

# Framework for Evaluating PSW Sit-to-Stand Training

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# Outline

**Background & Approach**

**Care Philosophy**

**Introduction to Framework**

# Background

- Assisting with Sit-to-Stand is a common activity for Personal Support Workers (PSWs)
- If not done properly, both client and caregiver are at risk of injury
- Client handling is a leading cause of caregivers' work-related injuries (about 50% of all lost-time injuries)
- These injuries may be sudden or cumulative MSDs
- Proper training of PSWs is critical to preventing these type of injuries



## Background (continued)

### **Client/Patient Handling Community of Practice (CoP)**

- Hosted by CRE-MSD and PSHSA
- Sharing of current research and its application into practice
- Bringing researchers, employers, employees, educators, policy makers, government together

## Background (continued)

### Framework developed in response to CoP needs

- There is no standardized training for PSWs through formal educational system or employer in-services
- CoP members reported that they lack confidence in the effectiveness of their existing training resources
- CoP members report a need for an evidence-based tool to assist in improving the training of their PSWs in client/patient handling
- CRE-MSD funded a seed to develop a Framework for Evaluating PSW Sit-to-stand training and a preliminary analysis of Sit-to-Stand Techniques

# Framework for Evaluating Sit-to-stand training

## How did we arrive at our content?

- Collection of PSW sit-to-stand training materials and client/patient handling trainings across from CoP membership [Ontario & Canada]
- Descriptive analysis of training materials
- Drafted PSW Client/Patient Handling Training Evaluation Framework
- Assembled multi-disciplinary panel, reviewed and updated Evaluation Framework with Multi-Disciplinary Panel [Physio, OT, Nurse, HSA, Kin. PSWs, Researcher, Engin. Gerontologist]
- Conducted a practical analysis of Sit-to-Stand Techniques – with Multi-Disciplinary Panel



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# Purpose of Framework

- Designed to assist in evaluating PSW mobility and handling training
- Makes specific reference to sit-to-stand training (principles apply to other core skills).

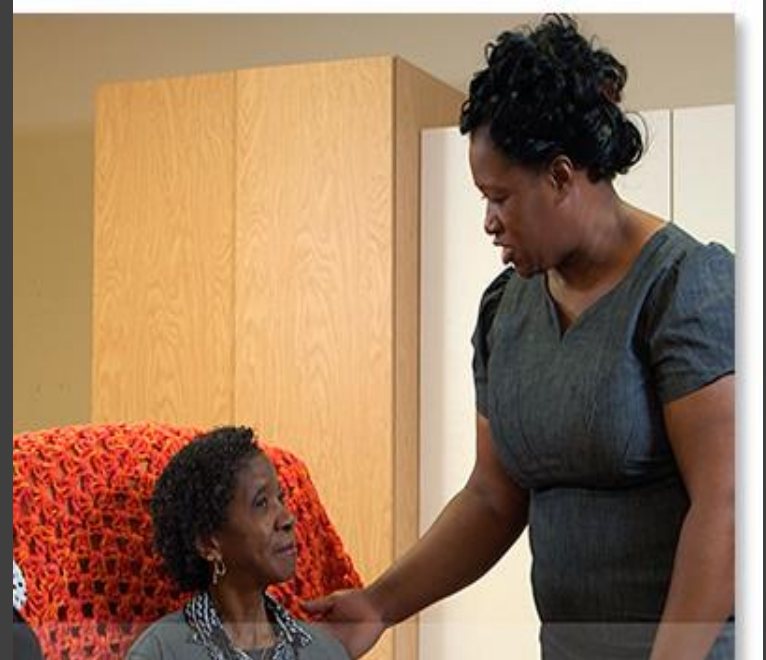


Photo taken from the Toronto Central LHIN [PSW Medication Management Training Tool](#), project 2016

Assumption - that this training is part of a broader safe mobility program.

# Care Philosophy: A Restorative Approach

- Focus on supporting clients to achieve their optimal function with the lowest level of ongoing support.
- Engaging a care recipient to the greatest possible extent in their own mobility and daily activities promotes maintenance and restoration of function, improves self-rated health, improves confidence and well-being, and decreases needs for ongoing care.



# Why a Restorative Approach?

- **Good for the client:**
  - Helps clients to engage independently in everyday living and social activities
  - PSW assistance supports rehabilitation goals
- **Good for the caregiver:**
  - Reduced risk of injury when client participates more fully in each activity (less lifting)
- The alternative – doing things to/for rather than with the client
  - Encourages passive role and deconditioning
  - Loss of client confidence, skills and belief in personal abilities

# Restorative Care... does it take longer?

- No. It is a time-effective approach. See:
  - Baker et al, Gerontologist 41(2):257-63.
  - Glendinning and Newbonner, Journal of Integrated Care 16(4):32-39.
  - Re-ablement for All Overall Findings. (2010) Department of Health and the Care Services Efficiency Delivery, UK. [www.csed.csip.org.uk](http://www.csed.csip.org.uk)
- What about at the beginning?
  - Maybe to shift clients' understanding of the nature of services
  - Consistent messaging from supervisors & care coordinators can reduce misunderstandings

# Restorative Care

- Challenges implementing a restorative approach?
  - Care plan has to reflect restorative approach
  - Staff must be supported to 'do with' rather than 'to' and 'for': OT, PT, PSW training already emphasizes this.
  - Consistent approach from the whole care team – communication within the care team supports this
- This approach is possible – it's happening now in Central West
  - [http://www.gtarehabnetwork.ca/uploads/File/bpd/2015/Presentations/RPP6\\_Home\\_Independence\\_Program\\_Karyn\\_Lumsden\\_Daniel\\_Ball.pdf](http://www.gtarehabnetwork.ca/uploads/File/bpd/2015/Presentations/RPP6_Home_Independence_Program_Karyn_Lumsden_Daniel_Ball.pdf)
- Is there community interest in a webinar to learn more? Will add that question to the evaluation.

# Organization of Framework

CONTENT



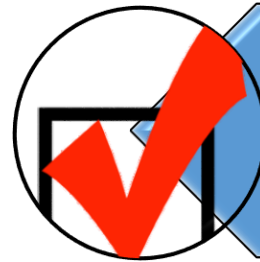
PRESENTATION & APPROACH



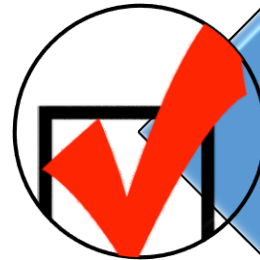
ASSESSOR'S SUMMARY &  
NEXT STEPS



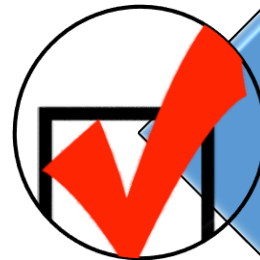
# CONTENT



Covered  
Well



Partially  
Covered



To Add

## CONTENT

- Caregiver Knowledge
- Before the Move
- The Move
- Completion
- Resources

## PRESENTATION & APPROACH

- Format
- Educational Approach
- Evaluation
- Tone

## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## CAREGIVER KNOWLEDGE

### Core principles & knowledge – human movement

- **Posture:** what is good posture; importance of symmetry
- **Gravity:** centre of mass/gravity, line of gravity
- **Postural balance:** line of gravity vs. base of support
- **Basic Anatomy of the back & joints, natural curves**
- **Injury Prevention: A positive and proactive approach**



<http://drknight-kinesiology.blogspot.com/2011/05/mechanical-analysis-of-human-movement.html>

## CONTENT

- Caregiver Knowledge
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## ASSESSORS SUMMARY & NEXT STEPS

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## CAREGIVER KNOWLEDGE

### Core principles –Sit-to-Stand transfers

- Normal movement patterns (demonstration recommended)
- Optimal start position for success: Edge Sitting

### Benefits of sit-to-stand transfers for client (rationale for activity)

- Physical and physiological
- End goals
- Abilities & potential abilities of client



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## CONTENT

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## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## CAREGIVER KNOWLEDGE

### Core principles – Choosing a Movement Strategy

- Balanced Decision Making – the need to balance:
  - Client goals, preferences and dignity of risk
  - Workers' right to be safe, including relevant legislation
- Clinical order of preference in choosing movement strategy
- What to do if the strategy prescribed in the care plan contradicts these principles? (e.g. due to client improvement or deterioration)

## CONTENT

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## ASSESSORS SUMMARY & NEXT STEPS



# CONTENT

## BEFORE THE MOVE

### Consider Abilities & Characteristics of Each Person

- Person to be assisted
  - Predictability of behaviour
  - Cognition
  - Physical capabilities
  - Physical characteristics
- Caregiver
  - Capabilities & Training



Photo taken from *3 Easy, Safe & Effective Exercises for Individuals with Dementia* project, 2013, funded by the Ontario Government

- Affect (calm, confidence, not rushed)

### Selection of approach for transfer (rationale)

Need for client agreement and permission

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## ASSESSORS SUMMARY & NEXT STEPS

## CONTENT

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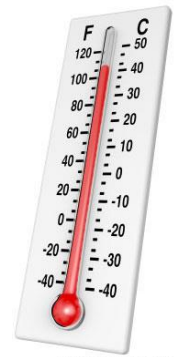
## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## BEFORE THE MOVE

### Risk Assessments

- Environment (physical, lighting, temperature, colour contrast)
- Risks to client
  - Physical discomfort
  - Psychological discomfort (e.g. personal space)
- Risk to caregiver
  - Physical discomfort
  - Psychological discomfort (e.g. personal space)



ComputerHope.com



Task 10.7f

## CONTENT

- Caregiver Knowledge
- Before the Move
- The Move
- Completion
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## PRESENTATION & APPROACH

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## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## BEFORE THE MOVE

### Physical preparation of People, Environment & Equipment

- Environment
- Equipment
- Person to be assisted
- Caregiver
- Posture & positioning to enable good body mechanics

## CONTENT

- Caregiver Knowledge
- Before the Move
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## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## THE MOVE

### Instructions to person to complete task

- Located within client's visual field when communicating
- Encourage person to do as much as possible
- Clear and appropriate communication (provide examples)
  - Simple, positive action words
  - Ready, steady, stand; not 1, 2, 3



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# CONTENT

## THE MOVE

### Person-caregiver contact

- Purpose of physical contacts
- Support without physical or psychological discomfort

### Techniques at each level of the hierarchy

- Techniques recommended
- Techniques cautioned against, and why



## CONTENT

- Caregiver Knowledge
- Before the Move
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## ASSESSORS SUMMARY & NEXT STEPS

## CONTENT

- Caregiver Knowledge
- Before the Move
- The Move
- **Completion**
- Resources

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## ASSESSORS SUMMARY & NEXT STEPS

# CONTENT

## COMPLETION

### Client safe, ready for next activity

- Confirm that client feels stable before disengaging (positive wording – avoid suggesting symptoms)
- Ensure that client has or can reach any necessary aids for next activity (e.g. walking)

### Reflection on activity

- Caregiver's reflection
  - Could the client have done more?
  - Risks/different ways to do it?
- With client – was it okay? Anything to do differently next time?
- In retrospect, were other resources needed?



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<https://www.kisspng.com/png-old-age-woman-retirement-health-pension-1847670/preview.html>

# CONTENT

## RESOURCES

### Organization-specific contacts and procedures

- Who can help with what challenges, and how to contact
- Gaps in coverage (e.g., weekend, night)
- Procedures to request additional resources (equipment, referrals)



## CONTENT

- Caregiver Knowledge
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## PRESENTATION & APPROACH

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## ASSESSORS SUMMARY & NEXT STEPS

# Organization of Framework

CONTENT



PRESENTATION & APPROACH

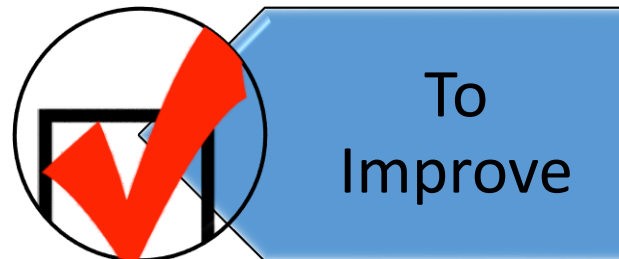
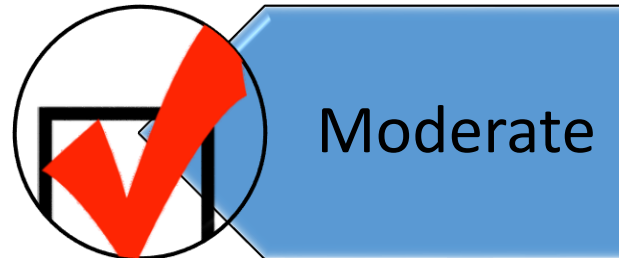
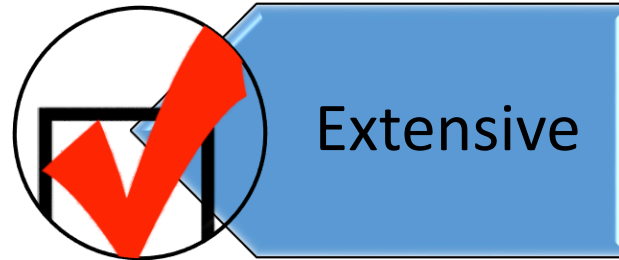


ASSESSOR'S SUMMARY &  
NEXT STEPS





## PRESENTATION & APPROACH



# PRESENTATION & APPROACH

## FORMAT

Communication approaches for a range of learning styles



TEXT



IMAGES/VIDEOS/DEMONSTRATION



PHYSICAL PRACTICE



CASE STUDIES

### CONTENT

- Caregiver Knowledge
- Before the Move
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### PRESENTATION & APPROACH

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### ASSESSORS SUMMARY & NEXT STEPS

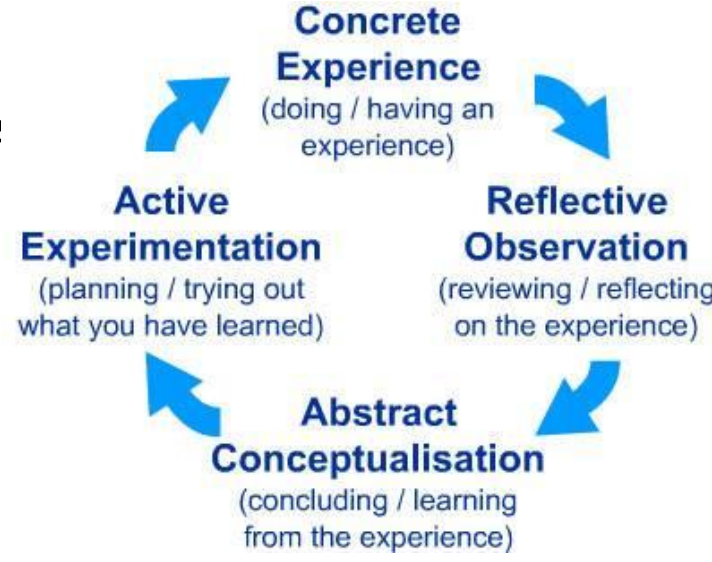
# PRESENTATION & APPROACH

- CONTENT**
- Caregiver Knowledge
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## EDUCATIONAL APPROACH

Are there opportunities for students to...

- Be exposed to new knowledge
- Reflect on new knowledge
- Consider opportunities to change their practice (e.g., stop, start, continue)
- Actively try new strategies & techniques



[www.simplypsychology.org/learning-kolb.html](http://www.simplypsychology.org/learning-kolb.html)

- PRESENTATION & APPROACH**
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## EVALUATION

- Evaluation of learners' knowledge
- *Practical* evaluation of learners' ability
- Evaluation of training by learners

**ASSESSORS  
SUMMARY & NEXT  
STEPS**

## PRESENTATION & APPROACH

### STONE

- Focus is on how to do the job safely, not on injury risk
- Considers client and caregiver needs equitably
- Language is concrete, avoids euphemism



Photo taken from *3 Easy, Safe & Effective Exercises for Individuals with Dementia* project, 2013, funded by the Ontario Government

### CONTENT

- Caregiver Knowledge
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### PRESENTATION & APPROACH

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### ASSESSORS SUMMARY & NEXT STEPS

# ASSESSOR'S SUMMARY & NEXT STEPS

- CONTENT**
- Caregiver Knowledge
  - Before the Move
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**ASSESSORS SUMMARY & NEXT STEPS**

ASSESSOR'S SUMMARY AND NEXT STEPS
<p><i>Strengths of our current training</i></p> <p>Strengths of current training</p>
<p><i>Areas for improvement</i></p> <p>Areas for improvement</p>
<p><i>Plan for revising training</i></p> <p>Plan for revising training</p>
<p><i>Lessons Learned from implementation of revisions (fill this out after testing your revised training)</i></p> <p>Lessons learned from implementation of revisions</p>

# ACKNOWLEDGEMENTS

**CRE-MSD** – Seed Grant Funding

**PSHSA** – Collaboration in Client Patient Handling CoP

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## Multidisciplinary Panel

*Sherri Bastos*

*Taryn Bolt*

*Bernadine Bulze Licorish*

*Andrea Cook*

*Tilak Dutta*

*Brydne Edwards*

*David Frost*

*Matthew Lam*

*Sandra McKay*

*Linda McIlwain*

*Janet Rhooms*

*Betty Rivington-Law*