

PERSONAL SUPPORT WORKER

Competency Based Orientation Package

Professional Practice Department
Updated May 2022

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Welcome to the Personal Support Worker (PSW)

Orientation Package

Successful Onboarding

The goals of this orientation program are to:

- Define the scope of practice for PSW's at STEGH
- Define the practice expectations of PSW's at STEGH during your orientation period
- Ensure your success as a STEGH team member by providing a clear onboarding process that supports your ongoing competence and identification of your learning needs.
- Identify resources available to you
- To clearly define the expectations for successful daily workflow on your unit

Role of the PSW

The scope of the PSW at St. Thomas Elgin General Hospital (STEGH) includes the provision of routine care activities, supporting and assisting people with medical conditions and/or functional limitations and assisting with activities of daily living.

The goal of care focuses on supporting patient independence and promoting optimal functioning. Under the direction and supervision of a Regulated Health Provide (RHP), PSW's assist patients with activities that the patient would under normal circumstances do for themselves if they were physically or cognitively able.

PSW's are permitted to provide/assist with patient centred activities that are familiar to the patient and occur when the patient's condition is stable and/or predictable.

PSW as an Interprofessional Team member

- PSW's are valuable members of the interprofessional team in providing patient centred, safe and high quality care.
- PSW's are integral to:
 - Supporting the psycho-social well-being of patients
 - Promoting independence and patient autonomy
 - Providing compassionate care when assisting with activities of daily living
 - Partnering with the patient and caregivers to maintain functional abilities and minimize further loss of ability
 - Promote patient dignity
 - Providing assistive care in an ethical manner that is respectful of each patients unique journey along their health care journey

PSW's are a vital part of the health care team at STEGH!

PSW Scope of Practice

The PSW is an unregulated health care provider who has graduated from an accredited program. The vocational learning outcomes are outlined in the Ontario Ministry of Training, Colleges and Universities for Personal Support Worker Program Standard.

PSW's do not have a legislated scope of practice like Regulated Health Care Professionals (RHP). This document defines the scope of practice and the limitations of a PSW practicing at STEGH.

- Permitted activities are defined in part through the Regulated Health Professions Act (RHPA) and supported by the College of Nurses of Ontario Practice Guideline: Working With Unregulated Care Providers (Updated 2013) and the Ontario Personal Support Workers Association (OPSWA): PSW Roles and Responsibilities and in accordance with applicable legislation, hospital policies, procedures and guidelines.
- Practice under the supervision and direction of a Regulated Healthcare Practitioner (e.g. Nurse).
- Permitted to engage in all standards of care outlined in the OPSWA PSW Roles and Responsibilities.
- Accountable for recognizing your strengths and acknowledging limitations, when you do not have the requisite knowledge, or skill to safely carry out a delegated task.
- Act responsibly and are accountable for ones own actions while recognizing the boundaries of knowledge and skills within the PSW role that require collaboration with the patients, families, supervisors and/or other members of the inter-professional care/service team.
- Provide patient-centred and patient directed care that is based on ethical principles, sensitive to diverse patient and family values, beliefs and needs, and which follows the direction of the plan of care/service plan.
- Identify relevant client information using basic assessment and communication skills and report and document findings in accordance with the requirements policies and procedures and all applicable legislation.

- Participate as a member of the inter-professional care/service team and maintain collaborative working relationships in the provision of supportive care within hospital care settings.
- Use identified approaches and best practices to support positive and safe behaviour in patients experiencing cognitive impairment, mental health challenges and/or responsive behaviours. Learning is a process that should continue along the continuum of novice to expert.
- Establish and maintain helping relationships with patient and their families reflecting open communication, professional boundaries, and adhering to confidentiality and privacy legislation.
- Promote and maintain a safe and comfortable environment for patients, their families, self and others including the implementation of infection prevention and control measures and emergency first aid procedures that are in keeping with the plan of care/service plan.
- Assist patients across the lifespan with routine activities of daily living by applying basic knowledge of growth and development, common alterations in functioning, disease prevention, health promotion and maintenance, rehabilitation and restorative care.
- Identify and report situations of neglect, and potential, alleged or witnessed/actual incidents of abuse, and respond in accordance with all applicable legislation and policies and procedures.
- Assist in the provision of culturally relevant, palliative and end-of-life care to patients experiencing life threatening illness and to their families and significant others.
- PSW's have the right to refuse a task if you do not believe you can complete the task safely, effectively or if it you believe it is outside of your practice limitations.

Approved PSW Standards of Care

Click on each PSW Standard of Care for additional information from OPSWA.

Link to OPSWA website: <https://ontariopswassociation.com>

- [Alzheimer's Care](#)
- [Ambulation, mobility assistance \(including the safe use of transfer and lifting devices\)](#)
- [Bathing](#)
- [Bladder Care](#)
- [Bowel Care](#)
 - [Ostomy Care](#)
- [Dementia Care](#)
- [Dressing](#)
- Documenting Care Provided
- [Exercises](#)
- Feeding
- [Hearing Aid Care](#)
- [Mouth Care](#)
- [Nail Care](#)
- [Shaving](#)
- [Skin Care](#)
- [Therapeutic Relationship between PSW & Client](#)
- [Transfers](#)
- [Vision Care](#)
- Vital Signs collection
- Observing for changes in patients health status and reporting changes to the RHP

Activities Excluded From PSW Scope of Practice

- Performing tasks that go beyond assisting clients with the routine activities of daily living
- Connecting or disconnecting peripheral lines. Including but not limited to: Intravenous, PICC, subcutaneous etc.)
- Adjusting infusion pumps, enteral feeding pumps, oxygen administration and/or related equipment
- Applying, removing or adjusting suction apparatus
- All aspects pertaining to medication administration
- Applying restraints independently
- Performing any delegated controlled acts reserved to nursing per the CNO
- Diagnosing a disease or disorder as the cause of symptoms of the individual
- Performing a procedure/treatment
- Specimen collection
- Initiating changes to the plan of care independently
- Implementing interventions outside of the plan of care
- Prescribing any procedure/treatment
- Completing physical assessments
- Providing urgent or acute care that is not routine for the client
- Performing any act for which the PSW does not have the appropriate skill, training or supervision

Definitions

Routine activities of daily living - Activities of daily living are usually performed by an individual in the course of a normal day. Examples of routine activities of daily living include eating, bathing/personal hygiene, grooming, dressing, toileting, and mobility.

Client-centered – An approach to supportive care where the client is viewed as a whole person. Client-centered care involves advocacy, empowerment and respect for the client’s autonomy.

Dependent individual – A person who requires assistance from another family member, significant other or support person to meet their basic daily needs. A dependent individual can be at any stage in the lifespan including infants, children and youths, adults and older and frail elderly.

Helping relationship – A professional relationship where clients’ needs are central to the relationship and the basis for supportive care provided. Helping relationships are client goal-directed and characterized by empathy, trust, respect and professional client-caregiver boundaries.

Inter-professional care/service team – Individuals who by working together provide personal and supportive care to clients to promote optimal levels of health and well-being. This may include physiotherapy, occupational therapy, speech language pathologist, dietician and social work.

Responsive behaviors – Behaviors that often indicate an unmet need in a person whether cognitive, physical, emotional, social, environmental or other, or a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person.

Regulated health professionals - Those individuals who are members of a health regulatory college and who hold a valid certificate of registration from that college, as set out under the *Regulated Health Professions Act, (RHPA)*. Regulated Health Care Professionals have specified profession-specific scopes of practice, professional designations and are able to practice using certain restricted titles. They are also typically authorized to perform certain specified controlled acts as set out in the profession’s own health profession-specific Act.

Restorative care – Care that is focused on the goal of maintaining or improving clients' functional or cognitive capacities in all aspects of daily living, to the extent of his or her abilities in order to promote and maximize independence. Restorative care is integrated into the care that is provided to clients and provided on an ongoing basis. Restorative care is planned, implemented and evaluated by nursing personnel with the assistance of personal support workers and other service providers as needed. Restorative care can include therapy services.

Supportive Care – Holistic care delivered to the client by the personal support worker which is characterized as client-centered, client-directed and culturally sensitive.

Culturally relevant - An approach to supportive care delivery that recognizes and values cultural differences and where client and family's cultural beliefs and practices are honored in care delivery.

End-of-life - An approach to supportive care delivery where, regardless of the care setting, integrated clinical and support services are provided to ensure the best quality of living for dying clients and their families.

Understanding the 3 D's of Elder Care

DISTINGUISHING CHARACTERISTICS OF DELIRIUM, DEMENTIA AND DEPRESSION

	DELIRIUM	DEPRESSION	DEMENTIA
DEFINITION	Delirium is characterised by an acute fluctuating onset of confusion, disturbance in attention, disorganised thinking and/or decline in level of consciousness	A change of mood that lasts at least two weeks with feelings of sadness and loss of interest and pleasure in usual activities	Dementia is a gradual and progressive decline in mental processing ability, affecting memory, communication, language, judgement and abstract thinking
ONSET	<ul style="list-style-type: none"> • Sudden onset over hours or days 	<ul style="list-style-type: none"> • Variable: Weeks to months. • May coincide with life changes 	<ul style="list-style-type: none"> • Gradual onset over months to years
COURSE	<ul style="list-style-type: none"> • Reversible with early treatment but can cause serious disability or death • Often fluctuates over 24 hour period • Worse at night and on awakening 	<ul style="list-style-type: none"> • Usually reversible with treatment • Often worse in the morning 	<ul style="list-style-type: none"> • Progressive. • May be slowed with treatment but not reversed
MEMORY	<ul style="list-style-type: none"> • Impaired - recent and immediate memory 	<ul style="list-style-type: none"> • Generally intact or may be minimally impaired • Can be selective • In severe cases can present as a pseudo-dementia 	<ul style="list-style-type: none"> • Impaired - recent and remote memory
THINKING	<ul style="list-style-type: none"> • Fluctuates between rational and disorganised/ distorted thinking • Fluctuating alertness and cognition 	<ul style="list-style-type: none"> • May be indecisive • Reduced concentration • Low self esteem • Feelings of hopelessness 	<ul style="list-style-type: none"> • Difficulty with abstract thinking • Poor decision making • May have word finding difficulty
PERCEPTION	<ul style="list-style-type: none"> • Distorted: Illusions, delusions and / or hallucinations • Difficulty distinguishing between reality and misperceptions 	<ul style="list-style-type: none"> • Themes of guilt and self loathing • May experience delusions and/or hallucinations in severe depression 	<ul style="list-style-type: none"> • Signs may include delusions of theft/ persecution • Hallucinations depending on type of dementia e.g. Lewy Body Dementia
SLEEP	<ul style="list-style-type: none"> • Disturbed but no set pattern- may have nocturnal confusion, day/night reversal 	<ul style="list-style-type: none"> • Disturbed • Early morning waking or hypersomnia 	<ul style="list-style-type: none"> • Normal to fragmented • May have nocturnal wandering and confusion
MOOD	<ul style="list-style-type: none"> • Variable – irritable, aggressive, fearful 	<ul style="list-style-type: none"> • Depressed • Flat, sad, withdrawn • Changes in appetite • Diminished interest in usual activities 	<ul style="list-style-type: none"> • Variable – irritable, apathetic, labile • Depressed mood often present in early dementia
DIAGNOSIS	<ul style="list-style-type: none"> • Diagnosis based on rapid onset of fluctuating symptoms • Can be mistaken for progression of dementia 	<ul style="list-style-type: none"> • May deny being depressed but exhibit anxiety • Others may notice symptoms first • Increased complaints of physical illness • Social withdrawal is common 	<ul style="list-style-type: none"> • Usually diagnosed approximately 2-3 years after onset of symptoms • Must rule out other cause of cognitive decline e.g. depression or delirium

Compiled by Anne Quinn, Advanced Nurse Practitioner Dementia, St. Patrick's Hospital Cashel, Co. Tipperary
As Part Of The National Dementia Education Project ONMSD (2011)

Department	Phone
2nd Floor Nurses Station	2075
4th Floor Nurses Station	2215
5th Floor Nurses Station	2222
Administration	2187
Ambulatory Care Reception	2873
Ambulatory Nurses Station POD 1	2867
Ambulatory Nurses Station POD 2	2865
Auxiliary	2299
Biomedical	2165
Café	2831
Cardiac Care Unit-Nurses Station	2203
CardioRespiratory Reception	2125
CCC C Nurses Station	2330
CCC D Nurses Station	2950
CCC Gym	2325
Central Registry	2131
Chemotherapy	2217
CICU	2204
Communications & Public Relations	2184
Diabetes Education	2408
Diagnostic Imaging Front Desk	2322
Elgin Community Care Access Centre	2406
Emergency - Front Desk	2047
Emergency - Front Desk	2048
Finance	2180
Foundation	2246
Gift Shop	2220
Health Records	2114
Help Desk	2400
Histology	2085
Human Resources	2188
Infection Control	2021
Information Desk	2181
Kitchen - After Hours	2093
Kronos Support	3019

Department	Phone
Laboratory	2079
MDRD	2337
Medical Affairs	2187
Mental Health IP	2755
Mental Health OP	2792
Occupational Health & Wellness	2266
Out-Patient Surgery	2069
Out-Patient Surgery, Pre-Admit	2351
Pathology	2448
Patient Meals	2828
Patient Experience	3748
Pharmacy	2105
Post Anaesthesia Care Unit	2068
Pre-Admit booking-In-Patient	2352
Privacy Officer	2955
Risk & Governance Officer	2104
Respiratory Home Services	2410
Security	2098
Staffing Resource Office	2999
Stores	2101
Stroke Prevention Clinic	6760
Stroke Unit	2950
Stroke Unit Gym	2326
Surgical Suite - OR	2063
Switchboard	0
Ultrasound	2242
Union OPSEU	2853
Union ONA	3711
Vocera	3227
Volunteer - Atrium Desk	2153
Volunteer - Escort Desk	2167
Volunteer Services	2353
Women & Children - LBRP	2210
Women & Children - Paeds	2196
Women & Children - Special Care Nursery	2214

Unit Specific Phone Numbers

Phone Numbers	<u>Extensions</u>
Hospital Number	519-631-2020
Complex Continuing Care/Rehabilitaion (CCC) Manager- David Simpson	2308
Complex Continuing Care Unit	D unit- 2950/ C unit- 2330
Integrated Stroke Unit (ISU) Manager- Libbie McConnell	2417
2 Main (Surgical) Manager- George Foster	2324
2M Unit	2075
Intensive Care Unit (ICU) Manager- Jasna Gole	2449
ICU Unit	2204
4 th Acute Medicine Unit Manager- Barb Smith	2747
4 th Acute Medicine Unit	2215
5 th Acute Medicine Unit Manger- Mike Cullen	2355
5 th Acute Medicine Unit	2222
Patient Registration	2131
Human Resources	2188
Staffing	2999
Payroll	2428
Volunteer	2167
Safety Officer	2551
IT Help Desk	2400
Occupational Health	2111/2266
EAP Program	1-800-265-8310
Clinical Educators- Emily Sheridan & Kaitlyn Stalker	2823 & 2891

Seek and Find

Around the Hospital	Completed
Scheduling Office	
Diagnostic Imaging	
Occupational Health	
Emergency	
Human Resources	
Laboratory	
ICU	
Pharmacy	
Complex Continuing Care/Rehab	
Morgue	
MDRD	
Payroll	
Security	
CT	
Atrium Café	
Gift Shop	
Talbot Trail	
Ambulatory Care	
ECHO Lab	
Ultra Sound	
Mammography	
Information Desk	
Volunteer Services	
Therapy Gym	
Clinical Educators	
Administration offices	
Strategic planning Boards	
Internal Med Offices-AMB Care	
Transforming Care	
Serenity Room	
Infection Control	

Seek and Find on the Unit

Out and About on the Unit	Completed
Unit Manager's Office	
Main desk / communication station	
Nurse call bell system – demonstrate use	
Fax machine / photocopier, printer	
Schedule	
Sign in sheets, request process, how to indicate availability, call in procedure for illness/absence	
Daily assignment sheets, review and understand break times	
Discharge Action Round Board	
Phone lists for hospital and Physicians	
IV manual, Infection Control, Patient Services, WHMIS Policies,	
Lab label printer / where to find lab labels	
Staff room	
Staff Washroom	
Visitor Washroom	
Patient fridge, ice machine, microwave <ul style="list-style-type: none"> ● Cups, utensils, snacks 	
Procedure for items in patient fridge	
Dirty Utility- Biohazard, cytotoxic, garbage, dirty equipment	
Clean Utility- personal care supplies	
Eye wash stations	
Fire Pull Stations	
Evacuation routes – Code Green/Code Red	
PPE-Personal Protective Equipment- isolation gowns, gloves, masks	
Respiratory Therapy Reference	

Patient shower/Tub areas – understand rules i.e. infection control and patients alone in shower,	
Flashlights for night shift	
Wheelchairs, stretchers, walkers	
Locate fire extinguishers, pull stations and exits	
Locate O2 / air shut off valves	
Locate Code Blue equipment	
Locate Linen Cart	
Patient's room <ul style="list-style-type: none"> ● Emergency call bell in bathroom ● Bedside call bell ● Code blue button ● Bed controls ● Review standard instruction for call bells and bed alarms 	
Locate Unit Huddle Board	
Patient white boards	
Equipment room-lifts, slings, w/c's, walkers, lift batteries, slider boards, stretchers etc.	

How To's on the Unit

HOW DO I.....	HOW
Call a Code	
Call Housekeeping for a bed clean stat	
Document the care I provided	
Fill out a maintenance request	
Call Security	
Put in an RL6	
Document a fall	

Hope-Inspired Care

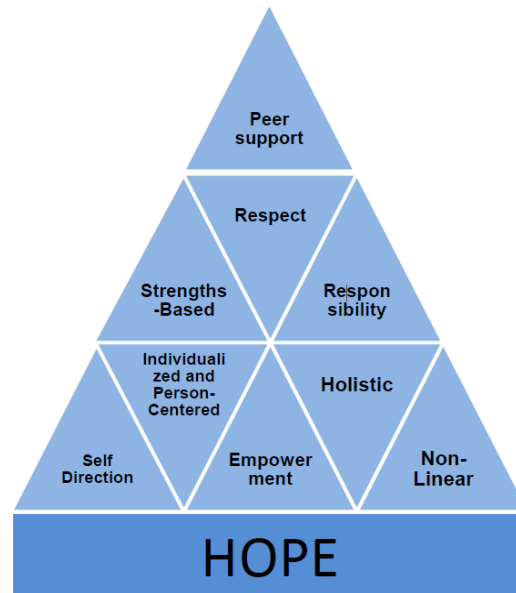
“Creative and flexible integration of a practitioners’ hopeful stance about the client’s potential for recovery with the practitioner’s skills to utilize various hope-inspiring strategies”

HOPEFUL STANCE:

- Belief, expectation and attitude that recovery is possible
- Capacity to tolerate uncertainty regarding future outcomes
- Determination and persistence in providing a more hopeful perspective
- Ability to contain own feelings of helplessness, despair and frustration
- Utilizing the relationship as a resource

RESPECT, INDIVIDUALIZED, NON-LINEAR:

- Value and accept the person
- Listen non-judgmentally
- Express genuine concern
- Accept and promote relapse as part of recovery
- Mobilize Internal Resources



EMPOWERMENT, SELF-DIRECTION STRENGTHS-BASED, RESPONSIBILITY:

- Help the person set goals
- Help the person recall previous achievements
- Focus on strengths challenge negative perceptions
- Help the person grieve loss
- Help the person make sense of their suffering/illness
- Support spiritual beliefs
- Create an environment in which there are choices
- Utilize External Resources

PEER SUPPORT, HOLISTIC:

- Help connect to supports
- Help manage treatment/medications
- Educate about illness
- Access peer/self help

Communication Tips

- Be authentic and genuine
- Be compassionate
- Support the person's right to make decisions
- Always treat the patient respectfully
- Reframe everyday activities as opportunities for decision making
- Help the person generate options
- Discuss benefits and risks of all options
- Involve essential caregivers where possible
- Be patient!
- Use decision making tools
- Recognize when you are feeling stressed and seek assistance from a colleague
- Remember... every patient is a unique individual

Compassion Fatigue

What Is a Compassion Fatigue?

Compassion fatigue is a term that describes the physical, emotional, and psychological impact of helping others, often through experiences of stress or trauma. It can be brought about by a stressful workplace or environment, lack of resources, excessive hours and inattention to personal wellbeing.

Compassion fatigue is often mistaken for burnout, which is a cumulative sense of fatigue or dissatisfaction.

What are the Symptoms of Compassion Fatigue?

- Apathy, frustration, depression, anxiety, hopelessness, anger, blaming
- Abuse of chemicals or food, less time with patients and friends, sarcasm, cynicism
- Sleep disturbances, fatigue, weight changes, GI complaints, hypertension, muscle aches
- Doubt over value systems or beliefs, believe major change is necessary, angry/bitter against God, less ability to feel joy
- Errors, job dissatisfaction, inability to maintain balance of empathy and objectivity, workaholic

What can we do about it?

- Physical exercise
- Eat well balanced meals
- Debrief with coworkers
- Take vacations
- Engage in self-reflection & Journal
- Mindfulness meditation
- Be grateful – look at what is good around you
- Adopt a positive mindset
- Identify what matters most in life
- Make plans for living life as desired
- Find ways to focus on positive thoughts, beauty, nature
- Take time out for you – spending time with friends, walks, massages, reading a great book
- Seek professional help (Consider EFAP)

How to Achieve Healthy Caregiving

- Sustain your compassion
- Retain healthy skepticism

- Learn to let go
- Remain optimistic
- Be the solution
- Embrace discernment
- Practice sustainable self-care
- Acknowledge your successes

How to Achieve Healthy Change

- Take frequent breaks from what you are doing
- Learn the word “no”. Use it whenever necessary
- Share the load with others
- There is humor in every situation. Find it and laugh
- Recognize when you need help and ask for it
- Give yourself credit when credit is due
- Give others credit when credit is due
- Breathe deeply as often as possible

Gains & Drain Activity

- Track the things/people/activities that give you energy and drain your energy. Then work on an action plan to remove/reduce the drains and add more gains

Personal Resiliency Tips

- Look at what you can control – attitude, actions and focus on being proactive and positive
- Decide on how you want to show up as an individual and leader as you address challenging times and what you want to accomplish
- Keep your relationships strong – have a support network
- Focus on fitness and health – eat well, get sleep
- If you are finding you are starting to get reactive or depressed – get help

How to Complete the PSW Skills Checklist

Criteria

This column lists general and specific knowledge, and skills that need to be covered during orientation. Date and Initial each tasks upon review and completion and have your preceptor initial as well. Add comments to the learning strategies and notes section as required. This CBO and skills check list will be used during your probation period and future performance appraisals. Ensure that you have completed the skills checklist upon your completion of unit orientation. Your manager, and clinical educators will be asking to review your completed CBO.

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Safety Considerations				
Demonstrates understanding of Nosocomial Infection Control <ul style="list-style-type: none"> • Routine precautions • Droplet, contact, airborne, enteric, enhanced, etc. • MRSA/VRE/ESBL/CDIFF • COVID screening • Hand Hygiene 				
Demonstrates the ability to use appropriate PPE to ensure personal safety and safety of others				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Uses AIDET to introduce self to patient and patient's family, identifying their role on the care team, and their purpose				
Verifies Patient identity using 2 patient Identifiers <ul style="list-style-type: none"> • Adopt an "ask, don't; tell" approach. Ask the patient to tell you their name versus confirming their name spoken by you • Check Patient armband 				
Ensures patient's privacy and dignity at all times.				
Demonstrates knowledge of the least restraint policy. PSW may remove restraints under the direction of a RHP only.				
Recognizes the different types of restraints (ex. geri chair, table top, 4 side rails, pinel)				
Demonstrates knowledge of where to find patients resuscitation status and how to respond if patient found unresponsive.				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Demonstrates how to call a code blue				
Demonstrates knowledge of falls prevention strategies and universal falls precautions				
Demonstrates knowledge of pressure injury prevention				
Documentation				
Demonstrates ability to complete purposeful rounding for each patient and document the completion of the round on the white board/ One Chart				
Ensures patients have call bell and personal possessions within reach to ensure their ability to call for assistance when needed				
Demonstrates ability to orientate the patient and family to the room and the unit				
Able to document the care provider with the Electronic Health Record				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Delivery of Care				
Demonstrates ability to implement, and communicate appropriate safety precautions to mitigate falls risk using input from the patient, patient's family and healthcare team members.				
Demonstrates knowledge and ability to utilize universal falls precautions as outlined in the Falls Prevention Policy, with all patients inclusive of keeping the bed in low position, using proper footwear for patient transfers, ensuring breaks are on all equipment in use.				
Demonstrates ability to implement, and communicate safety precautions to prevent pressure injury and skin breakdown using input from the patient, the patient's family and members of the healthcare team				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Demonstrates ability to communicate any skin breakdown or wounds to the nurse and document under Provider Notification within the EHR.				
Demonstrates ability to assist in feeding patients and monitoring their intake at each meals. PSWs are expected to voice concerns with nutrition to RHP.				
Demonstrates ability to support patient hygiene and personal care needs by assisting with patient baths/showers according to the unit-specific guidelines and the patient's care plan.				
Demonstrates ability to collaborate with the healthcare team to assist in and document on each patient's level of independence in performance of activities of daily living (ADLs) according to the unit-specific guidelines.				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Demonstrates ability to ensure the patient has access to hygiene and personal care resources and communicate to a nurse any concerns related to personal hygiene.				
General Assessments				
<p>Height and Weight</p> <p>Demonstrates ability to obtain:</p> <ul style="list-style-type: none"> • Height (in centimeters [cm]) on all patients upon admission and as ordered by the provider • An actual weight (in kilograms [kg]) on all patients upon admission <p>All heights and weights will be documented when obtained</p>				
Demonstrates ability to document last bowel movement, eating difficulties, and/or current intake.				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Demonstrates ability to document current toileting and voiding routines, including output.				
Demonstrates ability to care for the indwelling catheter as it relates to personal hygiene and emptying catheter.				
Demonstrates ability to assess skin integrity, wounds, skin breakdown and pressure injuries and report to RHP accordingly.				
Demonstrates ability to safely assist in ambulation and transfers.				
Communicates patient's voiced pain to the RHP.				
Vital Signs				
Demonstrates ability to obtain an set of vital signs using the automatic vital signs machine <ul style="list-style-type: none"> • A blood pressure • A heart rate (beats per minute) 				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
<ul style="list-style-type: none"> • A respiratory rate (respirations per minute) • An oxygen saturation/pulse oximetry reading (measured by percentage) • A temperature (in degrees Celsius) a consistent route for measurement should be utilized • Respiratory Rate <p>PSW must specify if the patient's oxygen saturation is based on room air.</p> <p>PSW's are not permitted to complete these activities in the ICU</p>				
<p>Demonstrates knowledge to obtain a manual blood pressure and manual heart rate using the radial pulse. Return demonstration completed.</p>				
<p>Demonstrate the ability to notify RHP for further assessment if changes in patient's status is observed.</p>				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Demonstrates adequate documentation of vital signs				
Ambulation				
Demonstrates ability to safely use transfer devices such as : <ul style="list-style-type: none"> • Transfer belt • Walkers • Wheelchairs • Hoyer lifts • Sit to stand 				
Completed lift training during PSW orientation.				
Performs the following transfers safely <ul style="list-style-type: none"> • a one person transfer • two person transfer 				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Bathing				
Demonstrates ability to provide a complete bed bath and/or shower/tub assistance including perineal care.				
Demonstrates ability to: <ul style="list-style-type: none"> • Wash hair • Perform mouth care (including dentures) • Shave (male and female) • Clean fingernails and toenails • Foot care (exception for patients with diabetes) 				
Demonstrates knowledge on the correct usage and cleaning of : <ul style="list-style-type: none"> • Tub room • Shower room 				
Provides dignity while performing personal care				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Bladder/Bowel Care				
Demonstrates ability to accompany patient to and from the bathroom to clean or change items for incontinence such as: <ul style="list-style-type: none"> • Underwear • Disposable undergarments • Continenence products 				
Demonstrates adequate knowledge to assist a patient on and off a toilet of commode using: <ul style="list-style-type: none"> • Urinal or bedpan • Mechanical lifts • Supportive devices 				
Demonstrate the ability to properly empty a urinary drainage bag that is attached to a closed drainage system.				
Demonstrate the ability to properly empty an ostomy drainage bag				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
Dressing				
Demonstrates ability to assist patient to put on or take off clothing				
Admission Process				
Demonstrates ability to assist with: <ul style="list-style-type: none"> • Obtaining Vital Signs • Getting patient settled and oriented to the room • Documenting patient belongings 				
Demonstrate ability to properly apply anti-embolic pressure stockings (TED stockings) <ul style="list-style-type: none"> • Completion of LMS 				
Diet Related Care				
Demonstrates ability to assist with: <ul style="list-style-type: none"> • Getting the patient to and from the dining room if required • Helping patients order meals • Tray set up 				

Criteria	Date Reviewed and Completed:	Staff Initials	Preceptor Initials	Learning Strategies and Notes
<ul style="list-style-type: none"> • Feeding patients that require assistance • Practicing protected meal times • Recording calorie counts if ordered • Observing for diet progression and/or swallowing difficulties 				
Discharging Patients				
Demonstrates ability to assist patient with: <ul style="list-style-type: none"> • Gathering belongings • Ensuring discharge paperwork goes with the patient • Reassuring and encouraging patients through discharge. 				

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<https://www.cno.org/globalassets/docs/reg/47010-np-etp-competencies.pdf>

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