

# **CURRICULUM FOR HOME HEALTH AIDE TRAINING**

*Homecare Aide Workforce Initiative (HAWI)  
2015*



## About PHI

The Paraprofessional Healthcare Institute (PHI--[www.phinational.org](http://www.phinational.org)) works to transform eldercare and disability services. We foster dignity, respect, and independence—for all who receive care and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

Our nation's growing direct-care workforce now includes nearly 4 million home health aides, certified nurse aides, and personal care attendants. PHI works with providers, consumers, labor advocates, and policymakers to strengthen these jobs, recognizing their potential to help unemployed women and their families to achieve economic independence. We develop not only recruitment, training, and supervision practices, but also the public policies necessary to support them.

To strengthen provider organizations and improve quality of care for elders and persons with disabilities, PHI provides extensive consulting services focused on managing change, strengthening teams, and building skills for person-centered care. Increasingly, PHI also offers entry-level, in-service, and incumbent worker training curricula to strengthen training for direct care.

For more information about PHI workforce and curriculum support services, contact Peggy Powell, National Director for Workforce and Curriculum Development, at [ppowell@PHInational.org](mailto:ppowell@PHInational.org). Or visit our website at [www.PHInational.org/workforce](http://www.PHInational.org/workforce).

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## Acknowledgments

This curriculum was developed as part of the Homecare Aide Workforce Initiative (HAWI), a multi-year training and employment pilot program. This program was conducted by PHI, in collaboration with the Harry and Jeanette Weinberg Foundation and the United Jewish Appeal (UJA)-Federation’s Caring Commission, Surdna Foundation, New York Community Trust, Tiger Foundation, and New York Alliance for Careers in Healthcare.

The purpose of this pilot was to improve the quality of training and employment for home health and personal care aides—and, in so doing, improve the quality of care for older adults and people with disabilities. During the course of the HAWI project, in addition to enrolling over 1,060 people in training (both new and incumbent personal care and home health aides), PHI worked with three New York City home care agencies to improve the recruitment, hiring, and retention of home care aides. These agencies were CenterLight Health System/Best Choice Home Health Care, Jewish Home Lifecare/Home Assistance Personnel Inc. (HAPI), and Selfhelp Community Services, Inc. We would like to thank all the staff at these agencies who were involved in the design, recruitment, training, and evaluation activities of the HAWI pilot program.

This curriculum was designed to prepare participants to be certified as Home Health Aides in the State of New York and follows New York State Department of Health requirements. Certification requirements differ across states, with New York representing some of the highest standards nationally. As a result, we believe the curriculum, as written, will cover required content in most states.

Within PHI a large number of people were involved in designing and seeing this project through to its completion. We would like to thank the staff from the following teams—Workforce and Curriculum Development, Coaching and Consulting Services, and New York State Policy—for their involvement in the design and implementation of this pilot program. A special thanks goes to Jodi Sturgeon, President of PHI, for her leadership throughout the program.

# Home Health Aide Training

## Introduction to the Curriculum

### Why Is This Curriculum Needed?

**Nationally**, home care and personal assistance workers now constitute one of the largest and fastest growing occupational groups in the United States, fueled by sweeping increases in the demand for home- and community-based long-term services and supports. This workforce today totals over 1.7 million. It is estimated that by 2020 the United States will need 5 million direct care workers.

Responsible for 70 to 80 percent of paid hands-on care, home care aides attend to the health and safety of their clients in their own homes or in community settings, helping them bathe, dress, and eat. In addition, aides assist with tasks that are critical to remaining in the community such as shopping, light housekeeping, and managing medications.

Therefore, these workers serve as the “eyes and ears” for licensed professionals, including nurses and physical therapists, and provide critical support for family members seeking to balance employment with caregiving for a family member. Though a variety of job titles are used in the home care industry to identify these workers, official U.S. occupational codes recognize two titles in particular: Personal Care Aides (SOC 39-9021) and Home Health Aides (31-1011).

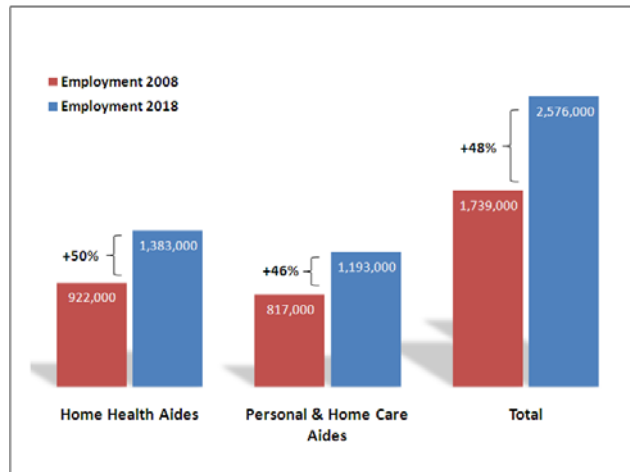
**Personal Care Aides (PCAs)** are the less clinical of the two occupations. Their tasks include support and assistance in two primary areas: 1) self-care tasks (activities of daily living (ADLs)), *i.e.*, bathing, dressing, grooming, toileting, and feeding; and 2) everyday tasks (instrumental activities of daily living (IADLs)), *i.e.*, those tasks that are directed at the living environment such as housekeeping, shopping, paying bills and laundry. *Federal law has no minimum training standards for PCAs; New York State law requires 40 hours of training.*

## Introduction to the Curriculum

**Home Health Aides** (HHAs) also typically provide assistance with ADLs and IADLs, but in addition are required to be trained and certified to undertake certain health-related tasks such as taking of vital signs, dry dressing changes, and range of motion exercises. Their role is similar to that of a Certified Nurse Aide (CNA) within a nursing home. *Federal law requires a minimum of 75 hours of training for HHAs; New York State law requires the same 75-hour minimum training.*

Nationwide, between 2008 and 2018, Home Health Aides and Personal Care Aides are projected to be the third- and fourth-fastest growing occupations in the country—increasing by 50 percent and 46 percent respectively, and generating more than 830,000 new jobs.

**Nationwide Growth in Home Care Jobs, 2008-2018**



In response to this projected demand, and focused on specific needs of both workers and home care clients in New York City, the Homecare Aide Workforce Initiative was designed to pilot recruitment, training, and employment best practices—i.e. peer mentoring, continuous learning sessions, assistance with new employee supportive services, and coaching supervision—to improve both the quality of home care jobs and the quality of care for older adults.

# Introduction to the Curriculum

## **An Adult Learner-Centered Teaching Approach**

This curriculum uses an adult learner-centered training approach, with interactive learning activities that engage learners in multiple ways. This approach allows trainers to meet the learning needs of trainees with a wide range of learning styles, experiences, and abilities.

Many people who are drawn to direct-care work are low-income women between the ages of 25 and 55. Many of these women have not graduated from high school; some are immigrants with limited English-language skills. On average, trainees have functional reading and math skills that range between the fourth- and eighth-grade levels. In addition to the educational challenges, many trainees have had little formal work experience and face daunting life challenges of raising children and caring for extended family members on limited incomes. Because many of these women are intimidated by the idea of being in “school”—and perhaps even of holding a regular job—our first concern for an effective training is to create a supportive and safe learning environment in which trainees can develop the necessary competencies in an atmosphere that also builds and reinforces self-confidence and self-esteem.

In keeping with our focus on meeting the needs of the learners, the Learner’s Book and Handouts for this curriculum were specifically designed for readers with lower literacy levels, or for trainees for whom English is a second language.

## **Teaching Methods: Focus on Participation**

At the core of a learner-centered educational program is problem-based learning, which means using teaching methods that actively engage learners in “figuring things out.” Rather than giving information to passive learners through lectures and demonstrations, trainers facilitate learning by building on what participants already know, engaging them in self-reflection and critical thinking, and making problem situations come alive through role plays and other activities. Communication and problem-solving skills cannot be taught by merely lecturing about them; it is crucial that participants practice these skills over and over in a variety of real and simulated situations.

To encourage participatory learning, this curriculum uses a number of teaching methods, some focused on increasing knowledge and self-awareness and others on building skills through practice. The primary modes of instruction include the following:

## Introduction to the Curriculum

**Interactive presentations:** Rather than using a traditional lecture format, we recommend involving participants in interactive presentations. In an interactive presentation, the trainer starts by asking participants what they already know about the topic. The trainer then engages participants further by asking them to contribute their own experiences and explain what the experiences taught them about the topic under discussion. Participants are also encouraged to ask questions, and trainers provide concrete examples of how the material being taught is relevant to particular situations that participants may encounter.

This kind of participatory dialogue is much more engaging than a traditional lecture, wherein the teacher provides all the information. The interactive presentation builds confidence, keeps participants interested, and helps keep the information relevant to participants' experience and needs. One challenge is ensuring that the discussion stays focused on the topic at hand; trainers may need to guide participants back to the subject material and weave in their comments to deepen learning.

**Case studies or case scenarios:** Caregiving skills and the person-centered approach are better learned in a reality-based context rather than as abstract concepts. Case scenarios, or case studies, are realistic examples used to illustrate a principle or point or to give participants a chance to apply what was taught to a work-related situation, thus reinforcing their learning. When case studies present situations that participants might encounter in the workplace, it helps them to develop problem-solving and communication skills, in addition to caregiving skills.

**Role plays:** Role plays make case scenarios come alive as participants act out situations they are likely to encounter on the job. In this curriculum, two types of role plays are used: demonstration role plays and practice role plays. Demonstration role plays are presented by the trainer and model skills or provide material for analysis and discussion. These role plays may be previously scripted. Practice role plays are “performed” by participants, who can draw on prior knowledge and experience while also developing communication and caregiving skills.

Role-playing encourages participants to take risks in a safe environment, where they can learn from mistakes. Although not all participants will be comfortable doing role plays in front of others, risk-taking is an essential part of learning. One way to lower the risk level, especially early on in the training, is to conduct role plays in small groups rather than in front of the entire class. Trainers can also demonstrate a role play first, sharing their own thoughts and feelings about role-playing in order to make participants feel more comfortable.

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**Small-group work:** Small-group work helps ensure that all participants remain actively engaged in learning. It also facilitates cooperation and team-building among participants. For small-group work, the trainer creates groups of three to six participants who sit together at a table or arrange their chairs in a small circle. Periodically changing the composition of the groups is recommended. Participants benefit from working with people with differing personalities, strengths, and weaknesses. Small groups will work most effectively if given a clear task and a defined time limit. Trainers can help keep participants on task by walking around the room and checking in briefly with each group.

## How to Use This Curriculum

### The Content and Structure of the Curriculum

This curriculum is divided into three sections. Each section is divided into “modules” that focus on required knowledge and skills. The curriculum is sequenced so that earlier modules cover more basic skills. Each subsequent module builds on the information and skills developed before.

Section 1. Foundational Skills: Communication and Problem-Solving (5 modules, 2 days)

- Orientation to the training, respecting differences, communication skills, and problem solving.

Section 2. Core Skills: Personal Care Aide (19 modules, 9 days)

- Orientation to home care, infection control, body mechanics, working with elders, assisting with self-administered medications, safety and emergency, assisting with activities of daily living (ADLs), working with clients with physical disabilities, and assisting with instrumental activities of daily living (IADLs).

Section 3. Expanded Skills: Home Health Aide (8 modules, 6 days)

- Knowledge, attitudes, and skills needed to carry out the responsibilities of a home health aide to assist clients with health-related tasks, including complex modified diets, vital signs, prescribed exercises, prescribed medical equipment, skin and wound care, dressing changes, and ostomy care.
- Also, knowledge about the limitations of a home health aide.



# Introduction to the Curriculum

## Components of the Curriculum

Each of the 32 modules has a Trainer’s Manual, a Learner’s Book, and Handouts. Depending on the topic, there may also be Worksheets and Skills Checklists. Each component is described below.

### Trainer’s Manual

Some trainers may be unfamiliar with the adult learner-centered approach to teaching. For that reason, we have developed a detailed instructional guide for trainers, which lists expected learning outcomes and the steps for each learning activity.

Each Trainer’s Manual module begins with summary pages describing:

- Goals of the module
- Teaching methods and time required for each activity within the module
- Supplies and handouts needed
- Advance preparations to help the learning activities run smoothly

Detailed guidelines for each activity come next. Each activity guide includes:

**Learning Outcomes:** Participants should have adopted or be able to demonstrate these concrete, measurable behaviors by the end of the activity. As the focus of each activity, the learning outcomes provide a basis for trainers to measure the effectiveness of the curriculum.

**Key Content:** This section contains the basic ideas and important points to be covered during the activity. *This information is not to be read to participants* but rather should be worked into discussions as the activity unfolds. If necessary, the trainers can summarize these points at the end of the activity, but again, they should not be simply read aloud.

**Activity Steps:** These steps help trainers move logically through each activity. A time estimate is provided for each activity and its parts, based on an instructor to participant ratio of 1:10.

**Icons:** To make it easier to note when it is time to do a particular task within the activity, there are visual icons that note:

## Introduction to the Curriculum



When you are *presenting* or covering Key Content *in the discussion*.



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



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



When it is time to distribute and discuss a Handout.

**Teaching Tips:** Based on experiences with field-testing this curriculum, these are suggestions for optimizing particular activity steps.

**Teaching Tools:** These are background materials for the trainer that are generally NOT intended to be distributed to participants. They follow immediately after the activity in which they are used. An example of a “Teaching Tool” is a script for demonstration role play.

### Learner's Book

The Learner's Book contains all of the key content that the trainer will be addressing. It is intended to be an in-class resource and to be re-used for many classes. The difference between the Learner's Book and most textbooks is that the Learner's Book was specifically developed for readers with lower literacy levels, or for trainees for whom English is a second language.

Also, the Learner's Book is tailored to be part of the learning activities, with specific timing for when each section is meant to be reviewed with participants. The Learner's Book icon in the Trainer's Manual will alert the trainer when to ask participants to look at a particular section in the Learner's Book. This helps to ensure that the information taught in each activity is fresh. It also helps to ensure that the learners remain focused on the information being conveyed in the moment, rather than reading ahead.

### Handouts

Handouts for this curriculum are the summary of key content. These are meant to be distributed to and kept by participants. Like the Learner's Book, the Handouts were developed for readers with lower literacy levels, or for whom English is a second language. Generally the Handouts are distributed at the end of each module, and may be reviewed briefly as a summary. Trainers have to make enough copies of Handouts to give to each participant, for each training.

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## Worksheets

Worksheets are distributed when an activity requires participants to answer specific questions, often in small groups. These are not meant to be kept by the participants, and they cannot be re-used. Trainers have to make enough copies of Worksheets to give to each participant, for each training.

## Skills Checklists

Skills Checklists are the step-by-step instructions for assisting clients with activities of daily living and performing other required tasks, such as hand-washing and using proper body mechanics. Because this curriculum was designed for use in New York State, these checklists are adapted from *Home Care Health Related Tasks Curriculum*, New York Department of Health, Office of Health Systems Management, Division of Home and Community Based Services, Bureau of Home Care and Hospice Surveillance and Quality Indicators/Evaluation (1992).

Like the Learner's Book, the Skills Checklists are meant to be re-used for multiple trainings. Each participant should have his or her own copy of each checklist during the learning activities and lab sessions. Laminating the Skills Checklists will make them more durable.

## General Teaching Tips

### Planning and Preparation

- To keep participants engaged, interactive presentations should be limited to 15 minutes or less. Facial expressions, varied voice tones, and movement by trainers will keep activities dynamic.
- In the afternoon, groups often become lethargic. A brief, energizing activity in which people move their bodies a bit can shake off sleepiness and keep participants focused on learning. For example, participants can stand and shake out their arms and legs or stand in a circle and bounce or toss a ball across the circle to one another. The idea is just to get the blood moving again, so energizers can be brief (2 minutes or less).
- Before teaching each module, trainers should review the activities and consider the arrangement of chairs that will work best for each. For example, activities involving role plays require a “stage” area that is easily viewed by the group. Check-ins and closings have a more intimate quality with chairs arranged in a circle. Participants can help rearrange chairs between activities.
- This curriculum is written with detailed instructions useful for new trainers. Experienced trainers will be able to draw from their own “toolbox” to vary some activities.

# Introduction to the Curriculum

## **Daily Closing Activity**

Providing closure to each day is an essential part of learning. It provides an opportunity for participants to reflect on what they have learned and how they can use it in their work or in their lives. It also allows the trainer to wrap up discussions, answer additional questions, and prepare participants for the next module. An effective way to do a closing activity is a “go-round” or “learning circle.” You can select one or more of the questions below. Then allow each person a chance to answer that question, without interruption. (They can also “pass” if they are not ready or willing to answer.)

**?** *What is the most important thing you learned in today’s training?*

**?** *What is something that you are still confused about?*

**?** *How do you think you can use what you learned today?*

About once a week, or every four modules, add the following question about the learning environment to the closing activity— *How can we make this a better learning experience for you?*

## **Teaching Materials, Supplies, and Equipment**

This curriculum requires a flip chart pad and easel, colored markers, masking tape, pens or pencils, paper for participants, nametags, and three-ring binders for participants. Additional supplies needed for skill demonstrations and practice labs are listed with the overview of each module.

## **Flip Charts**

All flip chart pages should be prepared ahead of time for each module; these are listed in the “Advance Preparation” section. The suggested text is shown in the activity steps whenever a flip chart page is used. Printed words on flip chart pages should be large and clear. The suggested flip chart pages are based on a maximum of 15 lines per page, and 30 characters per line. More information than that is too hard to read and comprehend on a flip chart. Using colored markers for different concepts can also help to delineate and highlight specific points.

To keep teaching and preparation simpler and less expensive, we have chosen to use flip chart pages for teaching guides, rather than overhead projection. Trainers can choose to adapt the suggested flip chart pages to overhead projection or PowerPoint, keeping in mind the need to limit the number of words and lines in each slide.

# Introduction to the Curriculum

## Evaluation of Learners' Competence

### Evaluation of Knowledge

This curriculum was designed to prepare participants to be certified as Home Health Aides in the State of New York and follows those requirements. Written tests had to be based on a published textbook and the following text was selected because it contained items specific to New York State core content requirements:

- William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care: A Textbook for Home Health Aides*, 4<sup>th</sup> ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

Other test sources and/or textbooks can be used that meet the needs for certification requirements in other states.

### Evaluation of Skills

Detailed skills checklists are provided in the handouts for this curriculum to serve as guides for teaching and learning, as well as checklists for evaluation. Home Health Aide certification in New York State requires that trainees perform “return demonstrations” on specific personal care and health-related skills. Other states are likely to have similar requirements.

These skills checklists focus on the concrete tasks involved in supporting or assisting a client in the client’s home. However, communication, relationship-building, and problem-solving are also key areas of skills required for direct-care work. These skills can be assessed throughout the training through participants’ performance in role plays and other interactive exercises, as well as through the return demonstrations, in some cases.

# HAWI 17-Day Course Outline

## Sample Daily Schedule [9 a.m. to 5 p.m.]

9-12:10	Morning Session (with one 10-min break)
12:10-12:50	Lunch
12:50-4:00	Afternoon Session (with one 10-min break)
4:00-4:15	Daily Closing Session
4:15-5:00	Testing

## Part 1. Foundational Skills: Communication and Problem Solving

Day	Module & Teaching Time <sup>1</sup>	Activities	Time for Activities
Day 1	<b>Module 1.</b> Welcome and Team-Building 1 hour	1. Welcome, Introductions, and Orientation to the Training	40 minutes
		2. Introduction to Team-Building	20 minutes
	<b>Module 2.</b> Respecting Differences 1 hour	1. Diversity: People Bingo	30 minutes
		2. Culture: Telling Your Story	30 minutes
	<b>Module 3.</b> Communication Skills 4 hours	1. Listening Skills	40 minutes
		2. Paraphrasing—Saying It in Your Own Words	40 minutes
		3. Asking Open-Ended Questions	40 minutes
		4. Communication Skills Practice	1 hour
		5. Managing Emotions: Pulling Back	1 hour

<sup>1</sup> Time for each module includes *only* the teaching time. Daily closing activities, testing, lunch, and breaks account for an additional 2 hours each day. See “Sample Schedule,” above.

Day	Module & Teaching Time	Activities	Time for Activities
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Day 2	<b>Module 4.</b> Managing Stress 1 hour	1. Managing Stress	1 hour
	<b>Module 5.</b> The Exploring Options Approach to Solving Problems 2 hours	1. The Exploring Options Approach to Solving Problems	1 hour and 5 minutes
		2. Practice Applying the Approach	55 minutes
	<i>Agency Policies and Training Guidelines</i> 3 hours	<i>To be determined by each agency or training organization</i>	3 hours

Day	Module & Teaching Time	Activities	Time for Activities
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## Part 2. Core Skills: Personal Care Aide

Day 3	<b>Module 6.</b> Introduction to Home Care 2 hours and 30 minutes	1. Introduction to Home Care	1 hour
		2. Qualities of a Home Health Aide	1 hour
		3. Diversity	30 minutes
	<b>Module 7.</b> Key Concepts of Home Care 3 hours and 30 minutes	1. Basic Human Needs	1 hour and 15 minutes
		2. Overview of Key Concepts of Home Care	1 hour
		3. Teamwork and Team Building	30 minutes
		4. Professionalism	45 minutes
Day 4	<b>Module 8.</b> Infection Control 3 hours	1. Overview of Infection	30 minutes
		2. Infection Control Strategies, Standard (Universal) Precautions, and Client Education	1 hour
		3. Demonstration and Practice Lab: Hand Washing, Using Gloves, and Mixing Universal Solutions	1 hour
		4. Demonstration: Disposing of Wastes	30 minutes
	<b>Module 9.</b> Body Mechanics 3 hours	1. Group Warm Up—Mirroring	5 minutes
		2. Demonstrating Good Body Mechanics—Lifting an Object	45 minutes
		3. Demonstrating Good Body Mechanics—Positioning a Client	50 minutes
		4. Practice Lab	1 hour and 20 minutes



Day	Module & Teaching Time	Activities	Time for Activities
Day 5	<b>Module 10.</b> Body Systems and Common Diseases 3 hours	1. Body Systems	1 hour and 30 minutes
		2. Common Diseases	1 hour and 30 minutes
	<b>Module 11.</b> Working with Elders 3 hours	1. Building Empathy	30 minutes
		2. Physical Changes as We Age	30 minutes
		3. Experiencing Sensory Changes	30 minutes
		4. Helping Clients to Manage Physical Changes of Aging	30 minutes
		5. Understanding Alzheimer’s Disease	50 minutes
		6. Summary	10 minutes
	Day 6	<b>Module 12.</b> Introduction to Mental Illness and Developmental Disabilities 2 hours	1. Introduction to Working with Clients Who Have a Mental Illness
2. Introduction to Working with Clients Who Have a Developmental Disability			1 hour
<b>Module 13.</b> Working with Families 1 hour		1. Working with the Client’s Family	1 hour
<b>Module 14.</b> Working with Children 3 hours		1. Personal Care of the Well Baby	2 hours
		2. The Role of the Home Health Aide in Working with Children	1 hour

Day	Module & Teaching Time	Activities	Time for Activities
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Day 7	<b>Module 15.</b> Providing Care in the Client's Home  1 hour and 35 minutes	1. Meeting and Learning about Your New Client	30 minutes
		2. Care of the Home	45 minutes
		3. Managing Time	20 minutes
	<b>Module 16.</b> Assisting with Self-Administered Medications  1 hour and 40 minutes	1. Assisting with Self-Administered Medications	1 hour and 40 minutes
	<b>Module 17.</b> Safety for the Client and the Worker  2 hours and 45 minutes	1. Safety in the Home	30 minutes
		2. Falls Prevention	50 minutes
		3. First Aid and Choking	40 minutes
		4. Fire Safety and Emergency Procedures	30 minutes
5. Safety for the Worker in the Community		15 minutes	

Day	Module & Teaching Time	Activities	Time for Activities
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Day 8	<b>Module 18.</b> Assisting with Ambulation and Transfers; Making a Bed 3 hours	1. Assisting a Client to Stand, Transfer, and Use Assistive Devices for Ambulation	1 hour and 15 minutes
		2. Making a Bed	1 hour
		3. Practice Lab: Assisting to Stand, Transfer, and Ambulate; Making a Bed	45 minutes
	<b>Module 19.</b> Supporting Clients' Dignity While Providing Personal Care 3 hours	1. Introduction to Mr. Oscar Feldman	45 minutes
		2. Overview: Personal Care and Supporting Clients' Dignity	35 minutes
		3. Bathing with Dignity	45 minutes
		4. Demonstration: Bed Bath with Pericare	55 minutes
Day 9	<b>Module 20.</b> Bathing and Personal Care 6 hours	1. Demonstration and Practice: Care of the Skin, Hands, Fingernails, Feet, and Toenails	1 hour and 35 minutes
		2. Demonstration and Practice: Tub Bath, Shower, Hair Care, Shampoo, Mouth Care, Denture Care, and Shaving	1 hour and 25 minutes
		3. Practice Lab and Return Demonstrations	3 hours

Day	Module & Teaching Time	Activities	Time for Activities
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Day 10	<b>Module 21.</b> Working with Clients with Physical Disabilities  1 hour and 30 minutes	1. Introduction to Working with Clients with Physical Disabilities	1 hour and 10 minutes
		<i>Optional: Physical Disabilities Experience during Break</i>	20 minutes
	<b>Module 22.</b> Managing Pain  1 hour	1. Understanding Pain and Pain Management	30 minutes
		2. Helping Clients to Describe Pain	30 minutes
	<b>Module 23.</b> Dressing and Toileting  3 hours and 30 minutes	1. Dressing with Dignity	1 hour and 10 minutes
		2. Assisting with Care for Eyeglasses, Hearing Aids, and Prostheses	15 minutes
		3. Assisting the Client with Healthy Toileting Practices	45 minutes
		4. Assisting with Bedpan, Urinal, and Portable Commode	35 minutes
		5. Practice Lab: Assisting with Toileting	45 minutes

Day	Module & Teaching Time	Activities	Time for Activities
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Day 11	<b>Module 24.</b> All about Food; Spending and Budgeting  6 hours	1. Eating for Health and Enjoyment	2 hours and 10 minutes
		2. Simple Modified Diets; Weighing a Client	1 hour and 5 minutes
		3. Proper Food Storage and Safe Handling of Food	20 minutes
		4. When Clients Need Assistance with Eating	1 hour and 5 minutes
		5. The Role of the Home Health Aide in the Client’s Spending and Budgeting	50 minutes
		6. Shopping Tips: Ways to Make the Most Effective Use of the Client’s Finances	30 minutes
		2. Introduction to Working with Clients Who Have a Developmental Disability	1 hour

Day	Module & Teaching Time	Activities	Time for Activities
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### Part 3. Expanded Skills: Home Health Aide

Day 12	<b>Module 25.</b> Beyond Personal Care: Health-Related Responsibilities of the Home Health Aide  1 hour and 40 minutes	1. Health-Related Responsibilities—and Limitations—of the Home Health Aide	55 minutes
		2. Your Approach to Assisting with Health-Related Tasks	45 minutes
	<b>Module 26.</b> Assisting with Complex Modified Diets  4 hours	1. Building Empathy	1 hour
		2. Physical Changes as We Age	2 hours and 20 minutes
		3. Experiencing Sensory Changes	40 minutes
Day 13	<b>Module 27.</b> Performing Simple Measurements and Tests  6 hours	1. Introduction to Vital Signs and Specimens	20 minutes
		2. Measuring Body Temperature	1 hour and 40 minutes
		3. Measuring Pulse and Respiration	45 minutes
		4. Measuring Blood Pressure	1 hour and 35 minutes
		5. Collecting Specimens and Measuring Intake	1 hour and 10 minutes
		6. Review and Summary	30 minutes

Day	Module & Teaching Time	Activities	Time for Activities
Days 14 & 15	<b>Module 28.</b> Assisting with Prescribed Exercises  4 hours	1. Your Role in Assisting with Prescribed Exercises	50 minutes
		2. Practice Assisting with Range of Motion Exercises	1 hour and 30 minutes
		3. What to Observe, Record, and Report	40 minutes
		4. Assisting with Passive Range of Motion Exercises: Practice Lab	1 hour
	<b>Module 29.</b> Assisting with Prescribed Medical Equipment, Supplies, and Devices  8 hours (2 hours on Day 14; 6 hours on Day 15)	1. Introduction to Prescribed Medical Equipment, Supplies, and Devices	(Day 14) 30 minutes
		2. Your Role in Assisting with the Use of ACE Bandages, Enemas, and Douches	1 hour and 30 minutes
		3. Overview of Respiratory Conditions	(Day 15) 45 minutes
		4. Introduction to the Nebulizer and CPAP Machines	40 minutes
		5. Working with Oxygen	50 minutes
		6. The Aide's Role in Assisting with Respiratory Equipment, Supplies, and Devices	45 minutes
		7. Assisting with Prescribed Medical Equipment, Supplies, and Devices: Practice Lab and Return Demonstrations	2 hours and 30 minutes
		8. Identifying Your Feelings about Assisting with Prescribed Medical Equipment, Supplies, and Devices	30 minutes

Day	Module & Teaching Time	Activities	Time for Activities
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Day 16	<b>Module 30.</b> Assisting with Special Skin Care 3 hours	1. Introduction to Special Skin Care	1 hour and 5 minutes
		2. The Role of the Home Health Aide in Assisting with Special Skin Care	1 hour and 10 minutes
		3. Skills Demonstration and Practice	45 minutes
	<b>Module 31.</b> Assisting with Dressing Changes 1 hour and 30 minutes	1. Introduction to Dressing Changes	25 minutes
		2. Your Role in Assisting with Dressing Changes	1 hour and 5 minutes



Day	Module & Teaching Time	Activities	Time for Activities
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Days 16 & 17	<b>Module 32.</b> Assisting with Ostomy Care  7 hours and 30 minutes  [1 hour and 30 minutes on Day 16; 6 hours on Day 17]	1. Introduction to Ostomies	<i>[Day 16]</i> 15 minutes
		2. Assisting with Ileostomies, Colostomies, and Urostomies	1 hour and 15 minutes
		3. Assisting with Catheter Care	<i>[Day 17]</i> 40 minutes
		4. Skills Practice: Assisting with Ileostomies, Colostomies, Urostomies, and Catheter Care	1 hour and 10 minutes
		5. Assisting with Tracheostomies	1 hour and 10 minutes
		6. Assisting with Gastrostomies	30 minutes
		7. Practice Lab and Return Demonstrations: Assisting with Ostomy Care	1 hour and 45 minutes
		8. How to Approach Assisting with Ostomies: Summary	45 minutes