comfort</li> <li>• To support an individual as a member of a community</li> <li>• To honor the importance of keeping the resident at the center of the care planning and decision-making process</li> </ul>	
<p><b>(S-7) Person-Centered Goals (2)</b></p> <ul style="list-style-type: none"> <li>• To see the resident as a unique individual</li> <li>• To respect skills and abilities</li> <li>• To support the resident to be successful and maintain independence</li> </ul>	
<p><b>ACTIVITY #Q7: Ideal Caregiver (Individual)</b> Use the activity sheet for guidance.</p>	
<p><b>TEACHING TIP #Q7: Building Relationships Discussion</b> Ask the students and encourage responses to the following question:</p> <ul style="list-style-type: none"> <li>• How do we enhance our ability to build relationships while still getting all the tasks done?</li> </ul>	
<p><b>(S-8) Person-Centered Care in Practice</b></p> <ul style="list-style-type: none"> <li>• What does person-centered care mean for residents? <ul style="list-style-type: none"> <li>— Person-centered care allows residents to make decisions about their treatment and well-being</li> </ul> </li> <li>• What does person-centered care mean for health care providers? <ul style="list-style-type: none"> <li>— Person-centered care means doctors and other health care providers work collaboratively with residents and other health care providers to do what is best for the residents' health and well-being</li> <li>— Person-centered care offers health care providers the necessary supports like access to residents' health data to understand their resident's comprehensive needs</li> <li>— Health care providers trained in person centered care are better prepared to develop care plans that include empathy, dignity and respect with residents, their families, and other caregivers</li> </ul> </li> </ul>	
<p><b>(S-9) Person-Centered Care in Long-Term Care</b></p> <ul style="list-style-type: none"> <li>• Federal regulations from CMS for long-term care address and support person-centered care</li> </ul>	

<b>Module Q – Person-centered Care</b>	
<ul style="list-style-type: none"> <li>Facilities are required to provide training that leads to person-centered care</li> </ul>	
<p><b>(S-10) Benefits of Person-Centered Care</b></p> <ul style="list-style-type: none"> <li>Where a resident lives is the resident’s home and can be made more homelike through person-centered care <ul style="list-style-type: none"> <li>The facility where a resident lives is their home</li> <li>Each environment should be made more like a home through person-centered care.</li> <li>The resident’s ability to make choices and state preferences promotes improves quality of life</li> <li>Staff should honor the resident’s personal hygiene practices, dining preferences and sleep routines</li> <li>Nurse aides should talk directly with the resident to get the most accurate information about preferences</li> </ul> </li> </ul>	
<p><b>TEACHING TIP #Q10: Being a Home</b></p> <p>Ask students:</p> <ul style="list-style-type: none"> <li>Do you agree that strong relationships are key to a nursing home being a home?</li> <li>How do we enhance our ability to build relationships while still getting all the tasks done?</li> </ul>	
<p><b>ACTIVITY #Q10: What Really Matters?</b></p> <p>Use the activity sheet for guidance.</p>	
<p><b>(S-11) Person-Centered Care – Nurse Aide Role</b></p> <ul style="list-style-type: none"> <li>Communicate the resident’s preferences and choices during shift change</li> <li>Develop caregiving behaviors when providing resident care and completing tasks</li> <li>Incorporate practices supporting diversity, equity, and inclusion</li> <li>Provide a home-like environment <ul style="list-style-type: none"> <li>Promote the resident’s continuity of care by sharing resident specific information regarding preferences and behaviors.</li> <li>Report a change in condition to ensure continuity and safety</li> <li>Support the resident’s independence as they are able and desire to be</li> <li>Encourage relationships the resident finds meaningful</li> <li>Prepare the resident for changes in their routine</li> </ul> </li> </ul>	
<p><b>(S-12) Person-Centered Care - Relationships (1)</b></p> <ul style="list-style-type: none"> <li>Relationships allow for a better understanding of ourselves, our co-workers, and our residents</li> <li>There are many definitions and principles of diversity, equity, and inclusion (DEI). The formation of DEI</li> </ul>	

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principles is not a one-size-fits-all approach. The implementation of the principles should reflect what works best within the organization and based on policies	
<b>ACTIVITY #Q12: Morning Routine</b> Refer to the instructor guide. Use the activity sheet for guidance.	
<b>TEACHING TIP #Q12: Discussion</b> <ul style="list-style-type: none"> <li>• Ask students and encourage responses to the questions:</li> <li>• How have the activities changed your thinking about the individuals that a nursing home cares for?</li> <li>• Think about the potential losses that residents may have experienced. Does it change your view about the residents?</li> <li>• 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?</li> <li>• Are you going to give care in a way that shows how much you value each person’s uniqueness and needs?</li> </ul>	
<b>(S-13) Person-Centered Care - Relationships (2)</b> <ul style="list-style-type: none"> <li>• Integrating diversity, equity, and inclusion principles into healthcare promotes collaboration, trust, and better health outcomes</li> <li>• An inclusive environment allows each resident to receive person-centered and equitable care</li> </ul>	
<b>(S-14) Person-Centered Care</b> In summary, person-centered care is a healthcare delivery model that focuses on the unique needs of each individual.	



## Activity #Q7 The Ideal Caregiver

**Step 1:** Ask students 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, hospital stays, 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. Nurse 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:** Divide students into groups of 3 to 4. Give each student a worksheet entitled, “My Ideal Caregiver.” (An alternative to a worksheet would be to have each student write “My Ideal Caregiver” at the top of a clean sheet of paper.) Instruct them to take two minutes to individually 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?

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

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. Writing the responses on a flipchart or dry erase board is a simple way to recognize each of the contributions of the students.

**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.

## **Activity #Q10**

### **What Really Matters**

**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 student's last card says family, spouse, faith, a pet, etc., they all represent relationships.

#### **Instructions:**

- **Step 1:** Distribute three index cards to each student. (If you do not have index cards, cut regular paper into a comparable 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 students have completed their cards, in a conversational way, inform them that you have some bad news: "You (the student) have fallen and broken a hip and must depend on someone in a facility or at home, to take care of you. Because of your injury, you are unable to manage all the things that are meaningful to you. It will not be possible for you to keep all three of the things you chose. Choose one of the cards and I will walk around the room and collect them."
- **Step 3:** Walk around the room collecting one card from each student. Shuffle the cards and read them aloud. Ask the students 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 must give up managing even more of the things that are meaningful to you. Students need to give up another card to you. Walk around the room collecting another card from each individual. Shuffle the cards and read them aloud. Again, ask the students 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 a 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 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 quite different. Their beliefs and faith stay with them, but often they must be practiced in diverse ways. If the resident 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 nursing home – not just the more significant ones, (spouse, etc.) but the many incidental relationships throughout their day – mail carrier, neighbor, bank teller, etc. Ask students to share types of incidental relationships that they might miss. It is important for us to understand the losses experienced by our residents and the deep need they have to belong.
  - Ask students: How can we help residents 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 residents as individuals, and care for them as individuals. Explain that creating a home-like environment and person-centered culture involves the valuing of each resident as an 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.

## Activity #Q12 Morning Routine (Group)

Goal: To personalize culture change by having students 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 students write down their own morning routine. Instruct students to take a clean sheet of paper and draw a line down the page about 2 inches from the left edge of the page creating two columns. Title the first column “Time,” and the other column “Tasks.” In the time column, write the time. In the task’s 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 (or school, etc.). Tell them they need not share anything about their sexual or bathroom practices.

Two possible ways to conduct this exercise:

<b>Paired Sharing</b>	<b>Group Sharing</b>
<p>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.</p> <p style="text-align: center;">↓</p> <p>Ask what insights come to them when they think about living someone else’s routine instead of their own.</p>	<p>Have people share their routines with each other in their small group and compare notes.</p> <p style="text-align: center;">↓</p> <p>Ask what insights come to them as they hear how we all have different patterns and routines.</p>

Instructions to students:

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 in their groups 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 individuals?
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 is 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.
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.