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Homemaker—Home Health Aide Education:
Program Development, Teaching and Evaluation

FAYE STRAYER

Program In Health Occupations Education
The University of Iowa

HOMEMAKER-HOME HEALTH AIDE EDUCATION:
Program Development, Teaching and Evaluation

Prepared by

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and Curriculum Development Project

Under the auspices of
The Program in Health Occupations Education
The University of Iowa
Iowa City, Iowa 52242

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Dale Peterson
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HOMEMAKER-HOME HEALTH AIDE EDUCATION
Program Development, Teaching and Evaluation

ACKNOWLEDGEMENTS vii

I. PROGRAM DEVELOPMENT	1
The Role of the Homemaker-Home Health Aide Service 3	
Elements of a Homemaker-Home Health Aide Pre-Service Educational Program 5	
II. KNOWLEDGE AND PERFORMANCE OBJECTIVES FOR HOMEMAKER-HOME HEALTH AIDE EDUCATION	13
General Objectives 15	
Homemaking Objectives 15	
Child Care Objectives 20	
Personal Care Objectives 22	
Home Health Care Objectives 22	
First Aid, Emergency Care and Personal Safety Objectives 28	
III. MAKING INSTRUCTIONAL PLANS	30
Educational Needs Assessment 31	
Meeting Educational Needs 31	
Suggested Outline of Topics Useful for Organizing Homemaker-Home Health Aide Educational Programs 32	
Examples of Educational Programs 36	
IV. TEACHING FOR THE FACILITATION OF LEARNING	49
General Suggestions 51	
Chapter I - Introduction to Homemaker-Home Health Aide Work 56	
Chapter II - The Paper Work 59	
Chapter III - The Indoor World 64	
Chapter IV - The Bedfast Client's Room 79	
Chapter V - Food and Nutrition 82	
Chapter VI - Human Development 95	
Chapter VII - Guidance and Behavior Management 103	
Chapter VIII - Care of Ill, Disabled, Recuperating and Well Individuals 114	
Chapter IX - Community Services 135	
V. EVALUATION AND TEACHING	137
Role Modeling and Evaluation 139	
Performance Objectives and Evaluation 139	
Validity and Reliability 139	
BIBLIOGRAPHY	141
APPENDICES	149
INDEX	157

PREFACE

If the goal of providing modern health care for everyone is to be reached, health care must go beyond that which is provided only in office and institutional settings. For social, economic and health reasons more health care in the home is becoming increasingly desirable and necessary. This book and the accompanying manual are concerned with the development of pre-service homemaker-home health aide educational programs which will help individuals prepare to assist with healthful self-care at home, to give some health care, and to assist in the provision of a healthful home environment.

Traditional sources of this preparation have been the agencies and institutions utilizing these services. Greater demand for homemaker-home health aide workers is placing an increasingly heavy pre-service educational burden on these service agencies and institutions.

It is recent public policy for community educational institutions to be involved with the preparation of many new types of health care providers. These materials are to assist these community institutions and the individuals within them to develop quality educational programs preparing aides for employment by homemaker-home health service agencies, visiting nurse associations, public health nursing organization agencies, extended care centers, nursing homes, food service institutions providing meals to people in their own homes, youth shelters, homes providing care for a group of children on a permanent basis, child care centers, and other related employment settings, or for private individuals.

Specifically these pre-service educational materials are:

- 1) Homemaker-Home Health Aide Education: Program Development, Teaching, and Evaluation, Program in Health Occupations Education, The University of Iowa, Iowa City, Iowa 52242, August 1976.
- 2) Homemaker-Home Health Aide Manual, Program in Health Occupations Education, The University of Iowa, Iowa City, Iowa 52242, September 1975.

Homemaker-Home Health Aide Education has four purposes. First, it is designed to assist administrators to assess community homemaker-

home health aide educational needs.

Second, it is to assist administrators to organize a community's human and facility resources to provide needed pre-service education for homemaker-home health aides.

Third, it is to assist coordinators and teachers to plan instruction of home management and home health care.

Last, it is to help administrators, coordinators, teachers, employers and students to evaluate the suitability of the learning experiences as preparation for beginning employment in one of the new and fast growing helping professions.

The program development materials may be used by administrators of public or private junior colleges, comprehensive community colleges, technical institutes, settlement houses, visiting nurse associations, public health nursing institutions and/or other educational institutions offering short courses. The term "college administration", when used in this guide, refers specifically to the personnel in institutions administering this type of short-term course.

Program coordinators and teachers in homemaker-home health aide preparatory programs will be the primary users of the teaching and evaluation materials.

The Homemaker-Home Health Aide Manual is designed (1) to assist students to become acquainted with the role and duties of a homemaker-home health aide and (2) to serve the employed aide as an on-the-job reference book to be used as needed while carrying out job responsibilities.

ACKNOWLEDGMENTS

These educational materials have evolved from the efforts of many institutions and individuals in behalf of their commitment to help provide orientation and educational programs for the homemaker-home health aides. These specific materials are to be used in providing pre-service education for a homemaker-home health aide.

Appreciation is expressed to the Iowa Regional Medical Program for providing funds to develop, field test and disseminate:

- (1) a manual to be used for the pre-service education, and as an in-service reference guide for homemaker-home health aides, and
- (2) an educational program development, teaching and evaluation guide for implementing pre-service preparation in community based educational institutions.

It was the search for qualified assistance by the newly created Homemaker-Home Health Aide Pre-Service Education and Curriculum Development Project staff that led to the formation of an advisory committee comprised of representatives from the State Departments of Health, Social Services and Public Instruction, county social welfare departments, private and public homemaker-home health aide agencies, and representatives from the disciplines of nursing and home economics. In so doing, the project staff under the direction of the Program in Health Occupations Education brought together the concerns of the many institutions, departments and agencies involved in the education and utilization of homemaker-home health aides.

The resultant student oriented pre-service education manual and the program development, teaching and evaluation guide both reflect the direction of this advisory committee which was comprised of:

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The members of the committee advised concerning the content of the educational materials and participated in working meetings to read and discuss the manuscript. Many members of the advisory committee made contributions which extended their assistance beyond that of their role as a committee member.

Professor Beavers was appointed by Iowa State University to administer the responsibilities that institution assumed through a sub-contract to provide services and materials pertinent to homemaking as related to the Homemaker-Home Health Aide Pre-Service Education and Curriculum Development Project. Professor Beavers, Department of Home Economics Education, Iowa State University, coordinated the compilation of home-making task analysis research and coordinated the production of much

of the basic information used in the homemaker portions of the curriculum. Marcene Eshelman, Iowa State University, working under the direction of Dr. Beavers, functioned as the major investigator in the provision of the sub-contracted homemaker materials from which the homemaker information and the homemaking related learning activities were selected for the curriculum. The contributions of Dr. Beavers; Marcene Eshelman; Ruth Smith, homemaker, Ames, and Beverly Jensen, ISU graduate student in the roles as resource persons for the advisory committee and for the pilot program teacher orientation workshop were indeed great.

Mrs. Rosendahl served as the project staff's health consultant and Mr. Petersen as the staff project director. Their perception, expertise and organizational skills, together with those of Mavis Kelley, Geneva Hawk and other members of the advisory committee inspired and created the original proposal and contributed greatly to the implementation and completion of the project.

Of great value were the contributions of the following persons who with enthusiasm and skill taught the pilot project students, pointed out parts of the materials in need of clarification and provided additional information which increased the depth and scope of the final materials. They are:

Carolyn Downing, R.N.
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Recognition is also extended to the local advisory committees which functioned in Creston, Fort Dodge and Waterloo to support and make possible the successful implementation of the pilot programs.

We are especially indebted to Hawkeye Institute of Technology, Iowa Central Community College and Southwestern Community College for their interest in participating in the project and administering the

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Appreciation is extended to Dr. Nancy Jordison, College of Nursing, The University of Iowa, for reading the Human Development and Guidance and Behavior Management chapters and for her academic and editorial suggestions.

Appreciation is sincerely extended to Karen Bixby for her part in the development of project materials, scheduling of various meetings, typing of all project materials, and compilation of the index of each book.

To the extent that these materials are relevant and useful the credit must be attributed to those named above. It is hoped that these materials will fulfill the expectation of helping community institutions provide excellent preparatory programs, tailored to the pre-service educational needs of the homemaker-home health aide workers in each community.

Faye Strayer, Ph.D.
Project Coordinator

August 1976

PART I

PROGRAM DEVELOPMENT

THE ROLE OF THE HOMEMAKER-HOME HEALTH AIDE SERVICE

"Homemaker-Home Health Aide Service is an organized community program provided through a public or voluntary non-profit agency. Qualified persons--homemaker-home health aides--are employed, trained, and assigned by this agency to help maintain, strengthen, and safeguard the care of children and the functioning of dependent, physically or emotionally ill or handicapped children and adults in their own homes where no responsible person is available for this purpose. The appropriate professional staff of the agency establishes with applicants their need for the service, develops a suitable plan to meet it, assigns and supervises the homemaker-home health aides, and continually evaluates whether the help given meets the diagnosed need of its recipients."¹

By definition "A homemaker-home health aide is a mature, specially trained person with skills in homemaking and home health care who is employed by a public or voluntary health or social service agency to help maintain and preserve life that is threatened with disruption by illness, aging, disability, death, ignorance, social maladjustment, or other problems. A pleasant personality, physical and mental well-being, training and experience enable that person to assume full or partial responsibility for child or adult care, for household management, and for maintaining a wholesome atmosphere in the home. These services are provided under the general supervision of a social worker, nurse or other appropriate professional person connected with the sponsoring agency. The homemaker-home health aide exercises initiative and judgment in performance of duties, recognizes the limits of his or her responsibility, works cooperatively with individuals and with family members, and shares observations and problems with those responsible for the homemaker-home health aide service program."²

¹ National Council for Homemaker Services, Inc., Standards for Homemaker Home Health Aide Services, p. 5.

² paraphrased from: Homemaker Services in the United States: Report of the 1959 Conference. National Conferences on Homemaker Services.

The services of a homemaker-home health aide are made available upon evaluation of a written request for service. The payment for these services varies with individual circumstances of the recipient. The services may be free or partial or the full costs of providing the service may be charged.

Home health aides are usually selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read and write, ability to carry out directions, maturity, and ability to deal effectively with the demands of the job. Aides are educated in:

1. methods of assisting clients to achieve maximum self-reliance,
2. principles of nutrition and meal preparation,
3. recognition of signs of the aging process,
4. recognition of signs of emotional problems,
5. procedures for maintaining a clean, healthful and pleasant environment,
6. recognition of changes in patient's condition that should be reported,
7. the methods of work and responsibilities of the agency and the health team,
8. ethics, including the need for absolute confidentiality, and
9. the methods and necessity of impeccable recordkeeping.

In addition, an aide's work is supervised to doubly assure that competent care is provided.

As the title implies, the homemaker-home health aide provides home care, homemaking service, personal health and health care services to the clients they serve. The educational materials contained within this guide and accompanying manual are designed to reflect this combination of functions.

ELEMENTS OF A HOMEMAKER-HOME HEALTH AIDE
PRE-SERVICE EDUCATIONAL PROGRAM

The Role of the Local Advisory Committee

Basic to planning educational programs for the homemaker-home health aide is the establishment of a local advisory committee. Membership on the local advisory committee could include: (1) employers or individuals representing private and public homemaker-home health service agencies, (2) employed homemaker-home health aides, (3) men and women who are receiving service assistance from homemaker-home health aides, (4) public health nurses, (5) visiting nurses, (6) social workers, (7) area extension representatives, (8) representatives from nursing homes, (9) representatives from interested educational institutions, (10) hospital representatives, and (11) interested persons. It is recommended that the advisory committee consist of 10 to 15 members.

Advisory committees may serve one or a variety of purposes such as:

1. informing an area community college of the extent of need for a pre-service educational program,
2. informing a college of the special educational needs of various users of the homemaker-home health aide workers,
3. suggestions of possible practicum sites and other community resources to be used during the pre-service educational program,
4. providing an opportunity for college officials to describe a proposed educational program, and/or
5. providing a forum for discussion among users, observers, and educators concerning pre- and in-service educational needs of individuals working as homemaker-home health aides.

The forum of the advisory committee could encourage exploration of the philosophy and objectives of the proposed course to help insure that the course content is in harmony with the needs of the students, the community users, clients and health planners.

This use of the advisory committee is based upon the following assumptions:

1. Successful pre-service educational programs can be established if the community college builds a firm and continuing relationship with representatives of the local health facilities and service agency users, homemaker-home health aide workers, recipients of care and assistance administered by homemaker-home health aides and civic minded members of the community who have health planning interests.
2. Full use of the potential of the community college to provide pre-service training for homemaker-home health aides requires organization for cooperative community action at every stage of the developing programs.
3. Within a community any one of the above-mentioned institutions or individuals has a responsibility for acting as a catalyst to urge research into need and/or action to provide pre-service education for homemaker-home health aides.

Two good references concerning formation and use of advisory committees are:

Vocational Advisory Committees, American Vocational Association, 1510 H Street, N.W., Washington, D.C. 20005.

Organization and Effective Use of Advisory Committees, U. S. Department of Health, Education and Welfare, Office of Education. Washington, D.C. 20202. (A local congressional representative's office can sometimes provide federally printed materials.)

Identifying Community Needs and Resources

The community college administration with the help of the advisory committee will need to consider the following in evaluating the feasibility of the college developing a pre-service educational program for homemaker-home health aides.

Criterion One: Are there adequate facilities available for the health care practicum aspects of the program?

Institutional facilities rather than private homes are preferred because in an institutional setting: (1) it is possible for students to deal with larger variety of problems within a limited amount of time, (2) problems of confidentiality are more efficiently solved than if it is necessary to deal with a large number of private households; and (3) prospective homemaker-home health aides are less likely to acquire either an excessively cheery or dreary impression of the facilities within which they will eventually work.

Criterion Two: Can a qualified program coordinator and teaching staff be obtained for the program?

A program coordinator will be either (1) an individual with a background in home economics education and nutrition or (2) a registered nurse. One individual may serve both as a coordinator and as a teacher in the program.

The staff teachers will be (1) individuals with a background in home economics education and nutrition and (2) registered nurses or licensed practical nurses working under the supervision of a registered nurse.

In order for the services of a homemaker-home health aide to be reimbursed for the care of a medicare recipient the aide must have received an appropriate preparation in health care under the supervision of a registered nurse or from a licensed practical nurse working under the supervision of a registered nurse.

The variety of staffing arrangements which can be created under these rules is well illustrated by the composition of the pilot program staffs in which each staff was comprised of a teacher-coordinator and a teacher, both of which had either a nursing or home economics background. For example one of the pilot project staffs had a home economist as a teacher-coordinator and a licensed practical nurse as a health and nursing care teacher. The licensed practical nurse was supervised by the college registered nurse--coordinator of adult and continuing education for health occupations.

Guest speakers from community agencies may also function as teachers. Their teaching and speaking services usually are not reimbursed. Part of the responsibility of these individuals to their employers is to inform the public about the availability of their agency's services. Information given to homemaker-home health aides helps these agencies fulfill their institutional mission to reach people who need their services.

Criterion Three: Will students be attracted to the program?

1. Are there job opportunities for those who complete the program?
2. Are the salaries commensurate with the investment in education?
3. Will the number of students be available in sufficient numbers to permit the optimum 9 to 15 students per class?

4. What has been the college's previous experience providing this or a similar educational program?

Criterion Four: Is the general cost of the program consonant with college's financial resources?

Criterion Five: Is the cost to students consonant with the students' financial resources?

Do the students have tuition funds from employers or other financial support for their education, such as private funds, A.D.C. support, or other support from agencies or programs? Will some students need reimbursement for transportation, child care, food, on-the-job clothing costs, etc.?

Criterion Six: Can the college meet the demands which additional students place upon existing facilities such as the nursing laboratory, college classrooms, personnel services, and the library?

What other community facilities are available for some of the classwork? For example, do extension offices and the various facilities visited have conference rooms available for short term class use? This program most successfully uses and visits a great variety of community resources such as food stamp application centers, family planning services, neighborhood centers, child care and educational facilities, facilities for the aged and handicapped, the social security office, mental health facilities, group care homes for children, etc. A classroom in addition to the nursing laboratory should be available for scheduled use at the area community college.

Securing State and Local Program Resources

Within the investigative phase the college administration will begin to blend the informal advisory committee with the coordinator or coordinator-teacher. The coordinator or coordinator-teacher is employed in advance of the establishment of the program. Resources must be investigated before any contractual agreements related to the program are developed. Many of the subject matter areas can best be handled by representatives of various community agencies such as the extension service, the family planning agency or the sheltered workshop for the handicapped. In such a case, appropriate arrangements must be made with the agencies for personnel time. The coor-

dinator should explore the possible practicum centers for the health portion of the course. Arrangements for educational resources should not be concluded before the program coordinator, a professional nurse or home economist, is appointed.

At this time, the curriculum, estimates of needed faculty time, laboratory time and space, classroom space, practicum space and equipment should be detailed by the coordinator.

Qualified health and home economic teachers must be selected. If the coordinator is to serve as a teacher-coordinator only an additional teacher needs to be selected. The staff teachers selected will be (1) individuals with a background in home economics education and nutrition and (2) a registered nurse or a licensed practical nurse working under the supervision of a registered nurse.

The advisory committee can be useful in suggesting program resources available state-wide or within the local community. Many state agencies such as the departments of health, education and social services have resource personnel available upon request.

Selection of the practicum facility involves considering the (1) adequacy of the facility to accommodate educational needs, (2) distance of the facility from the program location, (3) availability to students of transportation to and from the practicum site, and (4) willingness of the health facility administration to adopt an educational orientation.

The practicum facilities should provide opportunities for demonstration, student observation and supervised teaching-learning experiences.

The written contract with the practicum facilities should enunciate any areas of shared responsibility and any areas of separate responsibility through statements about:

1. duration of the agreement.
2. who is responsible for supervision and instruction of students.
3. use to be made of the facilities.
4. provisions for special needs of students when in the facility, e.g., conference space, cafeteria, personal storage space,

required and/or acceptable apparel to wear during patient contact.

5. responsibility for equipment damage.
6. definition of "adequate supervision" to protect against implications of negligence.
7. any provision either party will need to make to meet national, state, local and/or institutional requirements.

Organizing for Program Evaluation

A process for program evaluation should be established or defined before homemaker-home health aide classes begin.

Each student should participate in the evaluation of his or her own achievements and progress through self-evaluation and mutual review with the faculty.

Student evaluation of the course could be used as one means of assessing the effectiveness of the program.

Student Recruitment

A plan for informing the public and for recruiting students should be operating at least one month before classes are scheduled to begin. Holding informational meetings for prospective students about the role of the homemaker-home health aide are often useful. Agencies which have access to individuals who may be looking for employment or agencies and institutions already employing homemaker-home health aides are other likely sources of students which should be explored.

Student Selection

Students who expect to become employed homemaker-home health aides will need to be able to read and write clearly. Employed aides need to read assignment instructions and household instructions. They need to write a legible and a clearly understood daily narrative report.

Acceptance into the program and faithful attendance and completion of the program does not guarantee an employable person will be produced. The principle that hiring agencies should have a choice of candidates for each position implies that some trained individuals will not be chosen to work as homemaker-home health aides. These

individuals may find employment in related fields using some, but perhaps not all, of the skills required of an aide working in a home.

For some students their experiences with the course will encourage the acquisition of further education, either in a related or entirely different vocation. Many will find it an impetus for more self education in addition to its vocational merits.

General Records and Reports

Copies of the course outline, class and practicum schedules should be available before classes start and preferably as early as possible during the student recruitment phase.

A small bulletin describing the program and general plan for the curriculum showing the time and date of scheduled classes might be prepared as recruitment literature.

The minutes of faculty and advisory committee meetings should be available and accessible for use by interested persons.

Each student record should include admission, attendance and course completion information. The college should make provision to protect these records against loss, destruction or unauthorized use.

The Role of Knowledge and Performance Objectives to Curriculum Development, Teaching and Evaluation

Knowledge and performance objectives for each of the local homemaker-home health aide educational programs can be locally selected from the list of objectives formulated by the Iowa Homemaker-Home Health Aide Education and Curriculum Development Advisory Committee. This master list of objectives was created from analysis of duties or tasks homemaker-home health aides perform as part of their job and from the working experiences and expertise of the Advisory Committee members. Two task analysis research projects which were of particular value to the Advisory Committee in its work of creating knowledge and performance objectives for homemaker-home health aide education are:

Gilligan, Thomas J., and V. Clayton Sherman, Health Aide Education and Utilization: A Task Identification Study, Vol. 1. The Metropolitan Washington Regional Medical Program; Homemakers Home and Health Care Services, Inc., A Subsidiary of the Upjohn Company, Kalamazoo, Michigan 49001, March 1974, 325 pages.

Identification of Tasks in Home Economics Related Occupations, Department of Home Economics Education at Iowa State University and University of Northern Iowa in cooperation with the Iowa Department of Public Instruction, pp. 42-47, 81-97, 138-139 and 146-165.

Similar objectives will often appear associated with more than one task because they are an integral part of each of those tasks. For example, handwashing is of extreme importance in food handling, the giving of personal care to clients, in moving from one home to another providing homemaker-home health aide services and in the maintenance of the aide's own health.

Through reference to the list of objectives teachers can evaluate students' learning needs and plan for instruction and for reinstruction.

The one hundred twenty hour pre-service educational program will necessarily be followed by on-the-job training for specific employment situations and by in-service educational programs designed to expand each aide's repertory of skills which can be beneficially put to use helping clients live happier, healthier, and more useful lives.

PART II

KNOWLEDGE AND PERFORMANCE OBJECTIVES FOR
HOMEMAKER-HOME HEALTH AIDE EDUCATION

GENERAL OBJECTIVES

Oral Communication with Client, Client's Family, Co-Workers and Supervisor

1. Demonstrates knowledge of the communication relationships and responsibilities of the job title.
2. Demonstrates knowledge of the responsibility to maintain the confidentiality of information.
3. Demonstrates knowledge that a breach of confidentiality could be grounds for dismissal from a position and could be the basis for a legal suit against an aide and/or the employing service agency.
4. Demonstrates understanding that homemaker-home health aides never reveal his or her personal problems to a client.

HOMEMAKING OBJECTIVES

Household Management

1. Recalls how to assist clients and supervisory team in identifying long and short range household management goals and maintenance goals.
2. Recalls methods of assisting client to set priorities among long and short range goals. What are the problems? Where to begin?
3. Recalls ways of assisting supervising team and client in identifying time, money, property, space and ability resources available for applying to household management tasks.
4. Recalls methods of assisting clients to identify ways to increase family resources (food stamps, buying practices, per unit cost calculation, when and when not to use credit).
5. Recalls ways of assisting client to operate within available resources.
6. Recalls ways of assisting householder in choosing products, techniques, practices and equipment appropriate for each of the household management tasks.
7. Recalls ways of assisting single parent and two parent families to manage household tasks and occupational responsibilities.

Clothing Maintenance

1. Recalls appropriate products and water temperature for laundry.
2. Recalls system for sorting soiled laundry.
3. Recalls procedures and equipment for washing clothes by hand or machine.
4. Recalls efficient methods of drying (by machine, indoor or outdoor), folding and storing clothing.
5. Recalls method of pretreating of heavily soiled clothing.
6. Recalls methods of removing spots from clothing, furniture and rugs.
7. Demonstrates use of spot removal chart.
8. Recalls how to prepare clothing for cleaning by a commercial laundry or dry cleaning business.
9. Demonstrates checking on return of all items sent to laundry.
10. Demonstrates ironing clothes (use of flat iron, electric iron or mangle).
11. Demonstrates a method of mending.
12. Recalls how to assist with mending and alterations.
13. Recalls how to teach others to mend, alter or repair clothing.

Household Maintenance

1. Recalls which cleaning supplies are likely to be stocked in a homemaker-home health aide's emergency housecleaning kit.
2. Demonstrates assisting a client in the cleaning of walls, woodwork, tile, doorknobs, mirrors, glass covered wall hangings and furniture, windows, closets and floors.
3. Recalls conditions which indicate when cleaning tasks need to be done.
4. Recalls which tasks need to be completed to provide a well-cared for and healthy home environment.
5. Demonstrates how to efficiently perform housecleaning tasks.
6. Recalls and/or can demonstrate a health related sequence for cleaning a room.
7. Demonstrates how to assist ill or disabled person to clean shelves and drawers.

8. Demonstrates use of vacuum and treated dust cloth to dust woodwork, furniture, picture moldings, light fixtures and radiators.
9. Demonstrates vacuuming walls, floors, rugs, carpets, and draperies using all vacuum cleaner attachments.
10. Recalls why regular maintenance cleaning is preferred to cleaning only when interior surfaces are recognizably and visually in need of cleaning.
11. Can write a maintenance cleaning schedule for a household.
12. Demonstrates system for removing accumulated trash from room.
13. Demonstrates proper disposal of various kinds of trash.
14. Demonstrates good body mechanics to be used when turning mattresses.
15. Demonstrates making an unoccupied bed.
16. Demonstrates making an occupied bed, open bed and closed bed.
17. Recalls reasons for airing room, mattresses, bedding and pillows.
18. Recalls procedures and length of time for airing rooms and complete homes.
19. Demonstrates sequential method and products needed for sanitary cleaning of bathroom fixtures and floor.
20. Recalls general ideas governing the cleaning of ranges and ovens.
21. Recalls how to adjust ventilation and humidity for client health and comfort.
22. Demonstrates methods and techniques of fostering independent performance of household maintenance tasks with clients who have the potential to carry out these tasks.

Household Safety and First Aid

1. Demonstrates how to check lights, electrical appliances, and equipment for needed repair.
2. Recalls how to test for burned out light bulbs, defective switches, and defective sockets.
3. Recalls characteristics of defective electrical cords, defective plugs, worn-out light bulbs.
4. Demonstrates how to change fuses in switch boxes.

5. Recalls how to select proper fuse for replacement.
6. Demonstrates how to operate circuit breakers.
7. Recalls proper and improper (safe and unsafe) uses of extension cords.
8. Recalls how to identify hazardous conditions in a home.
9. Recalls methods of assisting to correct hazardous conditions in a home.
10. Recalls to whom hazardous conditions should be reported.
11. Recalls to whom accidents should be reported.
12. Recalls methods of identifying and helping to correct conditions particularly hazardous to children in a home environment.
13. Recalls and demonstrates sanitary treatment of minor injuries such as scratches.
14. Recalls and demonstrates a variety of common home emergency procedures.

Food Handling and Sanitation

1. Recalls methods of cleaning shelves, work tables and sinks in kitchens to make them safe surfaces for food.
2. Recalls and/or demonstrates a method of scraping and stacking dishes.
3. Recalls equipment, temperatures, supplies and/or products needed for safe washing of dishes by hand and by machine.
4. Recalls ecologically safe way of cleaning pans, ranges and/or ovens.
5. Recalls reasons why clean hands are a must in food handling.
6. Recalls and demonstrates handwashing for medical asepsis.
7. Storing food
 - a. Recalls which leftovers do not store satisfactorily.
 - b. Recalls principles for storing leftovers from table.
 - c. Recalls principles for storing unneeded portions from original container.
 - d. Recalls rules for storing unrefrigerated food in summer.
 - e. Recalls temperatures which encourage quick growth of bacteria.
 - f. Recalls methods of storing safely until the next meal portions from meals delivered to the home (meals on wheels, etc.).

8. Recalls how to store dishes in a bacterially safe way in a drainer, a dishwasher or on a shelf.
9. Recalls method and products to use in weekly cleaning and defrosting of refrigerator.
10. Recalls reason many homemaker-home health aide kits include Physo-Hex or a similar product for between-homes handwashing.

Food and Nutrition

1. Demonstrates taking inventory of food supplies.
2. Recalls how to plan for use of leftovers in form different from the first appearance of a food at a meal or snack.
3. Recalls criteria (standards) for selecting recipes.
4. Demonstrates use of principles of planning for between-meal nourishments.
5. Demonstrates planning to adapt family meals which are nutritionally inadequate to meet basic daily nutritional requirements.
6. Recalls how to adapt menus for age, health and activity levels of the various individuals within one household.
7. Demonstrates planning a menu for interest and attractiveness.
8. Recalls how to adapt family meals to conform to diets recommended by doctor.
9. Recognizes the various kinds of health promoting diets; low sodium, low calorie, salt free, diabetic, bland, soft, liquid, diarrhea.
10. Recalls rules for helping clients with diets.
11. Recalls which dietary intake deviations must be reported to supervisor, nurse or doctor.
12. Demonstrates use of exchange system and Basic Four Foundation Foods to plan menus for two or more days.
13. Demonstrates planning nutritionally sound menus incorporating ethnic food preferences.
14. Demonstrates using steps in preparing a market order or a grocery list.
15. Demonstrates use of the "Comparison Shopper" to figure cost per ounce in the purchase of food.
16. Recalls reasons for serving ethnic and favorite foods.
17. Recalls reasons for serving meals at regularly scheduled times.

18. Recalls methods of providing motivation for clients to eat a balanced diet.
19. Recalls and/or demonstrates methods of cleaning, preparing, and cooking various foods.
20. Recalls how to plan for, cook and store foods for non-sequential meals.
21. Demonstrates use of time limit chart on refrigerator storage, refrigerator-freezer storage and freezer storage.
22. Describes styles of serving meals. Institutional, Family, English, etc.
23. Recalls four ways of making meals attractive.
24. Demonstrates setting a table according to "order of use" of utensils.
25. Recalls how to prepare bedfast person for meal on time.
26. Recalls how to plan for pre-meal grooming of ambulatory persons.
27. Recalls how to prepare and deliver trays to room for bedfast, ill or disabled.
28. Recall techniques and time limit for proper (safe) storage of leftovers.

CHILD CARE OBJECTIVES

Guidance and Behavior Management

1. Recalls reasons for daily telling or reading stories to each pre-school age child.
2. Recalls general principles for the supervision of children at work or play.
3. Recalls ways to assist in the behavior management of children.
4. Recalls when it may be necessary to assist in the behavior management of children.
 - a. Recalls general principles of behavior management.
 - b. Recalls procedures for:
 - 1) identifying behavior problems,
 - 2) stating behavior goals,
 - 3) selecting priorities in dealing with behavior problems, and

- 4) designing a program to promote the achievement of behavior goals.
5. Recalls general principles for the supervision and instruction of children in performing chores.
6. Recalls psychologically healthy ways of comforting an injured or upset child.
7. Recalls psychologically healthy ways of helping child understand death.
8. Recalls ways of helping a parent with his or her responsibilities without threatening the parent's position in the home.

Physical Care of Children

1. Recalls physical and psychologically healthy ways of assisting children in preparation for bed or nap time.
2. Recalls psychologically sound ways of teaching children to prepare themselves for bed or nap time.
3. Recalls rules for assisting with the safe bathing of children.
4. Recalls psychologically sound ways of teaching children to care for themselves and their surroundings.
5. Recalls principles to be observed when assisting with the feeding of children.
6. Recalls and demonstrates safe methods of preparing baby formula.
7. Recalls characteristics of children with special health problems, i.e., epileptic seizures, hydrocephalics, retardation.
8. Recalls characteristics of a wholesome environment for children with special problems.
9. Recalls characteristics of a wholesome environment for children without special problems.

PERSONAL CARE OBJECTIVES

General Personal Care

1. Recalls ways of helping the elderly or the ill adapt clothing for self-help.
2. Recalls supportive behaviors which will help the ill and those physically and/or psychologically close to them to face death.
3. Recalls questions to ask clients which will help the disabled or ill dictate letters.
4. Recalls reasons why liability insurance must be in effect when transporting clients on errands, for shopping or to receive medical care.
5. Recalls and demonstrates ways of providing companionship for clients without violating confidentiality.
6. Recalls mental and physical characteristics of the elderly.
7. Recalls physical tasks which must be performed as needed for ill, elderly, immature or disabled persons.
8. Recalls ways of guiding and directing appropriate family members in assuming various homemaking tasks.
9. Recalls compassionate verbal and physical behaviors designed to maintain the dignity of ill, disabled or elderly persons.
10. Demonstrates recognition of significant indicators of personal, physical or mental problems.
11. Recalls method of reporting to supervisor observations (not diagnosis) of personal, physical or mental behaviors.

HOME HEALTH CARE OBJECTIVES

General

1. Demonstrates reading and interpreting a plan for client care.

Handwashing

1. Washes hands without contaminating them in the process.
2. Demonstrates aseptic handwashing.
3. Verbalizes understanding of handwashing as a means of keeping bacterial contamination from spreading.

Elements of Asepsis

1. Can state the importance of performing procedures in a clean aseptic manner.
2. Demonstrates putting on a sterile gown.
3. Demonstrates helping client who is applying a sterile dressing to him or herself.
4. Demonstrates use of isolation procedures.
5. Demonstrates treatment and/or disposal of contaminated linens.

Observing the Client's Condition

1. Can verbalize that there is a responsibility for the homemaker-home health aide to be aware of client's well being.
2. Demonstrates reporting immediately to the supervisor anything about the client - client's behavior, client's reaction to treatment, client's physical signs - that might give cause for concern.

Vital Signs

1. Demonstrates being able to accurately take and record these vital signs.
 - a. Respirations.
 - b. Pulse at pressure points (radial).
 - c. Oral temperature.
 - d. Rectal temperature.

- e. Axillary (under arm) temperature.
- f. Blood pressure.

Charting and Narrative Reporting

1. Demonstrates being able to follow proper charting procedures to accurately record the client's vital signs, client's care, and reaction to care given.

Making the Bed

1. Upon completion of this unit, the student will be able to make a bed in accordance with prescribed procedures. If the bed is occupied, the student will be able to make the bed obtaining, where appropriate, the physical cooperation of the patient in moving from one side of the bed to the other.
2. The student will be able to adjust the height and side rails of the bed; and, using mechanical or electrical beds, adjust the bed to the various positions.
3. The student will become acquainted with ways and means to improvise the various bed positions (ie., Fowlers position, legs bent, back raised) with beds and materials commonly found in the home.

Cleanliness of Client's Surroundings

1. Can verbalize concerning the importance of keeping the client's surroundings clean.
2. Demonstrates reading and interpreting instructions on the labels of household cleaning supplies.
3. Demonstrates reading and interpreting instructions on equipment and supplies used in client's room.

Dressing and Undressing the Patient-Client

1. Demonstrates dressing and undressing patients and changing soiled linens, using precautions appropriate to the patient's condition.

General Grooming

1. Demonstrates meeting the client's grooming needs through the safe and effective performance of grooming tasks.
2. Gives a bed bath to an adult of the opposite sex.

Normal Meal Activity

1. Demonstrates being able to serve food trays to a bedfast individual.
2. Demonstrates being able to prepare food (cut meat) so that the client may assist self.
3. Demonstrates positioning client for meals.
4. Demonstrates feeding a client who needs to be fed.
5. Demonstrates being able to accurately observe, measure and record the client's intake of food and fluids.
6. Demonstrates ability to interpret a recipe.
7. Demonstrates ability to interpret labels on food containers.
8. Demonstrates interpreting written materials indicating a client has diabetes.
9. Demonstrates helping client with pre-meal grooming.

Elimination

1. Appropriate to client's condition, demonstrates being able to assist client in urine and bowel elimination.
2. Demonstrates being able to observe the client's output, noticing conditions which should be reported.

Collecting and Testing Urine Specimens

1. Demonstrates being able to collect urine specimens.
2. Demonstrates being able to perform the various tests for acetone and sugar.
3. Demonstrates being able to record output.

Bandages: Application and Assistance

1. Demonstrates being able to help a client apply a bandage indicated as appropriate by the supervisor.

Decubiti Care

1. Describes the effect on skin of long periods of immobilization.
2. Demonstrates being able to perform tasks associated with the prevention and care of decubitus ulcers.
3. Demonstrates safe use of supplies and equipment needed in care and prevention of decubitus ulcers.
4. Demonstrates knowledge of methods used to prevent decubitus ulcers.
5. From a series of slides or pictures can identify the ones showing the effect on the skin of long periods of immobilization.

Assisting the Client-Patient in Movement

1. Demonstrates being able to safely assist the client in movement appropriate to the client's condition.

Transporting a Client-Patient in a Wheel Chair

1. Demonstrates ability to assist the client in the use of a wheel chair in a safe and effective manner.

Human Interaction

1. Demonstrates a knowledge of the service role of homemaker-home health care personnel in comforting and caring in a manner that respects and sustains the human dignity of individual client-patients.
2. Can explain to others why it is important to comfort and care for others in a manner that respects and sustains the human dignity of the giver and the receivers of the care.

Health Education

1. Understands it is often necessary to orient client and family to healthful home routines, regulations and physical facilities.
2. Demonstrates helping a client, family or other personnel to learn about general hygiene for prevention of illness and promotion of health.
3. Demonstrates helping a client, family or other personnel to learn about the prevention of accidents.
4. Demonstrates reinforcing and helping a client, family or other personnel learn rehabilitation activities for daily living.
5. Can explain how the supervisor helps clients, families, other personnel and employees learn the objectives of home-maker-home health care of specific current illness and convalescence.
6. Demonstrates how an aide can reinforce the supervisor's health education activities. For example, the supervisor helps client, family, and agency personnel to learn the methods of skin care. The aide uses these methods during the care of clients, encourages the client and client's family to use these methods and uses these methods in his or her own self care.
7. Demonstrates helping a client, family and other personnel learn methods of preventing infection.
8. Can explain and demonstrates how to reinforce and help client, family, and other personnel to practice good body alignment.
9. Understands and demonstrates helping client, family or other personnel to learn about good nutrition.
10. Understands and demonstrates how to reinforce and help client, family, and other personnel to learn to care for health equipment.
11. Understands and demonstrates how to reinforce and help client, family, and other personnel to understand prescribed treatments.
12. Understands and demonstrates how to reinforce and help client, family and other personnel to understand bowel and bladder training.
13. Demonstrates the use of good body mechanics in performing daily work.

FIRST AID, EMERGENCY CARE AND PERSONAL SAFETY OBJECTIVES

Standards set for the American National Red Cross nine hour first aid personal safety course are the minimum first aid knowledge and performance objectives for homemaker-home health aides. Objectives for extensive "Meeting Health Emergencies" courses may be substituted for the Red Cross knowledge and performance standards or objectives.

PART III

MAKING INSTRUCTIONAL PLANS

EDUCATIONAL NEEDS ASSESSMENT

Educational needs of the homemaker-home health aide will vary from community to community and agency to agency. It is imperative that each local user of homemaker-home health aides define these needs to the local advisory committee. These needs can be considered in developing the local curriculum for the homemaker-home health aide educational program.

To allow the homemaker-home health aide alternative options for employment it is recommended that the health content of a basic pre-employment course be maintained at 60 hours. This will allow a person who has completed the homemaker-home health aide educational program to also meet the educational requirements of the Iowa Department of Health for employment as an aide in a nursing home.

MEETING EDUCATIONAL NEEDS

The book in which you are reading, Homemaker-Home Health Aide Education, provides suggestions for program development, teaching and evaluation. It is to be utilized in planning a curriculum and to facilitate use of the Homemaker-Home Health Aide Manual.

The Homemaker-Home Health Aide Manual, a student textbook and on-the-job reference book, is a companion to this book. The Manual contains instructional content concerning the performance of homemaking and health care related tasks. It is designed to serve as a basic text for a 120 hour preparatory course for homemaker-home health aides.

The course outline, which begins on the following page, suggests topics which can be arranged in a number of ways to create a pre-service educational program or a combination pre-service and in-service homemaker-home health aide educational program.

SUGGESTED OUTLINE OF TOPICS USEFUL FOR ORGANIZING
HOMEMAKER-HOME HEALTH AIDE EDUCATIONAL PROGRAMS

SUGGESTED TOPICS	Reference materials: <u>Homemaker-Home Health Aide Manual</u>	Objectives: <u>this book</u>	Information and learning activities: <u>this book</u>
1. Introduction to Homemaker-Home Health Aide Work	pp. 1-17	p. 22	pp. 3, 4, 36-48, 56-58
1.1 You, working as a homemaker-home health aide	pp. 6-22	pp. 22, 27	pp. 3, 4, 31, 36-48
1.1.1 How to develop the characteristics of a competent homemaker-home health aide	pp. 6-17	pp. 24, 27	pp. 4, 31, 36-48
1.1.2 Working standards	pp. 6-17	p. 24	pp. 4, 31, 36-42, 46
1.2 The agency and the role of the homemaker-home health aide	pp. 18-22	pp. 24, 27	pp. 3, 4, 36, 42, 46, 56-57
1.2.1 Who is your employer?	p. 18	p. 28	pp. 3, 4, 56
1.2.2 Who are your clients?	p. 19	p. 28	pp. 3, 4, 56
1.2.3 What do you do for both	pp. 20-22	p. 22	pp. 3, 4, 56, 57
1.2.4 Giving health promoting care	pp. 20, 57-110, 123-174, 239-316	p. 28	pp. 3, 4, 12
1.2.5 Interaction with clients	pp. 11-17	pp. 22, 26, 28	pp. 3, 4, 52-54, 57
1.3 Seeking and securing employment	pp. 23-30	p. 15	pp. 56, 59, 60, 61
1.3.1 How to apply for a homemaker-home health aide position	pp. 27-30		pp. 56, 59, 60, 61
1.4 Forms, record keeping and communication	pp. 23-27, 31-56	p. 15	pp. 59-63, 65
1.4.1 Ethics and confidentiality	pp. 7, 8, 10-17, 22, 32	pp. 15, 22	pp. 4, 60
1.4.2 Observing the client	pp. 8, 31-34, 114-116	pp. 22-24	pp. 4, 60
2. The Home			
2.1 Care of a home with limited supplies and facilities	pp. 59-61	p. 16	pp. 64-78

SUGGESTED TOPICS	Reference materials: <u>Homemaker- Home Health Aide Manual</u>	Objectives: <u>this book</u>	Information and learning activities: <u>this book</u>
2.2 Environmental adjustments for health and comfort	pp. 62-63	pp. 17, 27 28	p. 64
2.3 Safety and accident prevention in the home	pp. 64-77 120-122	pp. 17-18, 28	pp. 64-65
2.4 Housecleaning and maintenance	pp. 87-88	pp. 16-17, 23	p. 69
2.4.1 Care, safe use and maintenance of the household environment and its equipment	pp. 93-114, 120-122	pp. 16, 17, 23, 27, 28	pp. 64, 69- 78
2.4.2 Spot cleaning furnishings	pp. 88-89, 90-91	p. 16	pp. 67, 70
2.5 Bedfast client's room	pp. 115-122	p. 22	pp. 74-75, 79-81
2.5.1 Equipment, arrangement and safety	pp. 117-120	pp. 17, 18, 28	
3. Clothing	pp. 78-86	p. 16	pp. 66-99
3.1 Caring for clothing	p. 121	p. 16	pp. 66-69
3.1.1 Laundry and mending	pp. 78-86, 121	p. 16	pp. 66-69
3.1.2 Dry cleaning and spot removal	pp. 86-92	p. 16	p. 66
3.2 Adapting clothing for health and convenience	p. 79	p. 16	p. 68
4. Food and nutrition			
4.1 Kitchen sanitation and safety	pp. 123-132	pp. 18-19	pp. 82-85
4.2 Storing and handling food	pp. 133-139	pp. 18, 28	pp. 82-85
4.3 Planning nutritious meals	pp. 142-163	pp. 19, 25	pp. 85-89
4.3.1 How to take a food inventory	p. 160	p. 19	p. 85
4.3.2 Preparing a market order or list	pp. 160-163	pp. 19, 25	pp. 85-89
4.4 Preparing and serving food	pp. 164-173	pp. 18, 19- 20	pp. 89-90
4.4.1 Cleaning, cooking food	pp. 164-165	pp. 18, 19- 20	

SUGGESTED TOPICS	Reference materials: <u>Homemaker- Home Health Aide Manual</u>	<u>Objectives:</u> <u>this book</u>	<u>Information and learning activities:</u> <u>this book</u>
4.4.2 Table and tray setting	pp. 165-166	p. 20	p. 90
4.4.2 Pre-meal grooming for consumers of food	pp. 166-167	pp. 20, 25, 28	pp. 103, 120
5. Human development			
5.1 Growth and development	pp. 175-191	pp. 20, 21, 15, 22	pp. 95-102
5.1.1 Psycho-social aspects of aging (from birth to death)	pp. 177-193	pp. 17, 20, 21, 15, 22	pp. 95-96
5.2 Death	pp. 192-193	pp. 20, 21, 22, 26	p. 128
6. Guidance and behavior management	pp. 197-238	pp. 17, 20-21, 28	pp. 97-102
6.1 The single parent family and combined families	pp. 199-201	pp 15, 21	
6.2 Children	pp. 197-238	pp. 17, 21	pp. 95-99, 104
6.2.1 Working with children	pp. 201-207	pp. 15, 17, 21	pp. 97-101, 108-111
6.2.2 Caring for children	pp. 197-228	pp. 18, 21, 28	pp. 97-99, 103-113
6.3 Adolescents	pp. 229-238	pp. 15, 17, 20, 21	pp. 97-101, 104-107
6.3.1 Working with adolescents	pp. 197-219, 225-238	pp. 15, 17, 20, 21	pp. 97-101, 104-107, 108-111
6.4 Problems of living	pp. 230-238	pp. 15, 17, 20, 21	pp. 108-113
6.4.1 Identifying goals for daily living	pp. 230-231	pp. 15, 17, 20, 21	pp. 104, 108
6.4.2 Management of the home. Sharing the work of housekeeping among everyone in the living unit	pp. 230-235	pp. 15, 17, 21, 28	pp. 69-78, 79-81, 82-94, 103-108
6.4.3 Managing the family money	pp. 231-232	p. 15	pp. 108-111
6.4.4 Alcoholism	pp. 236-238	pp. 15, 28	p. 108

SUGGESTED TOPICS	Reference materials: <u>Homemaker- Home Health Aide Manual</u>	Objectives: <u>this book</u>	Information and learning activities: <u>this book</u>
7. Health care		pp. 15, 18	pp. 114-134
7.1 Asepsis	p. 316	pp. 18, 20, 23, 24	pp. 114-116
7.2 Orientation to providing health care in the home	p. 225	pp. 15, 22, 23, 24, 26, 28	pp. 4, 36-48, 56-57, 60
7.3 Vital Signs	pp. 241-247	pp. 23-24	pp. 116-119, 130
7.4 Physical examination	pp. 248-249	p. 26	p. 119
7.5 Medical emergencies	pp. 250-252	pp. 18, 28	p. 120
7.6 Personal care of the client	pp. 20, 253-281	pp. 21, 22, 24, 25	pp. 120-134
7.7 Care of health supplies and equipment	pp. 20-21, 282-285	pp. 23, 24, 27, 28	pp. 114-116
7.8 Medications and treatments	pp. 20, 286-316	pp. 25, 28	pp. 122-128
7.8.1 Taking medications on schedule	pp. 286-287	p. 28	p. 125
7.8.2 Diabetes, arthritis	pp. 287, 301, 302, 303-307, 309-312	pp. 25, 28	pp. 126, 127
7.8.3 Adaptive measures for self maintenance of well, ill or handicapped individuals	pp. 177-238, 302-311	pp. 25, 26	pp. 119-134
7.8.4 Patient in isolation	pp. 312-316	p. 28	pp. 115, 124
7.9 Positioning and transfer	pp. 317-323	p. 26	pp. 131, 132, 134
7.10 Care of the geriatric client	pp. 312-316	p. 26	p. 127
7.11 Care of the dying client	pp. 324-331	p. 26	p. 128
7.12 Health education	pp. 218-221, 317-318	pp. 27, 28	p. 139
8. Community services and resources	pp. 333-338	p. 28	p. 135
8.1 Types of services usually available in communities	pp. 333-337	p. 28	p. 135
8.2 Use of and referral to community services	pp. 337-338	p. 28	p. 135

EXAMPLES OF EDUCATIONAL PROGRAMS

Each of the three pilot educational programs utilizing the Homemaker-Home Health Aide Manual were mandated to use that material as might best fit local needs. The resulting instructional agendas developed in the three local pilot programs are shown here as examples of how the materials were used to design a sequence of instruction emphasizing topics important to each community and adapted to the human and institutional resources of that community.

Information about community resources was brought to the classroom by the regular teachers or by visitors with specific community resource expertise and/or information to share. Occasionally class meetings were held on the site of a local resource institution. Students attending an on-site class received first hand knowledge of the facilities as well as information concerning the services offered by the institution.

Hawkeye Institute of Technology
Waterloo, Iowa

Homemaker-Home Health Aide Education (120 hours)
February 3 - February 29

Barbara Johnson, Home Economics, Teacher-Coordinator
Gwen Hickey, LPN, Teacher

- February 3 Monday
9:00 2719 Falls Avenue, Health Occupations Annex
Know Each Other - Get Acquainted Triads
Introduction to the Course - Barbara Johnson, Home
Economics, Teacher-Coordinator
10:00 Role of Homemaker-Health Aide - Dorothy Haugebak, Black
Hawk County Homemaker Supervisor
"Circle of Warmth" slides concerning role of homemaker-
home health aide
12:00 Lunch
1:00 - 4:00 Panel Discussion - Black Hawk County Homemakers
Record Keeping - Dorothy Haugebak
- February 4 Tuesday
9:00 2719 Falls Avenue, Health Occupations Annex
Organization of Homemaking Services
Role of Homemaker-Home Health Aide - Geneva Hawk, Home-
maker Specialist, State Department of Social Services,
Des Moines
12:00 Lunch
1:00 - 4:00 Standards and Regulations. Ethics and confidentiality -
Geneva Hawk, Homemaker Specialist, State Department of
Social Services, Des Moines. Nadine Kone, State
Services to Aging
- February 5 Wednesday
9:00 2719 Falls Avenue, Health Occupations Annex
Health Aide Training - Gwen Hickey, LPN
Ethics in the Care of the Patient
12:00 Lunch
1:00 - 4:00 Health Aide Training - Gwen Hickey, LPN
Recognizing Illness - Vital Signs
- February 6 Thursday
9:00 2719 Falls Avenue, Health Occupations Annex
Health Aide Training - Gwen Hickey, LPN
Personal Care of Patient
12:00 Lunch
1:00 - 4:00 Health Aide Training - Gwen Hickey, LPN
Activities of Daily Living
- February 7 Friday
9:00 2719 Falls Avenue, Health Occupations Annex
Health Aide Training - Gwen Hickey, LPN
Feeding the Patient

Hawkeye Institute of Technology - Waterloo, Iowa

- February 7 Friday (continued)
12:00 Lunch
1:00 - 4:00 Health Care Training - Gwen Hickey, LPN
Care of the Diabetic
- February 10 Monday
9:00 2719 Falls Avenue, Health Occupations Annex
Health Aide Training - Gwen Hickey, LPN
Helping to Meet the Patient's Excretory Needs
12:00 Lunch
1:00 - 4:00 Health Aide Training - Gwen Hickey, LPN
Urinary and Rectal Treatments
- February 11 Tuesday
9:00 2719 Falls Avenue, Health Occupations Annex
Health Aide Training - Gwen Hickey, LPN
Understanding the Aged
12:00 Lunch
1:00 - 3:00 Health Aide Training - Gwen Hickey, LPN
Conditions of Illness
3:00 - 4:00 Park View Garden Care Center, 310 Upland, Waterloo, tour of
facilities
- February 12 Wednesday
8:00 Park View Care Center, 310 Upland, Waterloo
Nurse Aide Practicum - observing illnesses, aging, routine,
record keeping, visiting with clients
Mr. Don Abdouch, Administrator
Mrs. Rita Kelly, RN, Director of Nursing
Gwen Hickey, LPN, Teacher
12:00 Lunch
1:00 - 4:00 Nurse Aide Practicum (continued from a.m. - all practicum
supervised by Gwen Hickey in addition to Park View Care
Center staff)
- February 13 Thursday
8:00 - 12:00 Park View Care Center
Nurse Aide Practicum
Giving or assisting with bath (bed - tub - shower),
making occupied or unoccupied bed,
assisting the patient to change position in bed,
helping the patient in and out of bed,
helping the patient to and from the bathroom or commode,
assisting the patient to use bedpan or urinal,
assist or dress and undress the patient,
personal care of the patient,
assist patient with walking,
feeding the patient,
irrigate catheter - applying leg bags,
taking the vital signs, treatments, pre-meal grooming.

Hawkeye Institute of Technology - Waterloo, Iowa

February 13 Thursday (continued)
12:00 Lunch
1:00 - 3:00 Nurse Aide Practicum

February 17 Monday
9:00 - 10:00 2719 Falls Avenue, Health Occupations Annex
Consumer Education - Barbara Johnson, Home Economics
10:00 - 1:00 St. Timothy's Church, 3220 Terrace Drive, Cedar Falls
Home Furnishing Clinic - Black Hawk County Extension
1:00 Lunch
2:00 - 4:00 2719 Falls Avenue
Consumer Education (budget, money management, credit) -
Barbara Johnson

February 18 Tuesday
9:00 - 12:00 Black Hawk County Extension Office, 1022 W. 5th, Waterloo
"Work Smarter, Not Harder" (management of time and effort
in the home, distributing housework among all family
members) - Brooks Rector, Black Hawk County Home
Economics
12:00 Lunch
1:00 - 4:00 Black Hawk County Health Center, 1407 Independence, Waterloo
Pat Bowlsby, Youth Shelter Director
Activity - Volunteer Coordinator
Subject - Working with Adolescents
Resident Care of Handicapped

February 19 Wednesday
9:00 2719 Falls Avenue, Health Occupations Annex
Home Management - Barbara Johnson
10:00 Black Hawk County Mental Health Center, 3251 W. 9th, Waterloo
"Understanding People" - Robert Runkle, Psychiatric
Social Worker Services of Mental Health Center
11:15 Black Hawk County Court House - 316 E. 5th
Responsibilities of County Health Nurse - Lillian Fee
12:00 Lunch
1:00 - 4:00 2719 Falls Avenue, Health Occupations Annex
Selection, Use, Care of Household Equipment - Norma Evers,
Consumer Education Specialist from Area Extension Office

February 20 Thursday
9:30 - 11:30 River Hills, 2700 Grand Blvd., Cedar Falls
Explanation of Services - Marilyn Lister, Social Worker
Tour of School - Mentally retarded in a wholesome environ-
ment
Film "Love of Mike"
12:00 Lunch

Hawkeye Institute of Technology - Waterloo, Iowa

- February 20 Thursday (continued)
1:15 - 2:30 Community Services Building, 2530 University Drive, Waterloo
Family and Children Services - Joe Paige, Director
2:30 - 3:30 Local Council on Aging - Cecile Powers, Services to the
Elderly
Mobile Meals
Transportation for Aging
RSVP - Retired Seniors Volunteer Program - Dorothy Bennett
- February 21 Friday
9:15 - 11:30 Waterloo Child Care Center, 907 Independence, Waterloo
Day Care Center Activities - Kathy Callan, Director
Physical, social, intellectual development of young children
12:00 Lunch
1:00 - 4:00 Schoitz Memorial Hospital, Kimball and Ridgeway, Waterloo
"Therapeutic Diets" - Hattie Middleton, Dietitian
- February 24 Monday
9:00 2719 Falls Avenue, Health Occupations Annex
9:30 Visiting Nurses Association - Mrs. Bernice Shad, Director,
Delores Daniels, RN
VNA Services - Visiting Nurses Association
Demonstration - Bathing a Baby
10:45 Drug Council of Northeast Iowa - Joan Anderson, Counselor
Services to the Community
12:00 Lunch
1:00 - 4:00 Lutheran Social Services
Alcoholism - talk by alcoholism rehabilitation director
Other Community Services - a variety of people discussing
the service with which they are familiar (crisis center,
etc.)
- February 25 Tuesday
9:00 2719 Falls Avenue, Health Occupations Annex
Meeting Health Emergencies - Bonnie Burlage, RN
12:00 Lunch
1:00 - 4:00 Meeting Health Emergencies - Bonnie Burlage, RN
- February 26 Wednesday
9:00 2719 Falls Avenue, Health Occupations Annex
Meeting Health Emergencies - Bonnie Burlage, RN
12:00 Lunch
1:00 - 4:00 St. Francis Hospital, 3421 West 9th, Waterloo
Helping the Patient and Family to Accept Death and Dying -
Sister Mary Lou, RN, Social Worker of St. Francis

Hawkeye Institute of Technology - Waterloo, Iowa

February 27 Thursday

- 9:00 2719 Falls Avenue, Health Occupations Annex
Naomi England, Expanded Nutrition Program, Extension
Home Economics, Black Hawk County
"Feeding Children"
"Basic Nutrition"
- 12:00 Lunch
- 1:00 - 2:30 Allen Memorial Hospital, 1825 Logan Avenue, Waterloo
Family Planning - Nancy Ronemous, RN
Planned Parenthood - Kathy Rolaff, Social Worker
- 3:00 - 4:00 1340 Logan Avenue
Food Stamps - Louella Hovden, Director

February 28 Friday

- 9:00 Hawkeye Institute of Technology, East Orange Road
Mrs. Florence Stone, RN, Psychiatric Nurse
"Human Sexuality"
- 12:00 Lunch
- 1:00 Meal Planning - Barbara Johnson
- 2:00 Budgeting - Barbara Johnson
- 3:00 Home Management Work Plan - Barbara Johnson
Evaluation of Course

Iowa Central Community College
Fort Dodge, Iowa

Homemaker-Home Health Aide Pilot Educational Program (120 hours)
February 10 - March 7

Mary Hamilton, RN, Teacher-Coordinator
Jeanne Mills, Home Economics, Teacher

- February 10 Monday, Voc. Tech Building, Room 2
9:00 Introduction - Mary Hamilton, Coordinator, Health instructor
10:00 Pre-test - Jeanne Mills, Homemaking instructor
Get Acquainted Triads
1:00 - 4:00 Homemaker Aide - Overview of private homemaker-home health aide agency services - Barbara Nelson, Director, Webster County Homemaking Service
Function of the private agency, some tasks that will be expected of aides, salary expectations. A field with opportunity to assist others and holding great respectability.
- February 11 Tuesday, Voc. Tech Building, Room 2
9:00 Homemaker Panel - Linda Knudsen, Social Worker, Calhoun County Department of Social Services, Chairwoman.
The function of the homemaker-home health aide in a social services agency, salary expectations and advantages.
Opal Hittle - Calhoun County Department of Social Services Supervisor.
Prime responsibilities of the homemaker-home health aide. Criteria used in selecting candidates for employment as homemaker-home health aides.
Ethel Mach - Calhoun County, Public Health Nurse
Ron Walrod - Calhoun County Department of Social Services
Mary Ausburn - Homemaker-Home Health Aide
11:30 "Circle of Warmth" slide presentation on role of homemaker-home health aide.
1:00 - 4:00 Community services - Beth Woods, Director of Family and Children Services
Gary Heckenliable - Crippled Children
Ed Bangston - Area Agency on Aging
Cliff Cady - Retired Seniors Volunteer Program
Gertrude Chadwick - Foster Grandparents
- February 12 Wednesday, Voc. Tech Building, Room 2
9:00 - 12:00 Homemaker, Jeanne Mills
1:00 - 4:00 Jeanne Mills and Child Development Specialists, Iowa State University. The pre-school child, primary and elementary school age child, adolescent and teenager. Spent equal amounts of time on each age group.

Iowa Central Community College - Fort Dodge

- February 13 Thursday, Voc. Tech Building, Room 2
9:00 - 12:00 Health Aide Training
Qualities, Standards - Mary Hamilton
Asepsis
Care of equipment
1:00 - 2:00 Confidentiality and dependability - Bruce Hoffmaster,
Iowa State Department of Social Services, Administrator
of District Office
2:00 - 4:00 Vital Signs
- February 14 Friday, Voc. Tech Building, Room 2
9:00 - 12:00 Recognizing Illnesses
Vital Signs - Mary Hamilton
1:00 - 4:00 Principles of body mechanics
2:45 - 4:00 Tour Trinity East with demonstration in Therapy Depart-
ment.
Range of Motion, Body Positioning - Mr. Phillips
- February 17 Monday, Voc. Tech Building, Room 2
9:00 - 12:00 Care of the home, Safety and Sanitation in the Kitchen -
Jeanne Mills, Homemaking instructor
1:00 - 4:00 Care of the Home - Jeanne Mills and Thomas Flagge, Iowa
Central Coordinator of School Coordinators: Safety
hazards in the home. Safety precautions and simple
home wiring repairs that the homemaker-home health
aides might do.
- February 18 Tuesday, Voc. Tech Building, Room 2
9:00 - 10:00 Sharing the Work of homemaking - Jeanne Mills
10:00 - 4:00 Food and Nutrition Practicum - Margorie Warner
Actual preparation and analysis of food and nutrition.
Importance of cleanliness and timing in meal prepara-
tion.
- February 19 Wednesday, Voc Tech Building, Nursing Arts Lab
9:00 - 12:00 Personal Care of Patient - Mary Hamilton
1:00 - 3:00 Personal Care of Patient
3:00 - 4:00 Reality Orientation - Donna Esmay, Activity Director,
Sunny Knoll
- February 20 Thursday, Voc. Tech Building, Room 2
9:00 - 12:00 Personal Care of Patient - Mary Hamilton
Demonstration and Practice
1:00 - 4:00 Personal Care of Patient - Mary Hamilton
Return Demonstration
- February 21 Friday, Voc. Tech Building, Room 2
9:00 - 12:00 Home Management - Jeanne Mills

Iowa Central Community College - Fort Dodge, Iowa

- February 21 Friday (continued)
1:00 - 4:00 Home Management - Mary Winter, Consumer Education Specialist, Iowa State Extension.
Home and money management for the homemaker-home health aide and how they may assist their clients in purchasing, budgets, beginning tasks, conserving energy, and avoiding food borne illness.
- February 24 Monday, Voc. Tech Building, Room 2
Treatments - Mary Hamilton
Bowel, Bladder
Hot-Cold Applications
Safety
3:00 - 4:00 Psychological Aspects of Aging - Bernita Jacobsen or Mary Ann Walker
- February 25 Tuesday, Iowa Central Vocational Rehabilitation Center
9:00 - 10:30 Explanation of services available, who may take advantage of these services, physical, mental and psychological training of specific clientele.
10:30 - 12:00 Community Services
Day Care Centers for Children and Adults
1:00 - 4:00 Human Development
Behavior Management
Family Planning
- February 26 Wednesday, Voc. Tech Building, Room 2
Red Cross 8-hour Multi-Media Course - Mrs. Paul Kersten and Mrs. Lou Slacker, Nurses trained by Red Cross to give multi-media training.
- February 27 Thursday, Voc. Tech Building, Room 2
Helping Client with Medical Schedule - Mary Hamilton
Care of Diabetic, Colostomy, Arthritic
Death and Dying (physical)
Death and Dying (psychological)
- February 28 Friday, Voc. Tech Building, Room 2
Return demonstration - Bath, bedmaking
2:30 - 4:00 Tour practicum facility
- March 3 Monday, Voc. Tech Building, Room 2
9:00 - 12:00 Cleaning a home, its furnishings and clothing - Jeanne Mills
1:00 - 2:00 Mental Health - Mrs. Elizabeth Beeh, Registered Nurse from mental health unit.
Functions of the mental health unit, who may be served, how the homemaker-home health aide can use the services of the unit, how to recognize a mental problem, and encouraging client to stay on medication in proper amounts and at proper times.

Iowa Central Community College - Fort Dodge, Iowa

March 3 Monday (continued)
2:45 - 4:00 Sheltered Workshop - Visit to a wholesome environment
for the handicapped.

March 4 Tuesday
9:00 - 12:00 Practicum - Ellen's Nursing Home - Mary Hamilton and
Nursing Home Staff
1:00 - 4:00 Practicum - Ellen's Nursing Home - Mary Hamilton

March 5 Wednesday
9:00 - 12:00 Practicum - Ellen's Nursing Home - Mary Hamilton
1:00 - 4:00 Practicum - Ellen's Nursing Home - Mary Hamilton

March 6 Thursday
9:00 - 12:00 Practicum - Ellen's Nursing Home - Mary Hamilton
1:00 - 4:00 Practicum - Ellen's Nursing Home - Mary Hamilton

March 7 Friday, Voc. Tech Building, Room 2
9:00 - 12:00 Standard Rules and Regulations - Opal Hittle
1:00 - 4:00 Open Book Post-Test
Comments
Evaluation
Certificates

Southwestern Community College
Creston, Iowa

Abstract of Homemaker-Home Health Aide Education - 120 hours

February 17 - March 14

Lois Houghtaling, Home Economics, Teacher-Coordinator

Carolyn Downing, RN, Teacher

- February 17 Monday, Southwestern Community College
9:00 Let's Get Acquainted Triads
Introduction to the Course - Lois Houghtaling, Home Economics and Carolyn Downing, RN
Film "Home Fires" (concerns role of homemaker-home health aide)
12:00 Lunch
1:00 - 4:00 Ethics in Patient Care - Carolyn Downing
Organization of homemaker-home health aide duties
- February 18 Tuesday
9:00 Health aide training - Recognizing Illness - Vital Signs
12:00 Lunch
1:00 Health - Personal Care of Client
- February 19 Wednesday
9:00 Area Agency on Aging - Mrs. Phyllis Fight, Social Service Coordinator
11:00 - 1:00 Lunch at Creston Congregate Meal Site, \$1.50, 402 W. Mont.
1:00 Planned Parenthood of Iowa - Norma Donnellan, Project Developer, Southwest Iowa
- February 20 Thursday
9:00 Organization of Homemaking Service Agencies
Role of Homemaker-Home Health Aide - Geneva Hawk, Homemaker Specialist, State Department of Social Services
12:00 Lunch
1:00 Health Aide Training, Activities of Daily Living
- February 21 Friday
9:00 - 11:00 Understanding the Mentally Retarded - Mr. William Eadie, Director of Southwestern Iowa Sheltered Workshop
10:00 Problems of Aged and Handicapped - Alice Warren, Human Development Extension Specialist, Midcrest Area
12:00 Lunch
1:00 Mental Health - Robert Hickman, Director of Student Activities, Southwestern Community College
- February 24 Monday
9:00 Sheltered Workshop, Afton, Iowa
12:00 Lunch
1:00 Children in the Home - Judith Carlson, Human Development Extension Specialist Midcrest Area

Southwestern Community College - Creston, Iowa

- February 25 Tuesday
9:00 First Aid - Lois Wolfe, Instructor
12:00 Lunch
1:00 - 3:00 First Aid (continued)
3:00 Care of Clothing - Lois Houghtaling
- February 26 Wednesday
9:00 Storage and Cleaning - Sharon Johnson, Extension Home Economist, Adair and Madison Counties
12:00 Lunch
1:00 Panel Discussion - The Homemaker Team - Connie Gardner, Public Health Nurse; Pat Marley, Homemaker Supervisor, Union, Adams and Adair Counties
- February 27 Thursday
9:00 First Aid - Lois Wolfe, Instructor
12:00 Lunch
1:00 - 3:00 First Aid (continued)
3:00 Role of the Child Care Center - Jolene Spencer, Director of Creston Child Care Center
- February 28 Friday
9:00 Visit Child Care Center, 304 W. Lucas
10:30 Use Your Head to Save Your Heels (time and resource management) - Catherine Ott, Extension Home Economist Taylor and Ringgold Counties
12:00 Lunch
1:00 Family Financial Matters - Sue Ann Freemeyer, Homemaking Coordinator, Southwestern Community College
- March 3 Monday
9:00 Health Aide Training - Feeding the Patient
12:00 Lunch
1:00 Health (continued) - Care of the Diabetic
- March 4 Tuesday
9:00 Health Aide Training - Understanding the Aged, Helping the Client with Excretory Needs
12:00 Lunch
1:00 Union County Neighborhood Center, 101 E. Adams Basic Nutrition, Menu Planning, Nutritious Snacks, Extension Family Food Aides - Verna Glaspell and Amy Reeves, Home Economist, Dorothy Eyberg
- March 5 Wednesday
9:00 Health Aide Training - Conditions of Illness and Helping in Caring for them
12:00 Lunch
1:00 Special Diets - Dorothy Eyberg, Extension Home Economist Consumer Education, Union and Adams Counties

Southwestern Community College - Creston, Iowa

- March 6 Thursday
9:00 Health Aide Training
12:00 Lunch
1:00 Health (continued) - Urinary and Rectal Treatments
- March 7 Friday
9:00 Health Aide Training - Personal Care
12:00 Lunch
1:00 Greater Community Hospital, Creston
Body Mechanics
Physical Therapy
- March 10 Monday
Nurse Aide Practicum - Creston Manor
- March 11 Tuesday
Nurse Aide Practicum
- March 12 Wednesday
Nurse Aide Practicum
- March 13 Thursday
9:00 The Family in Crisis - Death and Dying, Broken Homes,
Drugs, Alcohol
12:00 Lunch
1:00 - 2:30 Food Stamps - Carol Moberg, Director of program
2:30 Planning for Pleasant Meals - Lois Houghtaling
- March 14 Friday
9:00 Making the Home Safe - Lois Houghtaling
12:00 Lunch
1:00 Community Resources
Evaluation of Course

PART IV

TEACHING - FOR THE FACILITATION OF LEARNING

GENERAL SUGGESTIONS

Homemaker-home health aide teachers are usually experienced teachers, possessing a repertory of interesting activities useful in motivating and sustaining learning. The activities in this book are offered as supplemental suggestions from which the teacher may select, if needed.

The white spaces in the learning activities sections might serve as a repository for teaching notes and as a place to record new teaching ideas gleaned from other sources.

General Suggestions Concerning the Facilitation of Learning

Social interaction is a powerful motivating force for increasing the amount learned and for changing student behavior to incorporate what was learned into the daily performance of tasks assigned on the job. To maximize the use of social interaction, it is necessary that the students become well acquainted with each other at the beginning of the course and that the learning activities selected throughout the course make it possible to maintain a high degree of social interaction among the students throughout the course.

A teacher may want to select specific learning activities from those which comprise the bulk of the remaining pages of the book. For some topics multiple choice and other test-types of questions are provided to be used for study and discussion purposes. Often there is not a right or best answer but several possible good answers all of which merit discussion and evaluation. The students may be given individual copies of the questions or the questions may be displayed through the use of an overhead or opaque projector. Ask the students to spend a few minutes trying to answer the questions by recording their selection of the correct answers on paper. During the discussion, which should follow their attempts to select or compose a correct answer, the students should have opportunities to state

their answer preferences and the reason(s) for their choice. Students should be encouraged to state what they think the question means, and state how they interpreted seemingly controversial statements or parts of statements. Make sure students understand that the one right answer often does not exist but several good solutions to a problem are often possible. It is useful to search for a variety of workable answers to a question. The double stars indicate good answers, single stars acceptable answers. The students should be allowed to keep their recorded answers.

To get started with the class sessions plan a getting acquainted session for the first day and if needed, plan short get acquainted activities for each subsequent educational session until the students get to know each other well enough to interact at a level which promotes learning, free interchange of ideas, interests and attitudes. These planned activities can be discontinued once the members of the group have become voluntarily involved with each other. A highly social situation maximizes the kinds of learning required in a homemaker-home health aide preparatory course. Opportunities for friendship, interaction and involvement with each other and with the materials should be provided. A good method to "break the ice" is suggested here:

Get Acquainted Triads

1. Have group divide themselves into sub-groups of three persons each. Individuals should place themselves in a group with two others with whom they are not acquainted.
2. The participants in each group name themselves A, B, or C.
3. Phase One.
 - a. Participant A takes three minutes to tell participants B and C about himself or herself. Participant A will tell his or her name and anything else personal s/he wishes to share such as the names and ages of children, towns in which s/he has lived, where s/he has gone to school and/or has worked. Participant A tells what s/he expects to learn from the course and/or why s/he would like to be a homemaker-home health aide. Participants B and C listen but do not take notes or ask questions.
 - b. Participant B repeats this process.
 - c. Participant C repeats this process.

4. Phase Two.

- a. The members of all the groups listen while participants B and C in the first group take two minutes to tell participant A what they heard him or her say and what they infer from what was said or left unsaid. Questions and/or comments from members of the other groups for purposes of clarification are in order.
- b. Participants B and C in each group repeat the Phase II activities of the first group. Questions and/or comments from members of the other groups for purposes of clarification are always in order.
- c. Each set of participants C and A repeat this process for their own participant B.
- d. Each set of participants A and B repeat this process for their own participant C.

If needed, a group of two or a group of four could also function fairly well if the total group size does not divide evenly into threes.

In general try to structure group activities so that each person in the group is required to speak during a session rather than allowing a spokesman to speak for a group. Students usually need a great deal of practice in communicating. Try to structure classroom activities to insure each student equality of opportunity for speaking to the whole class or to the temporary smaller groups in which he or she becomes a member.

Eventually morning and afternoon sessions could begin with a review of information gained in the previous session. This provides students with a second opportunity to learn a specific thing, an opportunity to fix what was learned more firmly in mind and/or to clarify understanding of a particular subject. Perhaps each student could be asked to recall one thing learned during the previous session which seemed important to them. Ask each person to recall a different idea.

Other Get-Acquainted Activities

If members of the group are having difficulty becoming comfortable conversing with each other perhaps one or more of these topics could be used to help students learn to exchange ideas with each other.

1. Share with the group something you did last year which pleased you a great deal.
2. Share with the group something you did before you were ten years old of which you were very proud at the time.
3. Share your best moment. Tell us something you've really enjoyed doing recently.
4. Share something clever or amusing that a child said or did.
5. Share a bit of wisdom or a comment from an older person that you found interesting or amusing.
6. Share some advice someone once gave you that you felt was good advice to you.
7. Tell us about something beautiful you saw on your way here today.

Methods of Teaching

The teacher may want to simply indicate how the material which is scheduled for the upcoming session relates to what has been previously learned.

A good way to get students involved is to ask the class to speculate about ways the new information might relate to what was previously learned. The teacher should not judge the merits of the suggestions. The teacher could say "These are all interesting speculations. Let's get into the subject matter and each person can check out for him or herself as we go along how the various ideas worked out."

At the end of the study period the teacher might say, "Which ideas about the possible relationship between yesterday's and today's class worked out fairly well?"

The teacher should hear and accept the student comments.

The teacher might say, "Speculating about a new topic always gives one a purpose for looking at a new subject. Whether the accuracy of the guess is precise or a bit far off it is useful to consider it seriously because checking out the new ideas against the list of speculations helps one to learn and remember the new information."

Raising questions about an idea is also a useful learning device. Asking why something is true or why a person feels the way they do helps individuals to think through a subject.

Much of the learning should be personalized and students should easily be able to see how what they learn can be applied in their own home and/or among neighbors, friends and acquaintance. What is learned should be subject matter which concerns itself with ways everybody can use to make daily living healthier and more pleasant for everyone in a household.

Closing Study Sessions

A review of what has just been learned is a good way to help fix new information in mind.

1. Ask each student to recall one specific thing learned which they are sure would be useful to a homemaker-home health aide. Each idea should be heard only once so that as many items are recalled as there are students in the class. After each person has made contributions, the teacher might ask, "Are there any other ideas?"
2. Ask each student to recall a specific thing learned which they can use in their own home or incorporate into their own life style. Each student should be asked to recall a separate item. Some might want to tell how they plan to use the idea at home. Students sometimes will want to share how an idea from the class worked out in their own homes. Sometimes the idea will not work out well and students may want to discuss with classmates how they might have approached their family in a different way or to speculate on whether another method or approach would have been more or less successful.
3. Ask each student to share his or her most satisfying (or at least one very satisfying) class accomplishment from that day.
4. Ask each student to share the most personally rewarding experience of a study session previous to the study session just completed. Hear a different idea from each student. This closing study session idea can be used for material which was particularly difficult for the students.
5. Ask each student to think of a specific situation in which he or she could have used information learned in the previous study session. Have each student tie their experience to a different item of information learned during the previous work-study-discussion session.
6. Review sessions over a particular topic may be scheduled at the end of the session in which the topic was taught and/or at the beginning of the next classroom session.

CHAPTER I - INTRODUCTION TO HOMEMAKER-HOME HEALTH AIDE WORK
Strayer, Homemaker-Home Health Aide Manual, pp. 1 - 30

LEARNING ACTIVITIES

To help students internalize their role as a homemaker-home health aide, use one or more of the following activities:

1. Hear a speaker on the role of the homemaker-home health aide. A local service agency director or someone from the State Department of Social Services or the state agency which administers the homemaker-home health aide service would be very effective in explaining the role to the students.
2. See a film or slide on the role of the homemaker-home health aide. "Circle of Warmth" "Home Fires".
3. Have the class dictate a list of the kinds of things an aide should or might want to know about a homemaker-home health aide position. Record the list on the chalkboard or overhead projector. Discuss possible answers to the questions and who might best be able to answer the specific questions.
4. Discuss the question "Why is blowing gum bubbles a poor health habit?" (Airborn bacteria is taken into the body of the bubble blower. Droplets from sneezing and coughing can settle on gum.)
5. Ask students to complete in class the Training and Experience form described in Chapter I. At the end of the class session the students should make a list of information still needed to complete the form. Allow one or two days for students to collect the additional information and to complete the form.
Emphasize the importance of each person keeping his or her own Training and Experience Record. The record should be brought up to date each time the person obtains new employment. It should be taken along whenever inquiring about or applying for employment.
6. Every student without a social security number could be assigned to pick up an application card and apply for a number.
7. Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions. The starred items indicate some of the better answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

- a. A homemaker-home health aide is taking care of a client, Miss Mildred Lewis, who is the same age as the aide. Miss Lewis said to the aide, "Using Miss all the time is so formal. Call me Mildred and I'll call you by your first name." Which understanding should the aide have in order to give an appropriate reply?
- (1) The use of first names implies a lack of respect.
 - (2) A helping relationship cannot be established when first names are used.
 - (3) The use of first names may result in the development of a social relationship that would reduce the aide's ability to carry out her functions.
 - (4) Clients who want to call aides by their first names think of them as maids.
 - (5) Whatever system of address agreed upon between the individuals is satisfactory.
- **5
- b. Letters dictated by clients and written by the homemaker-home health aide should be:
- (1) Only business letters.
 - (2) Only personal letters.
 - (3) Kept confidential.
 - (4) Completed after the aide's working hours.
 - (5) Only 2 and 3.
- **3
- c. A homemaker-home health aide is assigned to Mrs. Routh, who is dying of cancer. One day a sister-in-law from out of the state visits Mrs. Routh for the first time. Later, outside of the client's room, the relative says to the aide, "What's the matter with her--she looks terrible!" Which reply by the aide would be best?
- (1) "She is very ill and not expected to recover."
 - (2) "I think she has a tumor that has spread throughout the body."
 - (3) "I don't know, but I can give you the agency's telephone number if you would like to talk to the nurse."
 - (4) "I am not allowed to tell anyone."
 - (5) "She is very ill. Her doctor can be reached at 353-3536 if you would like to consult with him."
- **5
- d. A client's next-door neighbor has been very attentive, bringing special foods, doing personal errands, and spending time with her. One day the neighbor asks the homemaker-home health aide about the financial status of the client. Which reply by the aide would be best?
- (1) "Why are you interested in my client's finances?"
 - (2) "It is not appropriate for me to discuss such matters."
 - (3) "You've been very nice to my client and I'm sure you want to help further. Please ask Mrs. Jones (the client) or Mrs. White (the client's daughter) what you just asked me."
- * 2
**3

- (4) "Why do you ask? Would you like to be paid for your help?"
- (5) 2 and 4 above.

References:

Hospital Research and Education Trust, Training the Nursing Aide,
Chapters 1 and 2.

CHAPTER II - THE PAPER WORK

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 31 - 55

LEARNING ACTIVITIES

1. Ask students to use their Training and Experience Record to fill out in pencil the forms on pp. 36 and 37 in the text. Copies of the form could be duplicated and handed to the students if only library copies of the text are available.
2. Allow 15 minutes to a half hour before lunch for students to write a narrative record of a morning class.
3. Each day during practicum have students complete a Daily Narrative Record for two clients they observed or helped. In order to protect a client confidentiality be sure students omit the name of the client on the practicum Daily Narrative Records.
4. Give each student a sample prepared Weekly Schedule which includes the names of fictional clients and the time spent with each. Ask students to compute travel, service and total times on both the vertical and horizontal axis as has been done on p. 51 of Manual.
5. After reviewing and discussing the weekly schedule on p. 51, give each student a blank Weekly Schedule, a list of fictional client names, the day and time to be spent with each client. Ask students to complete a weekly schedule, a line at a time as they would do if they were working. Each line is completed by summing the work and travel time for that day. After the work and travel times have been entered for a week, total the vertical columns.

Check these totals by completing the remaining needed information below the double line.

6. Sometime after the students have studied Manual Chapters I and II and perhaps have heard a speaker on the role of the homemaker-home health aide have them divide into pairs and take two or three minute turns being (1) a candidate (interviewee) for a homemaker-home health aide position and (2) a hiring agency director (interviewer). The person in the role of the interviewer would explain the job to the candidate and ask questions they feel a hiring person might ask. The person in the role of the candidate would answer the questions and also ask some questions about the position.

After each person has had the opportunity to be both an interviewer and interviewee, ask each person to dictate in

class at least one question that the interviewer asked. Record the questions on the chalk board or overhead projector. Try to get as many different questions as there are people in the class. If the questions tend to be the same, ask the class to think up some others and/or refer to the first chapter of the text for ideas about what an interviewer might ask.

Discuss what the interviewer needs in the person who will be entrusted to assist people needing help to carry on their daily lives (cheerfulness, dependability, safety consciousness, confidentiality, skills learned in this course, the ability to be a friend, be able to read, write, add and subtract. In many areas of the country the aide will need to be able to drive a car, read a map, etc.).

7. Depending on the situation, students might be told that the perfect person with all of the attributes of a good homemaker-home health aide is seldom found. Educational courses, such as this, give persons opportunities to acquire or develop many qualities and skills they do not now possess. On the job, in-service training, also provides other opportunities to learn things essential and useful in the work of a homemaker-home health aide.
8. Role playing. The teacher in the role of a prospective employer could interview one or two students who would assume the role of prospective employees.
9. Have a prospective employer visit class and conduct a job interview. The prospective employer could interview the instructor or a student who would volunteer to get practice at interviewing. This activity should help students set objectives for what they must learn in the course. It can be a valuable motivating device.
10. Have someone conduct a real interview with a real prospective employee if both are willing. This can be a very effective learning experience for the class and a good learning experience for someone who wants to get practice at interviewing. Emphasize the importance of practice for interviewing as well as the importance of practice of on-the-job skills.
11. Use a copy of p. 41 in Manual. Observe a well person in class. Ask a class member to volunteer to stand before the class and be interviewed and observed in relation to the items specified on the notes. If there isn't a volunteer, volunteer yourself and let the class help you decide what should be written in each category. Write an observation about each category on the Homemaker-Home Health Aide Notes, except TPR, which class will learn to do later. Have class members use information on pp. 42 - 43 to help them ask questions or to know what kinds of things for which they should be searching.

12. Have students pair off and take turns role playing a client with problems and a homemaker-home health aide observing this client. Each aide should complete a handout of the Homemaker-Home Health Aide Notes form on the client. Each person in the class should have an opportunity to role play both a client and an aide.

Have the students use the descriptors on pp. 45 - 48 to help in role playing and in describing their observations.

13. Below is another type of form a homemaker-home health aide might be asked to use if the care provided is to be primarily health related.

HOMEMAKER-HOME HEALTH AIDE HEALTH INSTRUCTIONS AND NOTES																					
Patient's Name _____	Address _____																				
Aide Assigned _____	Date _____																				
Work Days _____	Hours _____																				
* * * * *																					
(Record the date to the right, check below the date each time the assignment is completed)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
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<u>Nurse's Instructions:</u>																					
<u>Homemaker-Home Health Aide's Observations and Comments:</u> (Use reverse side, if necessary) Date _____																					
Homemaker-Home Health Aide	Public Health Nurse																				

Hand-outs might be prepared from this sheet and used in a role playing situation between a supervising nurse and an aide with the class pairing off and each person assuming each role in preparing and completing this form.

On the left the nurse writes specific instructions or assignments for the aide. The aide notes the date and checks each item each day when it is completed. The aide writes a narrative comment on back if necessary. The aide signs the sheet at the end of the assignment period. The person in the role of the nurse may list three or four items of personal care to be carried out. For example, bed bath, combing hair, helping patient dress wound.

If there is no change in assignment and space is still available on original sheet, the nurse may date and write "continue same plan".

It would also be a most useful learning experience to delay using this form until after some health instruction had been given to the class. This form could be used for one patient or client each day of practicum. Assignments for one part of each day of practicum could be made on three forms.

Depending upon students, it might be useful to use hand-outs of the form in all three of the above defined situations.

14. Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions. The starred items indicate some of the better answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

- a. Which understanding about a work plan for a patient and his or her family should the homemaker-home health aide have?

- *1 (1) Once a work plan has been established, the aide is expected to make it work.
- (2) It is the responsibility of the aide to develop a work plan for each patient and his or her family.
- ** 3 (3) If the aide has a suggestion that is likely to improve a work plan, s/he should discuss it with the supervisor.
- (4) Helping to develop a work plan is not a function of the aide.
- (5) 1 and 2 above.

b. Which of the following should be recorded in a homemaker-home health aide's written narrative of service provided?

- (1) Hours only.
- (2) Date and hours only.
- (3) Date, hours and service given only.
- (4) Date, hours, service given and remarks only.
- (5) Input and output of clients.

** 4

c. A patient with a heart condition is to have the amount of fluid he drinks recorded by the home health aide. When would it be best for the aide to record the fluid drunk by this patient?

- (1) Every time the patient drinks fluid, even if he takes only a few sips.
- (2) Each time the patient finishes drinking a measurable amount of fluid.
- (3) Every hour.
- (4) Once a day, at the end of the home health aide's assigned time with the patient.
- (5) This is not a task an aide should perform.

** 2

** 4

References:

Washington State Coordinating Council for Occupational Education, Training Course for Nursing Aides and Orderlies, (Nursing Assistants or Hospital Attendants), Vocational Education, State of Washington, Coordinating Council for Occupational Education, Olympia, Washington 98504, August 1972, pages 41 - 51.

CHAPTER III - THE INDOOR WORLD

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 62 - 114

LEARNING ACTIVITIES

Prepared by the
Home Economics Department
Iowa State University
Ames, Iowa

ENVIRONMENTAL ADJUSTMENTS

1. Have class discuss the need for the homemaker-home health aide to be considerate of the heat and cold sensitivity of clients and client's family members.

Discuss the possibility of wearing lighter weight clothing when working in homes where higher room temperatures are enjoyed.

HOUSEHOLD SAFETY AND ACCIDENT PREVENTION

Hazards

Identifying Hazardous Conditions

1. Find newspaper clippings or recall incidents of home accidents. Discuss causes and ways it might have been prevented.
2. List causes of accidents and prevention methods using the following categories
 - a. Falls
 - b. Burns and scalds
 - c. Poisoning
 - d. Asphyxiation
 - e. Cuts and scratches
 - f. Accidents involving electricity
 - g. Fire
3. Make graphs showing statistics on home accidents.
4. Assemble an exhibit of clothing suitable for a homemaker-home health aide to wear. Identify the features which make the clothing functional for housekeeping tasks.

Assisting in Correcting Hazardous Conditions

1. Secure or write a check list for determining hazards in a home. Check your own home to see how safe it is. Make a plan for eliminating the hazards.
2. Arrange for a representative of the local fire department to discuss ways of eliminating fire hazards and emergency techniques to use in case of a fire.
3. Hold a repair clinic to learn how to fix electrical cords, pull chains, etc.
4. View film "Lift Safety" from Iowa State University, Ames, Iowa.
5. Have a knowledgeable electrician talk to class and answer questions about safety in using appliances, changing fuses, and light bulbs, detecting problems with electric motors, etc.

References:

1. Iowa State University, "Lift Safety" film.

Safe Use and Care of Household Equipment

1. Give student experiences using radar range, garbage compactor, blenders, electric can openers, hair dryers, glass top stoves and other new types of equipment. The homes of the elderly often have the latest conveniences. Sometimes these are gift items which the owners have not learned how to use to make their life more convenient.
2. Have students hold and watch in operation electric toothbrushes and water piks used for dental care.

Accident Reporting

Reporting Accidents to Proper Persons

1. Have supervisor explain agency policies on kinds of accidents that need to be reported and the method for reporting.

References:

1. Texas, Housekeeping Management Assistant, pp. A-33 to A-37.
2. National Safety Council. Electrical Equipment Safety Education Data Sheet No. 9.

HOUSEHOLD MAINTENANCE

Clean Clothing

Removing Spots from Clothing

1. Discuss the general rules for removing stains and the precautions necessary when working with some of the cleaning agents.
2. Practice removing the common stains from various types of fabrics. Experiment with stains that have been set. Make your own list of stain removal recommendations.
3. Assemble a kit of supplies for stain removal.

References:

1. Maytag, "Maytag Laundering Guide", pp. 20-22.
2. Starr, Management for Better Living, pp. 173-176.

Dry Cleaning Services

1. Have class visit and use a do-it-yourself dry cleaning shop. Observe how to use equipment and results. Note limitations of use; clothing must be weighed, not best for all garments. Several individuals with suitable garments in need of cleaning might share the cost of one load of dry cleaning.

Laundry

Selecting Appropriate Products and Water Temperatures for Laundry

1. Make a chart listing laundry products, characteristics and uses.
2. Have a display of laundry products. Give each student a laundry situation, have him or her analyze the products and choose those which would be the best for that particular situation. Ask the students to give reasons for the choice to the group.
3. Test different fabrics for color fastness and shrinkage when laundered at different water temperatures and with a variety of products.

References:

1. Maytag, "Maytag Laundering Guide".
2. Sears, "Sears Laundry Guide".
3. Fitzsimmons and White, Management for You, pp. 253-271

4. P.A. Bulletin 97 "Sanitation in Home Laundry".
5. P.A. Bulletin 846 "Soap and Detergents".
6. P.A. Bulletin 845 "The Water You Use--To Clean Clothes".

Pretreating Clothing When Heavily Soiled

1. Experiment with pretreating clothes before washing. Compare results with those that were not pretreated.
2. Use a variety of products. Discuss each for ease of use, cost, effectiveness, and environmental pollution.

References:

1. Maytag, "Maytag Laundering Guide", p. 4.
2. Fitzsimmons and White, Management for You, pp. 250-251.

Washing Clothing By Hand or Machine

1. Examine a collection of labels and discuss the different laundry procedures suggested.
2. Compile a set of directions to use when using the non-automatic and automatic washers.
3. List the steps for doing a family laundry.
4. Demonstrate hand laundry procedures.
5. Discuss laundry sorting procedures and reasons for sorting.

References:

1. Fitzsimmons and White, Management for You, pp. 246-284.
2. Maytag, "Maytag Laundering Guide", pp. 7-12.

Drying (Machine or Hanging on a Line) and Folding Clothing

1. Discuss ways to conserve time and energy when drying clothes.
2. Read instruction booklets from several kinds of dryers. Discuss likenesses and differences. If possible, visit an appliance store and see a demonstration of the use of a dryer.
3. Discuss safety precautions which must be observed when using dryers.
4. Discuss advantages and disadvantages of outdoor drying or indoor hang-on-the-line drying.

References:

1. Maytag, "Maytag Laundering Guide".

2. Fitzsimmons and White, Management for You, pp. 269-272.
3. Starr, Management for Better Living, pp. 184-186

Ironing Clothing

1. Experiment with different ironing temperatures on a variety of fabrics. Examine for scorching, shine and melting of fibers. Determine the most desirable heat for the fabric.
2. Discuss care needed for the various types of irons: flat irons, electric irons, steam irons, mangles.
3. Plan a simple, convenient, ironing center.
4. Share techniques for ironing that help save time and energy and prolong the life of the article.
5. Discuss advantages of wash and dry clothing.
6. Discuss ways to avoid ironing by neat folding and hanging of fabric items and by purchasing clothing which do not require ironing or smoothing.
7. Notice the variety of softness found in no iron clothing. Which no iron fabrics are most likely to be most comfortable to wear.

References:

1. Starr, Management for Better Living, pp. 201-224
2. P.A. Bulletin 849 "Ironing Clean Clothes".

Assisting with Mending and Alterations

1. Demonstrate mending technique both by hand and machine.
2. Practice mending tears and darning socks.
3. Much mending requires only the replacement of seam stitching. Practice replacing seams.
4. Discuss equipment needed for mending and the savings that can be realized by repairing garments.
5. Demonstrate shortening and lengthening hems and sleeves and replacing buttons to extend usable life of the garment.
6. Have students bring a garment in need of repair, buttons, shortening or lengthening and begin to work on it in class. The hand sewing could be finished during discussion, lunch hours or spare moments in the class day.
7. Note that the replacement of seams and applying patches to clothing are common clothing repair tasks.
8. Demonstrate altering a garment to make it easier for a handicapped person to put it on or remove it. Divide students into committees of three and ask each committee to develop two ideas for modifying a garment to aid a handicapped person's efforts at self care. Each committee should describe two handicaps and a clothing solution for each handicap.

References:

1. Fitzsimmons and White, Management for You, pp. 264-269.
2. Maytag, "Maytag Laundering Guide".
3. Greer, Your Home and You, pp. 600-601.
4. Note: An old home economics textbook is needed for mending techniques.

Preparing Clothing for Commercial Laundry and Checking on Return from Laundry

1. Make a survey of the laundries available and compare costs with services rendered. Check to see if printed laundry lists are furnished for record keeping and also check on laundry's policy on lost items. Perhaps individuals or pairs of students could each visit one laundry after school hours and report findings back to the class. This survey data from each laundry could then be compared. Coin operated laundries sometimes have laundry service available.

References:

1. Starr, Management for Better Living, pp. 196-199

HOUSE CLEANING

Cleaning Practices, Products and Equipment

Choosing Products, Techniques, Practices and Equipment for the House

Cleaning Job at Hand

1. Discuss the qualities of a healthful comfortable home.
2. Using the various rooms in a home, make a plan that a homemaker-home health aide could use with the family for accomplishing all of the cleaning tasks. Estimate how much time would be allotted for accomplishing each of the jobs in the plan.
3. Visit an appliance store and have use of house cleaning appliances demonstrated.
4. With a local service agency supervisor, plan the contents of a housecleaning kit that could be used where supplies are limited in the home.
5. View the slides "Cleaning the Occupied Patient Room".

6. Ask a resource person who is knowledgeable in the field of cleaning materials to demonstrate their use--pointing out the properties of appropriate products and the recommended way to use each product. Suggestion: Airkem, P. O. Box 3656, 3829 70th Street, Des Moines, Iowa 50322, phone 515-276-8509 usually has such a resource person.
7. Divide into groups and study USDA Bulletins on housecleaning. Report to group. Bulletins PA730, PA733-742, PA826-830, and the Cornell University Bulletin 1136 Housecleaning Handbook. Show the homemaker-home health aide students how to use these bulletins with the family as a teaching tool.

References:

1. Texas, Housekeeping Management Assistant, see pages A 28 and 29 for suggestions concerning the selection of equipment and supplies.
2. Dowell, "Cleaning the Occupied Patient Room" slides.
3. P. A. Bulletins
 - PA730 "What to Use to Clean Your House".
 - PA733 "A Clean Refrigerator - for a Clean House".
 - PA734 "When to do House Cleaning Jobs"
 - PA735 "Many Hands Make Housework Light".
 - PA736 "Clean Floors - for a Clean House".
 - PA737 "Clean Dishes - for a Clean House".
 - PA738 "Clean Clothes Closets - for a Clean House".
 - PA739 "A Clean House is Important".
 - PA740 "A Clean Bathroom - for a Clean House".
 - PA741 "Clean Walls, Ceiling and Woodwork - for a Clean House".
 - PA742 "Clean Windows, Mirrors and Other Glass - for a Clean House".
 - PA826 "Get Rid of Garbage and Trash - for a Clean House".
 - PA827 "Clean Upholstered Furniture - for a Clean House".
 - PA828 "Clean Gas Ranges - for a Clean House".
 - PA829 "Clean Electric Ranges - for a Clean House".
 - PA830 "Clean Beds - for a Clean House".

Removing Spots from Furniture and Rugs

1. Practice removing spots and stains from rug and upholstery samples.

Cleaning Ranges and Ovens

1. Ask the student to bring in any care manuals for ranges they own or to borrow manuals from appliance stores. (Ask the merchant if the store has extra manuals available for

educational purposes. If the store does not have extras, ask students to be sure to return any items they are allowed to borrow.)

Study the care manuals from several different kinds of ranges. List the principles that could be used in cleaning all ranges. Discuss the cleaning methods that are different for specific types of ranges.

2. Experiment with different types of oven cleaners. Evaluate and compare costs. Be sure to investigate spread on cleaners and hand or finger pump spreaders in addition to the many aerosols on the market. Point out the environmental pollution aspects of strong chemical cleaners and discuss how to minimize the problem. Help students learn to clean the self cleaning ovens.
3. Demonstrate removal and proper cleaning of top of the stove gas units.
4. Show protecting flooring from damage due to aerosol oven sprays. Stress the environmental advantages of hand pumps over aerosol propelled cleaners.

References:

1. P.A. Bulletin 828 "Clean Gas Ranges - for a Clean House".
2. P.A. Bulletin 829 "Clean Electric Ranges - for a Clean House".

Cleaning and Defrosting Refrigerators

1. Discuss why a refrigerator should be cleaned and put in order each week.
2. Ask class to also discuss how to clean the refrigerator, how to protect frozen foods during cleaning, and products for inside and outside cleaning of refrigerator.

References:

1. U. S. Public Health Service, Cold Facts About Home Food Protection.
2. Peet and Sater, Household Equipment.
3. Soap and Detergent Association, Housekeeping Directions A Simplified Guide.

Cleaning Shelves, Drawers, Closets

1. Ask students to read and discuss pamphlet "Clean Clothes Closets - for a Clean House".

2. Create a display of equipment (purchased and home-made) that helps to utilize space in a closet.
3. If facilities are available, evaluate an existing shelf or closet arrangement and plan a convenient rearrangement.

References:

1. Cornell University Bulletin 1136, Housecleaning Handbook.
2. P.A. Bulletin 738 "Clean Clothes Closets - for a Clean House".

Cleaning Woodwork, Tile, Floors and Apply Finish

1. Make a chart of the various kinds of floors and the care most appropriate for each kind of floor.
2. Have students share cleaning tips they have heard that others use. Evaluate the tips as a group.
3. Experiment with cleaning methods and products.
4. Ask students to bring housecleaning ideas from Heloise column in the newspaper.
5. Evaluate the use of nylon net for cleaning purposes.

References:

1. Cornell University Bulletin 1136, Housecleaning Handbook pp. 8-21.
2. Texas, Housekeeping Management Assistant, pp. A101-102.
3. P.A. Bulletin 741 "Clean Walls, Ceiling, Woodwork - for a Clean House".
4. P.A. Bulletin 736 "Clean Floors - for a Clean House".
5. Heloise columns in newspapers.

Dusting Woodwork, Furniture, Picture Moldings, Light Fixtures and Radiators

1. Have students do time and motion study on dusting methods and sequences.
2. Demonstrate ways and products used for treating dust cloths for efficiency in dust removal.
3. Compare the procedures and efficiency of dusting with the vacuum attachment and a variety of dust cloths.
4. Demonstrate using the vacuum cleaner followed by using a treated dust cloth for dusting furniture.
5. Demonstrate and have students return demonstrate the use of vacuum attachments to remove dust from upholstered furniture.

Vacuuming Floors, Rugs, Carpets and Draperies

1. Visit an appliance store and have the dealer demonstrate use of various vacuum cleaners and the attachments.
2. Have students plan a cleaning sequence for a room.

References:

1. Cornell University Bulletin 1136, Housecleaning Handbook, pp. 9-18.
2. Texas, Housekeeping Management Assistant, pp. A24-26.

Cleaning Mirrors, Windows, and Other Glass Surfaces

1. Experiment with small mirrors and a variety of cleaning products to see which ones help to perform the task faster and give a better shine.
2. Experiment with different fabrics for polishing cloths.
3. Demonstrate putting glass cleaner on a cloth when holding both cloth and cleaner below a framed picture or mirror. Use the dampened cloth to clean the glass. Make sure the students understand the importance of using this method to prevent moisture from seeping under the glass or frame where it will damage mirror silvered backing or art work displayed behind the glass. Emphasize the importance of not spraying cleaner near the edge of a mirror. A framed picture or document should never have its glass covering sprayed with cleaner.

References:

1. P.A. Bulletin 742 "Clean Windows, Mirrors and Other Glass - for a Clean House".
2. Cornell University Bulletin 1136, Housecleaning Handbook, pp. 21-22.

Cleaning Bathroom Fixtures and Floor

1. Display a variety of germicidal cleaners. Read directions and experiment using them as directed. Evaluate the cleaners for odor control.
2. Study pamphlet "A Clean Bathroom" and Housecleaning Handbook, pp. 22-23, 25, 28.
3. Show slides: "Cleaning Occupied Patient Room". Discuss how this same procedure can be used in the bathroom.

References:

1. P.A. Bulletin 740 "A Clean Bathroom - for a Clean House".

2. Cornell University Bulletin 1136, Housecleaning Handbook, pp. 22-23, 25, 28.
3. Dowell, "Cleaning Occupied Patient Room" slides.

Cleaning the Client's Bedroom

Airing Room, Mattress, Bedding and Pillows

1. Discuss reasons and ways of airing bedding while demonstrating the task of bed making.

Make Beds

1. Demonstrate the "once-around" bed-making procedure.
2. Make the bed twice, once using the method you ordinarily use. The next time, try the "once-around" method. Have a friend count your motions and time with both methods. Compare methods as to time and motions. Remember it takes practice to perfect any new skill. Once the skill is perfected the time needed for performance of this task is less than that used during unsystematic bedmaking.
3. Have students practice the "once-around" method of bedmaking at home to see how much they can improve their speed and skill.

References:

1. P.A. Bulletin 830 "Clean Beds - for a Clean House".
2. Texas, Housekeeping Management Assistant, pp. A53-56.

Assist in Turning Mattress

1. As a class review the steps necessary for turning a mattress. Review reasons for turning the mattress and the various systems people devise to keep track of when it's time to turn the mattresses and in which direction.
2. Practice turning a mattress using good body mechanics.

References:

1. Texas, Housekeeping Management Assistant, p. A83.
2. P.A. Bulletin 830 "Clean Beds - for a Clean House".

Trash Removal

Remove Accumulated Trash from Room

1. A resource person such as a representative from a local fire department could discuss trash removal as part of a fire-safety lesson.
2. Demonstrate proper method for emptying and cleaning waste baskets. Wastebaskets should be lined. Stress that rusting, odors, and unsightly conditions result when unwrapped garbage is placed in a wastebasket.
3. Look at slides from "Cleaning Occupied Patient Room" which are relevant to this topic and task.

References:

1. P.A. Bulletin 826 "Get Rid of Garbage and Trash - for a Clean House".
2. Dowell, "Cleaning Occupied Patient Room" slides.
3. Texas, Housekeeping Management Assistant.

STUDY QUESTIONS PERTAINING TO THE VARIED TOPICS IN CHAPTER III - THE INDOOR WORLD

When appropriate for use in class discussion one or more of the following questions could be used to initiate the discussion activity.

Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions. The starred items indicate some of the better answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

1. Which of the following would probably NOT be included in a homemaker-home health aide's emergency kit?
 - (1) Fabric softener.
 - (2) Laundry detergent.
 - (3) Cleaning cloths.
 - (4) Bucket.
 - (5) Pencil.

**1

2. Which of the following suggestions apply to the vacuuming of the fabric, metal or wood parts of furniture?
- (1) Do not vacuum the wood or metal parts of furniture.
 - (2) Use a treated dust cloth on wood and metal before vacuuming.
 - (3) Vacuum before using a treated dust cloth.
 - (4) A light up-right vacuum cleaner would be suitable for vacuuming upholstery fabric.
 - (5) None of the above.
3. Which statement is NOT true?
- (1) Dry cleaning fluid will destroy foam rubber padding.
 - (2) Food spills can be removed from furniture by using a solution of one-part light-duty detergent and four parts warm water.
 - (3) Fresh grease spots can be removed with corn starch, talcum, fuller's earth or French chalk.
 - (4) Upholstered furniture can be cleaned by shampooing with a soap foam.
 - (5) Wool and silk upholstery can be cleaned by using a light-duty detergent.
4. Which of the following rules would help identify and correct hazardous conditions in a home?
- (1) Mop or pick up anything on a floor which does not belong there.
 - (2) Turn on lights before entering a dark room.
 - (3) Be careful about the placement of electric cords or extension cords.
 - (4) Arrange furniture so that "traffic lanes" are kept open.
 - (5) All of the above.
5. Which of the following work, if assigned to a child, should NOT be left undone when the child neglects to complete the task?
- (1) Feeding the dog.
 - (2) Washing dishes.
 - (3) Carrying out trash.
 - (4) Dusting the furniture.
 - (5) Making his or her own bed.
6. How should a homemaker-home health aide decide which is the correct fuse replacement for a fuse which has burned out several times?
- (1) Use the same strength fuse found in the box when the H-HHA started working in the home.
 - (2) Use a greater strength (larger amp) fuse than was in the box when the H-HHA started working in that home.
- **3
*4 in an
emergency
- **4
- **5
- **1
Hungry
animals
usually
bite
- 1,2 & 3
not
accept-
able

- (3) Use a lesser strength fuse than was in the box when the H-HHA started working in the home.
- **4 (4) Notify the supervisor of a possible electrical problem.
- (5) Ask a local hardware dealer for advice.
7. Which is the first step in correcting hazardous conditions in a home?
- all are important to do
- **3 (1) Repairing broken steps and furniture.
- (2) Providing better lighting.
- (3) Identifying dangerous practices.
- (4) Getting people to pick up items on the floor.
- *5 (5) Educating the occupants to be more cautious.
8. How can one tell for sure that the short circuit which caused a fuse to blow has been corrected?
- **2 (1) Put in a delayed-action fuse.
- (2) Screw a light bulb into the fuse socket.
- (3) Unplug all appliances.
- (4) Try another fuse, same amperes.
- (5) Place a coin in the fuse box.
9. Which of the following is NOT a major source of injury in the home?
- **5 (1) Slippery surfaces.
- (2) Electric power.
- (3) Objects on stairs or floors.
- (4) Smoking.
- (5) All are major sources of home injury.
10. Which of the following should be done to clean a toilet?
- **4 (1) Wash the tank, bowl, seat and lid with hot soapy water.
- (2) Scrub the inside of the toilet bowl with a long handled brush and scouring powder.
- (3) Use a special cleaner for toilet bowls to take away stains and odors.
- (4) All of the above.
- (5) 1 and 3 only.
11. Mending is:
- **5 (1) Sewing on buttons.
- (2) Patching.
- (3) Pulling seams together with thread.
- (4) Replacing hooks.
- (5) All of the above.
12. Areas of the bathroom which should be cleaned daily are the:
- **3 (1) Bathtub.
- (2) Bathtub and sink.
- (3) Bathtub, sink and toilet.
- * 4 (4) Bathtub, sink, toilet and floor.
- (5) Bathtub, sink, toilet, floor and mirror.

References:

References listed after individual topic in the chapter.

CHAPTER IV - THE BEDFAST CLIENT'S ROOM

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 117 - 122

LEARNING ACTIVITIES

1. Caring for the Bedfast Client's Room

Cleaning Occupied Room

1. Form groups of three persons. Each group should list all of the tasks to be performed in cleaning an occupied room in a home.
2. The groups could exchange lists and then be asked to put the new list in the order in which the tasks should be performed.

References:

1. Dowell, "Cleaning Occupied Patient's Room" slides.

Changing the Occupied Bed

1. Demonstrate making an occupied bed obtaining, where appropriate, the physical cooperation of the occupant in moving from one side of the bed to the other.
2. Have students practice making an occupied bed using a nursing laboratory manikin and/or take turns in role playing occupant and homemaker-home health aide.
3. Discuss how much time is likely to be needed to complete this task of bedmaking once clean linens have been assembled at the bedside.

Arranging the Client's Room

1. Ask students to create a check list of steps to follow in arranging a room for client care and comfort.
2. Ask students to form pairs and compare check lists. Each person adding where necessary to their own check list.
3. Ask each person in the class to dictate one item from his or her list. Write the items on the chalkboard or overhead projector or simply ask students to add to their lists any of the dictated ideas which they do not already have recorded.

Observing Safety Rules in the Bedfast Client's Room

1. Divide class into groups of three members to a group. Have each group select for discussion one of the following safety topics:
 - a. Medicines in the home --ways of storing them safely.
 - b. Smoking in the client's room and/or home, improving safety.
 - c. Safe handling of soiled linens, bandages, and clothing.
 - d. Safe arrangement of furniture, lights and other articles and materials in current use.
 - e. Observing fire hazards and correcting them.Ask each person in each group to share one of their group's ideas.

(Alternative way of forming and using a class discussion group). Display the list of safety topics from item 1 above and ask students to select a topic upon the basis of their interest in the topic. Limit each group devoted to a particular topic to three students each. Some students may be in a group which is their second or third choice of topic. However, this method of selection often provides more variety and information than might result if all students are allowed to choose the same discussion topic.

Ask each group to select a recorder to make a brief note of each idea discussed. The note will later serve as a reminder when sharing the group's ideas with the class.

Walk around the class listening briefly to the group discussions. If any particular group seems to be having difficulty with their topic you might suggest they use the index of the Homemaker-Home Health Aide Manual, the American Red Cross, Home Nursing Textbook, and/or other available texts to find appropriate helpful information.

After the class has spent between five and fifteen minutes in group discussion, ask them to share the ideas of their safety topic and safety concerns within a bedfast client's room or home. Give everyone in each group a chance to speak to the whole class by asking an individual by name to share one of his or her group's ideas which they think is a particularly important one. After hearing that response, ask another group member by name to share another one of that group's ideas. Continue doing this for each person in that group until all of the ideas are presented. If the group is small and the list of ideas long, each member will have several opportunities to speak to the whole class. Other members of the class may have additional safety ideas which they should be invited to share.

Proceed to each of the other groups in a similar way, making sure that each person in each group has an opportunity to speak to the whole class.

2. Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection to answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

a. For which of these duties may a homemaker-home health aide be responsible with a bedfast client.

- (1) Mopping the kitchen floor.
- (2) Dusting the living room furniture.
- (3) Doing the family laundry.
- **4 (4) Keeping the client's room tidy.
- (5) Cleaning the family bathroom.

b. When removing soiled linen from an empty bed, which one of these measures is essential?

- (1) Take the spread off first.
- **2 (2) Avoid shaking the linen.
- (3) Remove the pillowcases first.
- (4) Roll up each piece of linen tightly after it is removed.
- (5) Raise the bed before beginning.

References:

American Red Cross, Home Nursing Textbook.

CHAPTER V - FOOD AND NUTRITION

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 125 - 173

LEARNING ACTIVITIES

Prepared by the
Home Economics Department
Iowa State University
Ames, Iowa

FOOD HANDLING AND SANITATION

Sanitation

Storing Food

1. Display some dangerous food handling practices, i.e.: 1) leaving casserole dish on a small candle for a long time, 2) leaving roast meat out on a counter after a meal, 3) storing turkey and dressing together, 4) thawing turkey on the kitchen counter, etc.
2. Display proper labeling of freezer food. Name of food, date frozen, use before date.
3. Show separate storage for food supplies and chemicals.
4. Demonstrate wrapping leftover roast or poultry and placing it (while warm) into the refrigerator.

References:

1. U.S.D.A., Keeping Food Safe to Eat.
2. U.S.D.A., Food is More Than Just Something to Eat.
3. U.S.D.A., Conserving the Nutritive Values in Foods.
4. Horner, Safe Handling of Foods in the Home.
5. U.S.D.A., Storing Perishable Foods in the Home.
6. U.S.D.A., It's Good Food - Keep it Safe, slides and tape.

Scraping and Stacking Dishes

1. Demonstrate use of garbage disposal and discuss food items that should not be put in the disposal.

2. Discuss the value of wrapping garbage to be taken to a sanitary landfill, of composting vegetable matter and of using the sink garbage disposal sparingly. The use of the sanitary landfill or composting returns vegetable matter to the soil rather than putting it into streams, rivers and the ocean.

References:

1. Soap and Detergent Association, Housekeeping Directions . . . A Simplified Guide.
2. U.S.D.A., Food Service Sanitation Manual Pub H934.

Washing Dishes By Hand or Machine

1. Show proper loading of an automatic dishwasher.
2. Make a display of items that require hand rather than automatic washing. Discuss whys.

References:

1. Soap and Detergent Association, Housekeeping Directions . . . A Simplified Guide.

Storing Dishes

1. Demonstrate use of tray or cart to remove and transport dishes from dishwasher to table.
2. Demonstrate proper washing of hands which should be done before handling clean dishes.
3. Illustrate storage of dishes and cooking utensils according to area of use.

Daily Cleaning of Ranges and/or Ovens

1. Hold a class discussion and demonstration of stove cleaning. Be sure to include the following ideas:
 - a. Daily removal of food particles on surface and oven units eliminates the later difficult removal of burned on foods.
 - b. Prevent burns by turning all units to "off" position and allow stove to cool before cleaning.
 - c. Porcelain enamel finishes are damaged by sliding pots and pans over the surface, sudden temperature changes, and acids.
 - d. Warm sudsy water is usually effective in removing spills and cleaning porcelain enamel.

- e. Bowls under surface units, drip trays, gas burners and oven shelves are all removeable items that may be cleaned at the sink.
- f. Remove excess grease deposits with newspaper or paper towels to facilitate soap and water cleaning. Investigate various degreasing agents. Investigate the environmental impact of degreasers.
- g. Small stiff brushes aid in removing soil from gas burners and a fine wire can be used to remove soil from pilot light valves.
- h. Use a household ammonia and oven cleaning agents according to manufacturer directions, store away from foodstuffs, and away from the reach of children. Avoid using aerosols. When possible, use a hand pump to distribute cleaning materials.

References:

1. Peet, Young Homemakers Equipment Guide.

Cleaning Shelves, Work Tables and Sinks in Kitchen

1. Show how cutting boards which are not thoroughly cleaned after use with raw foods can contaminate cooked foods causing food poisoning.
2. Talk about cleaning products that are to be avoided when cleaning counter top areas.
3. Discuss advantages of lucite cutting surfaces and cutting boards.

References:

1. Horner, FDA Papers, Vol. 6, No. 5.
2. LaGrange, For Goodness Sake Keep Food Safe.
3. University of Iowa, Sanitation Rules Make Sense (16mm. film).
4. Moreland-Latchford, Kitchen Management Principles (16mm. film).

Handling of Equipment

Safe, Efficient Use of Kitchen Equipment

1. Invite a speaker to demonstrate safe use of equipment. The students attention should be on sanitation and the safety of the person using the equipment. Skill, sanitation and safety in using each electrical appliance should be emphasized.

2. Emphasize the necessity of keeping can openers very clean and the necessity of scrubbing with detergent and water the tops of cans before the can is opened.

Planning For Good Nutrition

Taking Inventories of Food Supplies

1. Using a set of various can sizes, let students estimate the number of servings from each size can.
2. Discuss servings per pound yield from various cuts of meat that may be on hand in a refrigerator or freezer.
3. Have students inventory the food supply in their own homes just before they plan to purchase more food. Inventory the food according to the basic four food groups.

References:

1. National Canners Association, Know Your Canned Foods.
2. U.S.D.A, Keeping Food Safe to Eat: A Guide to Homemakers.
3. National Livestock and Meat Board, Teaching About Meat.

Adapting Family Meals to Meet Basic Daily Nutritional Requirements

1. Plan menus for two days for a young adult woman. Check them for adequacy using a nutrition check sheet.
2. Vary the planned menu to meet needs of a 7-year-old boy, a teenage girl, a nursing mother and a visiting grandmother.
3. Set up trays of serving portions of milk foods, meat and/or meat alternate foods, a raw and cooked fruit or vegetable, a cooked cereal, and ready-to-eat cereal.
4. Discuss low cost meats and low cost fruit and vegetable choices.
5. Demonstrate ways to use non-fat dry milk.
6. Have students share their own low cost delicious recipes.

References:

1. U.S.D.A., Conserving the Nutritive Value of Foods.
2. Kinder, Meal Management.
3. Martin, Nutrition in Action.
4. McGraw Hill Films Inc., A Balanced Diet, (8mm. 4 minute cassette film loop).
5. Betty Crocker Learning Aides, Mealtime Planning, 85 frame filmstrip.

Considering Mental Attitude About Food in Planning Menus

1. Have each student identify and write down food likes and dislikes. Identify why the food is liked or disliked.
2. Have students list the food likes and dislikes of their mother, of their father, of someone they lived with while growing up. Compare their own list with that of one of both parents and/or someone they lived with while growing up.
3. Discuss motivations to eat a proper diet that may influence (1) a teenager, (2) a nursing mother, and (3) a father on a low cholesterol diet.
4. Create an exhibit demonstrating that taste and "eye" appeal are important in food acceptance. Examples that might be presented are: toast vs. burned toast; mild, properly cooked cauliflower vs. strong, overcooked cauliflower; colorful, properly cooked frozen peas vs. scorched peas.

References:

1. Kinder, Meal Management.
2. Martin, Nutrition in Action.
3. Hamburger, "The Psychology of Dietary Change".
4. Cornell University, Food Patterns (16 mm. film).

Adapting Family Meals to Conform to Diets Recommended by Doctor

1. Have students use a nutritionist's or doctor's prescribed exchange list to plan a day's menu for a diabetic.
2. Practice using measuring equipment and scales.
3. Have students identify foods containing sodium by reading a collection of labels.
4. Create groupings of foods as to high, medium or low sodium content.

References:

1. American Heart Association, Sodium Restricted Diet.
2. Iowa State Department of Health, Simplified Diet Manual.
3. Fleischmann's, Dietary Control of Cholesterol.
4. University of Iowa, A Low Cholesterol Diet Manual.

Planning for the Feeding of Children

1. List appropriate and inappropriate foods for children. Indicate why each of the inappropriate foods is not suitable for consumption by children. For example: popcorn may be aspirated by small children.
2. Compare food needs of adolescents with food needs of small children. Discuss the possible reasons for the differences.

3. Use a basic set of menus and ask students to use the menus to plan for meeting the nutritional needs of children of different ages.
4. Develop a list of nutritious snacks that children would like.
5. Make eye appealing nutritious snacks in class. For example: peanut butter and raisin on celery sticks. Blended cottage cheese as a dip for celery, carrots, peppers, etc.

Planning for Special Diets for Children

1. Calculate the calorie values of a day's menus. Discuss how calorie values may be reduced.
2. Discuss characteristics of foods that children like and plan the menus for one day for a five-year-old. Finger foods (foods to be eaten with clean fingers) are popular with this age group.

References:

1. Iowa State University, Preschoolers' Eating Habits, Fun or Fuss.
2. General Mills, Inc., Meal Planning for Young Children.
3. Sterling Films, Feeding Your Young Children (60 frame filmstrip).

Planning and Preparing Between-Meal Nourishments

1. Divide into groups to consider nutrient contributions of common "snack" foods, i.e., apples, cheese, dried fruit, oatmeal cookies and milk. Consider the negative contributions of potato chips, soft drinks, candy bars, etc.
2. Set up display table of cartons and empty containers. Separate the excellent sources of food nutrients from those providing largely calories. (Coke vs. pint carton of milk, dried fruit drink vs. orange juice, chocolate bar vs. dried fruit candy, doughnut vs. whole wheat cracker, carrot cookie vs. chocolate marshmallow type cookie).
3. Have students prepare and display after school snack trays of nutritious foods.
4. Prepare nutritious snacks in class.

References:

1. U.S.D.A., Nutritive Value of Foods.
2. U.S.D.A., Foods For Us All.
3. Martin, Nutrition in Action.
4. Double Sixteen Company, Food for Teens--Snacks That Count, (audio visual).

Planning Use of Leftovers

1. Have the class share suggestions for using leftover food by serving it in a form different from the first time it was served. Use appropriate seasoning and attractive garnishes with the leftover food.

References:

1. U.S.D.A., Family Fare - A Guide to Good Nutrition.

Checking Menus for Interest and Attractiveness

1. Using food models or colored pictures of food stuffs from magazines, plan colorful menus. Cut up magazines to make posters of colorful nutritious menus.
2. Contrast textures of raw potatoes and mashed potatoes, fresh head lettuce with wilted lettuce, bread sticks with bread, and celery sticks with braised celery.
3. Give each student a paper plate upon which the student should show pictures of a nutritionally balanced meal. Have the students use old magazines from which to select, cut out and mount pictures of food on a paper plate.
4. Give each student three paper plates. Use each plate for a meal for one day. The total breakfast, lunch and dinner, (or breakfast, dinner and supper) should contain the daily requirements of nutrients.

References:

1. Kinder, Meal Management.
2. University of Iowa, Menu Planning (16 mm, 11 minute film).

Selecting Recipes

1. Use transparencies, an overhead projector, or opaque projector to show some contrasting characteristics between a good recipe and a poor recipe for the same product.
2. Show or calculate cost differences for plain, blueberry or date muffins.
3. Show or calculate calorie differences for plain, blueberry or date muffins.
4. Display tested U.S.D.A. recipe bulletins.

References:

1. American Home Economics Association, Handbook of Food Preparation.

Planning a Market Order and Purchasing Food

1. Point out that term "grocery list" which is commonly used, is probably not as accurate description of the items purchased at the supermarket as is the term "market order".
2. Compare cost of fresh fruits and vegetables in season with those same foods after they have been canned or frozen for sale in a grocery store.
3. Use common foods to show what is meant by unit pricing. Have students figure unit prices on staple foods such as fresh and non-fat dry milk, flour, sugar and quick oats.
4. Hold a class discussion: Topic; what services do you wish to pay for in the grocery store? Do you want to pay for stamps, hot coffee, sacking, carry-out, music or movies for children?

References:

1. Kinder, Meal Management.
2. Iowa State University, Plan Indeed for Foods You Need.
3. Iowa State University, Shopping at the Grocery Store.
4. Iowa State University, Food Labels - Stop, Look and Learn Signs. Slides.

Preparing and Serving Food

Cleaning, Preparing and/or Cooking Various Foods

1. Demonstrate tools helpful for cleaning vegetables i.e., a floating blade peeler, vegetable brush, "Tuffy". Use floating blade tool for peeling or cleaning apples, potatoes, and carrots. Use vegetable brush for carrots. Use "Tuffy" to clean commercial button mushrooms.
2. Exhibit differences in a properly and improperly cooked green vegetable.
3. If facilities permit, cook a variety of vegetables. Proper cooking of vegetables is a big problem. Therefore, having students cook them in class can be a worthwhile learning activity. Use a steamer to preserve nutrients while cooking vegetables.
4. Have students working in pairs write a schedule of cooking times for several menus. Define when each food should begin cooking so that all food preparations are completed at the proper time.

References:

1. Charley, Food Science.
2. Hughes and Bennion, Introductory Foods.
3. American Home Economics Association, Handbook of Food Preparation.
4. University of Iowa, Food Preparation: Some Basic Ideas (16 mm., 10 minute color film).

Setting the Table

1. Discuss items needed to serve two very different menus. Each menu determines what utensils and dishes will be necessary.
2. Show pictures or slides of attractive table settings as well as unattractive settings which lack color, symmetry, and/or pleasing design.
3. Have the class visit stores, fairs, or 4-H projects which display attractive table settings.
4. Tell students about stores or other places they can visit after classroom hours to see attractive table settings.
5. Have students set up table places and trays in class. They can refer to a home economics textbook or a book of etiquette for illustrations of table and tray settings.

References:

1. Kinder, Meal Management.

Preparing Clients for Meals on a Regular Schedule

1. Observe attitudes of student aides when they are served food in an unattractive room and when they are dining in an attractively decorated dining room with picture windows. Discuss in class how students felt in the contrasting dining facilities.
2. Visit, if possible, a nursing home with especially attractive dining surroundings and notice patient attitude.

References:

1. Gifft, Nutrition, Behavior and Change.

Serving Meals

1. Have groups of three plan a meal (or meals) together, estimate preparation and cooking times, and make out a work schedule. Determine which utensils will be needed for serving. Have the

groups exchange menus and try to determine which utensils might be used for serving each particular menu. The students who planned menus and the group of exchanging students could then compare notes on the serving utensils each might have used in preparing the food. Help the students to see that there are usually many suitable utensils and dishes which are adequate for preparing and/or serving any particular kind of food.

2. Have students perform alone the meal serving task described in the preceding paragraph.
3. Demonstrate creating inexpensive and attractive garnishes for several dinner menus.

Preparing and Delivering Trays to Ill or Disabled Persons

1. Contrast plates of food which are aesthetically pleasing with plates of food which are unattractive. Discuss why some of the plates are attractive or unattractive. Solicit suggestions from students about how to make the unattractive servings more desirable.
2. Display a movable cart used to transport trays easily.
3. Show serving dishes that may be preheated to keep foods hot. Discuss the advantages of using dishes which can be warmed in an oven to help keep hot foods warm after it has been placed on a plate.

References:

1. Kinder, Meal Management.
2. Turner, Handbook of Diet Therapy.
3. Iowa State University, Food--Fit for the Elderly (slides).

Preparing Baby Formula

1. Display tongs, bottle brush, funnel, sterilization kettle and liquid measuring cups and spoons.
2. Demonstrate proper measuring of corn syrup.
3. Show sugar cannister and bottle of syrup clearly labeled.
4. If time permits, divide class into groups and assign each group to prepare formula. Assign one group to use the terminal heating method and the other the aseptic method.
5. Display the usually prescribed commercial formulas, disposable and plastic bottles.
6. Invite a member of the LaLeche Society to discuss the advantages of breast feeding and the sanitary precautions which should be observed during breast feeding.

Using Commercial Baby Foods

1. Have class compare sodium and sugar contents of commercial baby foods to the sodium and sugar content of baby foods prepared at home in a blender.
2. Demonstrate removing food from container after the food has been heated. Show that if unconsumed food is to be kept for later use the food should always be stored separately from the food remaining in the original containers. Both should be refrigerated immediately. Refrigerating the food within one-half hour is usually acceptable.

STUDY QUESTIONS PERTAINING TO THE VARIED TOPICS IN CHAPTER V --
FOOD AND NUTRITION

Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection to answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

1. Sometimes a client may not be able to see the tray of food he or she is being fed. Which of the following would be inappropriate under such circumstances?
 - (1) Tell client what is on the tray.
 - **2 (2) Make sure client eats all of the food.
 - (3) Alternate offering food and liquids throughout the meal.
 - (4) Name each food article before it is given to the client.
 - (5) Warn client if any beverage or food is hot.
2. Which of the following leftovers should probably NOT be stored in a refrigerator for future use?
 - **1 (1) Lettuce salad.
 - (2) Cooked green beans.
 - (3) Frankfurters.
 - (4) Boiled potatoes.
 - (5) Carrots and pineapple in lemon jello.

3. Why is hot water desirable for rinsing dishes?

- (1) It helps eliminate spotting.
- (2) It speeds drying time.
- **3 (3) It is more sanitary than cold water.
- (4) It is less expensive than other rinses.
- **5 (5) 1, 2 and 3 above.

4. Which of the following is a problem often related to serving food to bedfast individuals in a home?

- (1) Having hot food served hot and cold food served cold.
- (2) Having food colorful and of a variety of textures.
- (3) Having food with pleasant flavors.
- (4) Having a sturdy table surface.
- **5 (5) Having mealtime be a pleasant social occasion.

5. Individual plates of food are filled in the kitchen which allows the server to control portion size of food served.

Which style of serving meals is described above?

- (1) Family style.
- **2 (2) Institutional style.
- (3) English style.
- (4) Compromise style.
- (5) Buffet style.

6. A 65-year-old patient who is on a regular diet and who has dentures that fit well refuses to eat any green vegetables. Both the doctor and the nurse tell the home health aide to try to get the patient to eat green vegetables.

Which one of these approaches to the problem by the home health aide would probably be best?

- (1) Give the patient raw green vegetables.
- **2 (2) Include green vegetables in stews and casseroles for the patient.
- (3) Explain to the patient frequently why he needs to eat green vegetables.
- (4) Give the patient small servings of preferred foods and large servings of green vegetables.
- (5) Use both 3 and 4.

7. There is about 3/4 cup of freshly cooked green string beans leftover from lunch for a family of four. What is probably the best thing for a H-HHA to do with the beans?

- (1) Put them in the garbage.
- (2) Warm and serve them at the next meal.
- **3 (3) Add them to a vegetable soup being served the next day.
- (4) Store them in the refrigerator for a few days and serve them again.
- (5) Eat them.

8. Which of the following probably would enable one to purchase the largest amount of food for \$100?
- **1
- (1) Buy food stamps.
 - (2) Buy only what is on the food shopping list.
 - (3) Make out the shopping list in order of the physical lay-out of the grocery store.
 - (4) Use buying guide information which suggests the number of servings per pound for each product.
 - (5) Calculate the price per ounce of all foods purchased.
9. Which practice is likely to help most to increase the food intake of a client who has a very poor appetite.
- **3
- (1) Serving larger-than-average portions of preferred foods at regular mealtimes.
 - (2) Serving foods that are easily digested when client asks for something to eat.
 - (3) Serving small amounts of nourishing foods that client likes at frequent intervals.
 - (4) Serving hot foods hot and cold foods cold.
 - (5) Serving foods from the Basic Four food groups.
10. 1/4 tsp. nutmeg
 1/3 tsp. salt
 1/8 tsp. cinnamon
 1/2 tsp. pepper

Which of the ingredients above is listed in the largest amount?

- **4
- (1) Nutmeg.
 - (2) Salt.
 - (3) Cinnamon.
 - (4) Pepper.
 - (5) One can not tell from reading the list.

References:

References are listed after individual topics.

CHAPTER VI - HUMAN DEVELOPMENT

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 175 - 194

LEARNING ACTIVITIES

Physical Development

1. Observe specific motor skills in infants and adults of different ages. Visiting a day care center with an expert in human development would be an ideal way to have the physical characteristics of the various stages of development brought to the attention of the students.
2. Form groups of four or more students, play game Growth and Development. Use Homemaker-Home Health Aide Manual charts or other reference materials to verify game choices when necessary. Game may be obtained from Betty Vandenburg, Coordinator, Practical Nursing Education, 2006 Ankeny Blvd., Ankeny, Iowa 50021. \$6.00.

References:

1. Della-Piana, How to Talk With Children (And Other People).
2. Satir, Peoplemaking.
3. Chess, Thomas and Birch, Your Child As a Person.

Social and Psychological Development

1. Divide class into 3 or 4 groups. Have group read and discuss among themselves Satir, Peoplemaking or Chess, Your Child As a Person. Group one could report on the first half of Satir. Group two could report on the second half of Satir. Each group could attempt to answer questions about their half of the book. Students reporting on the other half of the book could collaborate in helping answer the questions posed by the class. Have the other half of the class divide Chess for a similar reading, discussion and problem solving session. Group three could do the same using Della-Piana, How to Talk With Children (and Other People).
2. Prepare handouts on Intellectual Development, pp. 97 - 99. Ask the students to read the hand-outs and to make notations concerning how they think they could implement each of the seven ideas if they were a homemaker-home health aide in

charge of children. After they have spent from 3 to 5 minutes making notes, have the class break into small groups of two or three persons for sharing ideas with each other. Allow some class time for all groups to share their ideas with the whole class.

3. Emphasize that social and psychological development continues from birth to death. Find a local expert on the middle and older years to discuss with class the characteristics of people in these age groups. Discuss also how to help individuals in these age groups to use their fullest potential for social and psychological growth throughout a life time.
4. Suggest to students the "sandwich method" of offering corrective comments to children and adults. Praise, corrective comment, praise. This is a more formal version of the two positive comments for every corrective comment method suggested on p. 207 of the Manual. Have students pair off and role play child and adult in situations the students create. The person role playing the child should describe the behavior in need of correction and the person role playing the adult should offer the corrective comment sandwiched between two honest praising comments.

In using the "sandwich method" for offering corrective comments it is wise sometimes to offer positive comments and/or praises both to children and adults which is not part of the "sandwich package". To insure the continuance of a behavior which is beneficial to the individual, to the family and/or to society offer your personal presence, praising comments, interest, enthusiasm and/or help in carrying out the activity or behavior for the duration of that positive behavior.

INTELLECTUAL DEVELOPMENT

Most people know that some families produce remarkably successful and happy children. Until recently, nobody's really known why--or how.

The children of such families are bright, talented, well-adjusted, content and usually go on to be successful in life.

About one family in 30 produces such remarkable children. The parents may be rich or poor and may have as many or more troubles than the rest of us. Observation of such families has yielded a "recipe" for successful child-raising. It is a "recipe" that any parent can use. It is certainly information that a homemaker-home health aide should use whenever he or she is put in complete charge of a child or children.

Some of the ingredients found in the "recipe" for rearing successful children are:

1. Use "live language" directed at the baby or child. Speak directly to the baby or child. Television can not do that. Television language is not an acceptable substitute for talking directly and clearly to the baby or child.
2. Allow babies and pre-school children freedom to roam through the house or apartment - after safety hazards and valuables which could be damaged have been removed. If a child is restricted in its movements about the home, it will start just passing time, just hanging around, doing nothing and that limits the child's later development.
3. Act as the child's personal consultant, considering his or her questions carefully, listening carefully and answering questions.

Child-proofing a house and turning the child loose, as much as possible, creates an incredibly rich environment.

Allow exploration of non-child-proof objects under supervision. Objects of value one would ordinarily now allow a child to play with might be used under a closely supervised situation by being given to the child to look at and to explore with his or her hands for texture, size and surface. The object could then be put away in a child-proof place until another supervised situation can be provided. Some such objects a particular child will want to examine only once, other objects may be ones he or she will want to explore many times.

4. Anything closer than three years difference in ages between children inhibits the optimum development of both the older and younger child.

Mutual hatred of children closely spaced together is normal and may be part of what inhibits optimum development of both the older and younger child.

This, of course, is a good thing for people to know when planning families.

The problem, of course, is how can an aide help promote the optimum development of the children when placed in charge of an existing family of closely spaced children. Caring for the homemaking of a household and caring for healthy and usually well cared for children three years or more apart in age will be a manageable situation.

If the family is comprised of young children, closely spaced in age, clearly the input of more caring adults is needed if the children are to attain optimum development.

Finding separate friends for each child in a closely-spaced family and arranging for each child to be out of sight of siblings and the sibling's friends creates opportunities for development otherwise denied.

Encouraging separate interests also lessens competition among closely spaced siblings. Even among more widely spaced children separate interests lessens competition and allows each child in the family to be the real expert within the family concerning his or her unique interests.

Do not plan to treat children in a family alike. It is impossible and competitive children will immediately call infractions of the plan to your attention. Treat each child according to his needs and ability to assume responsibility. Demonstrated responsible behavior should bring rewards and satisfactions pleasurable to the child and injurious to no one other person, animal or thing.

5. Remain around the child. Pay attention to the child. Be there so he or she can initiate conversations with you. Pay attention to what he or she says. It is probably impossible to be a bad listener and a good parent (or a good substitute parent) at the same time.
6. Be aware of what children prefer doing at different ages and help make it possible for them to engage in those activities.
7. Share your enthusiasm for what the child is doing by being interested in his or her activities and discoveries and helping to extend those discoveries and interests.

Training is required to be a good parent. Being a good parent does not come naturally.

Being a good substitute parent as a homemaker-home health aide also requires training yourself to do what is recommended in the "recipe". These ingredients in the "recipe" are useful to the development of a person from birth to adulthood.

References:

1. White, Burton L., Harvard University Pre-school Project, 1975 (unpublished).

EMOTIONAL HEALTH

1. Study the four characteristics of an emotional crisis. Ask students to give examples of each of these characteristics from the life of someone other than in their own family.
2. Have class members each select one of the nine items describing a behavior pattern of a somewhat disorganized person. Without identifying individuals give each class member one minute to describe a person whom they have observed to display a certain pattern of behavior. Make every effort to have one or more examples of each behavior pattern.
3. Provide class members with copies of "Characteristics of an Emotional Crises".
4. Role play methods of dealing successfully with an emotional crisis. Have students create crisis situations. Have pairs of students role play the person with the crisis and the homemaker-home health aide helping that person.
5. Have individual students invent crisis situations and then demonstrate using one or more of the eight methods suggested for dealing with an emotional crisis.
6. Ask the class, "Should Characteristics of an Emotional Crisis be part of the Chapter on Human Development or the Chapter on Guidance, Behavior Management and Problems of Living?"
Hear the opinions given in the promotion of both locations.
7. Ask the class, "Does an emotional crisis sometimes indicate a problem in the social, emotional, intellectual and physical development of a human being?"

Hear and accept each idea students may care to offer.

As is often the case, there is merit on both sides of the question and even more sides to the question might be created. For example, perhaps a chapter on Emotional Crises only might have been created.

CHARACTERISTICS OF AN EMOTIONAL CRISIS

- I. Events capable of producing an emotional crisis usually are:
 1. Unique (one is little prepared and has not previously met such a problem).
 2. Important (to that individual).
 3. Lasting (will be significant in that person's life for a long time to come).
 4. Unavoidable.
- II. An emotional crisis is a time of psychological upset in a person. His or her usual patterns of behavior are somewhat disorganized. The person may:
 1. Appear more or less confused and less orderly in thinking about work and social life.
 2. Base thinking less on reality than usual and be prone to be influenced by fantasies and irrational stereotypes to a degree which is unusual for that person.
 3. Be less effective than usual at work and in social situations.
 4. Become preoccupied with the life problem which precipitated the crisis.
 5. Mentally rehearse or actually attempt a variety of responses in an attempt to solve his or her problem(s).
 6. Recall incidents from past crises which had something in common with the present one and old anxieties and guilt feelings may return once more to hamper his or her current efforts to solve the major problem(s).
 7. Be emotionally upset; tense, anxious, irritable, guilty, ashamed, hostile or depressed.
 8. Have defective appetite and difficulty in sleeping and show unusual fatigue.
 9. Have symptoms which come and go. Typically the tension rises to a peak or a series of peaks and as it rises the individual shows signs of tension relief such as motor restlessness, fidgeting and muscle tension.
- III. Individuals successfully deal with an emotional crisis by:
 1. Actively exploring the reality issues and trying to obtain information from many sources, building a reality based understanding of the problems and hazards.
 2. Really expressing their negative feelings engendered by the crisis and being willing to put up with the frustrations until they can work out a solution.

3. Actively invoking the help of others in dealing with their problems.
4. Breaking down the problems into manageable bits and working through them one at a time.
5. Being aware of their own state of fatigue and resting when needed so as not to wear themselves out. Although they show some disorganization, especially at times of peak tension, they manage on the whole to maintain their integrity and control in many routine areas of functioning.
6. Actively trying to master certain issues and control certain feelings on one hand, while willingly resigning themselves to accept the inevitable in other issues.
7. Being flexible and willing to change attitudes in the face of new perceptions.
8. Having a basic trust in themselves and others, and a basic hope that they will come through the crisis relatively intact despite inevitable suffering and frustration.

STUDY QUESTIONS FOR HUMAN DEVELOPMENT

Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions. The starred items indicate some of the better answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

1. Which of the following things might indicate poor health?
 - (1) Wearing robe at 9:00 a.m.
 - **2 (2) Uncombed hair at lunch time.
 - (3) Unbathed at 8:00 a.m.
 - (4) Unwashed hands before breakfast.
 - (5) All of the above.

2. Why should a child be read to each day from birth until enrolled in kindergarten?
 - (1) The child is likely to grow up loving books and reading.
 - **2 (2) The child is likely to hear correct forms of language.
 - *3 (3) The child is likely to be receiving undivided attention while listening to the reading.
 - *4 (4) 2 and 3 above.
 - (5) None of the above.

References:

1. Jenkins, Gladys Gardner, classroom lecture, Spring Semester, 1972.
2. Della-Piana, How to Talk With Children (And Other People).
3. Satir, Peoplemaking.
4. Chess, Thomas, Birch, Your Child As a Person.

CHAPTER VII - GUIDANCE, BEHAVIOR MANAGEMENT AND
PROBLEMS OF LIVING

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 195 - 238

LEARNING ACTIVITIES

Prepared by the

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CHILD CARE

Physical Care

Assist Children in Preparation for Bed, Naptime and Meals

1. Discuss and role play ways of creating a restful atmosphere within a busy and active household.
2. Have class members share experiences verifying the importance a child places on bedtime rituals.
3. Overnight or over the week-end assign students the task of helping a child brush his or her hair and wash hands and face during pre-meal grooming.

Assist with Bathing Children

1. Invite a registered nurse to give a demonstration of bathing a small baby.
2. Assemble and organize the equipment needed which will make bathing a small infant easier.
3. Have the class orally dictate a list of the safety precautions which the nurse emphasized should be taken when bathing small children.
4. Using a life size doll, demonstrate how to bathe a small baby. Also demonstrate how to assist the parent in bathing the infant.
5. Have students use the life size doll to practice bathing a baby. Have the students practice assisting a parent in bathing an infant.

CHILD AND ADULT GUIDANCE

Guidance

Helping Adults and Children to Get Along Well Together

1. Provide students in class with several copies of Della-Piana, How to Talk With Children (And Other People). Use suggestions on p. xi to help student aides become knowledgeable about alternatives to punishment, self-control, explaining and directing, etc.

Supervising and Instructing Children in Performing Chores

1. Role play different ways of asking children of various ages to help with chores around the house. Role play rewarding behavior on the part of the adult which encourage children's cooperation in household work.
2. Ask each student to list four household chores which children are capable of doing. Categorize according to the stage of development needed to perform them and the level of performance which one can reasonably expect. Have students form groups to discuss their lists. Hold a general class discussion about each different chore listed for consideration.
3. Role play father and mother and children. Have mother suggest to a specific child that he or she help the father with a house or yard chore. Have the father suggest to a specific child that they help their mother perform a specific household task. The "father" or "mother" should always give the child good reasons why he or she should provide the help as well as providing the personal rewards of pleasant nearness, listening and attention.

References:

1. Osborne, How to Teach Your Child About Work.
2. Della-Piana, How To Talk With Children (And Other People).

Supervising the Play of Children and Helping Children to be Creative in Play

1. Ask the class to pool their knowledge from reading, observation, discussion, and experience to set up criteria for selecting suitable toys and play equipment. Consider such things as: attractiveness; durability; safety; educational value; level of development needed to play with it, etc. Ask small groups to work out ways in which these criteria could be explained to parents.

2. Give the group a box of materials which are commonly found in the home. From these have students creatively improvise toys and craft activities which would interest children of various age groups.
3. Have each student make a file of games and play activities, organizing them into categories such as (1) free play, (2) creative play, (3) group activities, (4) quiet activities, (5) active indoor activities, and (6) active outdoor activities. List ages for which each activity is appropriate. Students should evaluate these ideas from the standpoint of safety and relevance and property damage. Students may exchange ideas about which toys meet safety, age relevance and no property damage criteria to enlarge their own file of ideas to be used on the job. This activity should result in the student having a file of information useful when their homemaker-home health aide responsibilities include child care or working in a home in which children are living or visiting.
4. Discuss the role of adults in supervising play activities. What are emotionally healthy ways of supervising play activities?

Telling or Reading Stories to Children

1. Ask a school or city librarian to speak on selecting and telling or reading stories to children of different ages.
2. Ask a public or school librarian or a reading teacher for criteria and/or book lists which would help parents select desirable books to read and purchase for their children.
3. Visit the children's section of a public library. Find out how a child can obtain a library card. Encourage the students who know a child who does not have a library card to help that child obtain and use a card. Going to the library with the child would be an excellent out of class assignment for some students providing distance and convenience problems were not overly difficult.

Comforting Injured or Upset Child

1. Demonstrate by role playing ways to show comfort to an upset or injured child. Discuss when each way would be most appropriate. (Consider age, sex and personality of the child, etc.) Helping a child care for his or her own injury is therapeutic physically and psychologically.
2. Discuss ways in which children may be taught to overcome fears.

3. Have class dictate a list of common dangers which exist in the home. Record the list on a chalkboard or overhead projector. Ask the students for suggestions of ways of eliminating these and preventing future harm to the child.

Helping to Motivate a Person to Eat a Balanced Diet

1. Ask aides to list their food likes and dislikes. (If the students had earlier prepared this list as a class activity, use the previously prepared list.) When they have finished, ask them to list the food likes and dislikes of their mothers. Have the students compare their list and their mothers list. Raise the question "Does it seem that the likes of the mothers greatly influence the eating habits of children?"
2. Have class members share methods they have observed being used to help small children develop better food habits. Have class members look for positive and negative aspects of each suggested method.
3. Ask students to demonstrate through role playing motivating and non-motivating ways of presenting food to children.
4. Working in small groups, have each group prepare a list of suggestions for making mealtime a happy time. Later provide an opportunity for the small groups to share their lists with whole class.

References:

1. Ames, Child Care and Development.
2. Hurlock, Child Growth and Development.

BEHAVIOR MANAGEMENT

Dealing with Problem Behaviors in Children

Dealing With Problem Behaviors in Children

1. Invite a panel of high school students to discuss effective ways of helping a child toward becoming self-disciplined or self-controlled.
2. Give the class a case study of a behavior problem. Ask them to think of two or three effective methods of guidance and to explain the reason why they think each method would be effective. Explain the system of trade-offs in terms that

there are advantages and disadvantages in any method of helping a child overcome a behavior problem. Ask them to think about the short term and the long term effects of each method.

3. Use 15 minutes of class time to write a short passage which could be given to parents to (1) explain the need for parents to overcome their own fears, and (2) explain how to refrain from instilling parental fears into the children.

Use class time to share ideas. At the end of fifteen minutes the students could be asked to stop writing and to volunteer to read what they had written to each other.

Another way of sharing for discussion would be for the teacher to pick up all of the papers (finished or not) and to read excerpts or the total papers to the class. After reading an unfinished paper the teacher might ask the class for several suggestions of how the author might have completed the ideas about which he or she began writing. The identity of the author would not be revealed to the class by the teacher.

If a student requests that something he or she has written not be shared with others, the teacher should respect and abide by that wish.

Taking the finished and unfinished papers at the end of a specified time period assures that the writing assignment does not become a homework project. The purpose of having the students think through an assignment will have been achieved even though the student has not had time to commit it all in writing.

The objective of this assignment is to make sure that the student has gained some knowledge about the transmission of fear and spent some time thinking about what he or she could do in dealing with parental fears and the transmission of these fears to children.

4. For a summary activity the class might attempt to discuss possible answers to the following questions: "What are some of the better ways to go about changing problem behavior?" and "Why are some solutions to problem behaviors better than others?" (For example, hitting a child might or might not stop a behavior, but it most certainly sets an example of bigger, stronger person hitting a smaller, weaker person, it gives an example of a person being violent rather than using their mind to figure out a way to solve a problem in a way that does not arouse resentment and hatred. Therefore, a better way should be devised to reduce the performance of a problem behavior.)

References:

1. Baker, Understanding and Guiding Young Children.

2. Satir, Peoplemaking.

PROBLEMS OF LIVING

Family Needs and Goals

Working With the Supervisor and Family in Identifying Family Needs and Goals and Helping to Stabilize the Family Unit

1. Show the film "Home Fires", which shows a homemaker-home health aide helping out in a variety of family situations. Discuss the problems the families are having and how the homemaker-home health aide understood and worked with the family in solving them. The film shows how a homemaker-home health aide can help improve the mental health of family members and of the family as a whole.
2. Have resource person from a mental health clinic visit the class and talk about how to more fully understand human problems and needs, interpersonal relationships and communication problems among people.
3. Invite a panel consisting of a supervisor, case worker, public health nurse, and an experienced aide to discuss the role the homemaker-home health aide can play in helping a family to identify needs and set goals.

References:

1. Della-Piana, How to Talk With Children (And Other People).
2. Day Care and Child Development Council of America, Principles of Home Visiting.

Family Resources

Identifying Resources and Helping to Increase Resources

1. List the resources that a family in your community might have. How could such a family expand their present resources?
2. Ask the class for suggestions of various ways that decisions might be made about how or which methods a family should use to expand its resources.

3. Present a case study of problems in the use of resources in a home. Ask the students as a class to identify ways in which the homemaker could help.

Family Budgeting and Family Spending

Operating Within Available Family Finances

1. Discuss in class consumer practices which can add to the financial stress of a family. Reference - Low Income Life Styles, pp. 67-84.
2. Review "20 Ways Not to be Gyped". Role play use of pamphlet with client and/or use slide set LS500/LS524.
3. Present case studies of families with financial problems. Analyze as a group the problems and search for ways the problems could be solved and/or somewhat alleviated.
4. Arrange a question-and-answer session with an expert in family finances. The expert might also discuss such questions as: Why is budgeting important? What are the benefits of planning? What happens when no planning is done?
5. Use prepared materials as examples of convenient forms for keeping household accounts.
6. Use the credit pamphlets to discuss credit, its use, costs, and truth-in-lending requirements. Resources: "Using Credit Wisely", "What Is Credit", "Should You Use Credit", "Your Credit Contract", and "Do's and Don'ts of Credit".
7. Bring to class a variety of labels and ads. Notice information given in each and discuss how this information can help you in the selection of products. Help students to determine how to buy according to needs.
8. Teach your students to use Iowa State University's Extension Service, Cooperative Extension Bulletins ENP7a - Defining Problem, ENP7b - Fixed Expenses, ENP7c - Installment Payments, ENP7d - Changing Expenses, ENP7e - Making a Budget, by going through the steps of a family could use to set up a workable budget.

Refer to the guidelines which follow for assistance in using the Expanded Nutrition Bulletins "Getting the Bugs Out of the Family Budget". If possible, use the bulletins in class in the same way aides will be expected to use them with a family when budgeting becomes part of one of their job assignments. To allow time for homework, the bulletins might be effectively used in class for short periods of time over several days or used every other day.

Guidelines for Aides Using

GETTING THE BUGS OUT OF THE FAMILY BUDGET

a. General Guidelines:

Use the pamphlets to work with a family on money management problems instead of leaving copies for the client to read by him or herself. An activity is included in each pamphlet that the homemaker-home health aide and the client, family or individual can do together.

Use the pamphlets in alphabetical order (look for the letters a-e on the lower right hand corner). Each builds on the information given in the previous one.

Use the pamphlets one at a time (except ENP7a and ENP7a-1 should be used together) and space out the information. About one pamphlet a month should be enough. Trying to change family spending habits too quickly will be discouraging.

Don't expect overnight improvement and be prepared for "back sliding". Compliment the family on small signs of progress. If they do make mistakes, encourage them to keep trying.

Some families may be in such a desperate financial situation that they will need professional assistance. Ask your supervisor to check with the Extension Home Economist to recommend someone who might be able to help.

b. Some specifics on using the series:

ENP7a and ENP7a-1 -- Defining the Problem

Use these as discussion starters to find out what the family feels is the cause--besides not having enough money--of their money management problem. Unless the family can be honest and open with you about their financial situation, you won't be able to help them very much. Try not to criticize the spending mistakes they might have made.

Keep the questionnaire (ENP7a-1) in your own files for future reference when working with the family.

The "keeping can" is one way to help families keep track of where their money goes. Other methods of record keeping can be used, but remember to keep them simple. The "keeping can" is simply a box or can into which all of the family sales slips are placed. Before placing a slip in the can each person in the family should write on the slip what was purchased with the amount of money printed on the sales slip.

ENP7b - Fixed Expenses

Because many low-income families are concerned only about "today" they need help in learning how to plan ahead for "tomorrow". The bug stickers placed on the family

calendar can serve as reminders that some of the money they may have today needs to be set aside for bills that are due tomorrow.

ENP7c -- Installment Payments (one kind of fixed expense)
Help families understand that when they use credit they should be concerned about more than the amount of the regular payment. The work sheet on the back page asks the family to figure out the number of monthly payments left on their installment purchases, as well as the total amount they still owe.

If more information about whether a family should use credit, where to get credit, and some of the do's and don'ts of credit is needed, the "Using Credit Wisely" series (PA862 to PA869) from the Federal Extension Service is a useful reference. (PA867 should be discarded because the information is out-of-date.)

ENP7d -- Changing Expenses

The more sales slips the family has remembered to collect in their "keeping can", the better picture they will have of what it costs them for food, clothing, and other changing expenses--but it isn't necessary to keep track of every penny. If the family has been collecting bills and sales slips for several months, it might be helpful to sort the information into several groups. Cans or envelopes could be used for sorting--but don't make it too complicated. Talk over with the family to help them decide how many groups they need.

The game on the back page is not only fun to play, but should give the idea that all family members need to participate in money management. School-age children can list what they spent money for and put it in the "keeping can".

ENP7e -- Making a Budget

Until the family has kept track of the money coming in and going out for several months, it is almost impossible to make a realistic budget. Use the information from the "keeping can" to help the family evaluate past spending to see where they could have made changes. Try not to talk about the "right" and "wrong" way to spend money. Instead, help the family to think in terms of "trade-offs". If they spend money for one item, they will have to give up spending for something else--they are trading one item for another. Help them to think about which item would give them the most satisfaction. If you can get families to think for a moment before they buy--to plan ahead a bit--this is an important step in helping them to make better decisions about the way they manage their money.

STUDY QUESTIONS FOR GUIDANCE AND BEHAVIOR MANAGEMENT

Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions. The starred items indicate some of the better answers to the questions. Sometimes several of the answers can be used together to provide a good solution to the problem to be solved.

1. About which of the following might a homemaker-home health aide seek help from his or her supervisor?
 - (1) Clients which seem to have money problems.
 - (2) A child who ignores all of its mother's requests.
 - (3) A teenage boy who is in continual conflict with his father.
 - (4) Not having enough time to perform tasks assigned in a home.
 - **5 (5) All of the above.

2. An important understanding for the homemaker-home health aide to have about clients who are being rehabilitated is that the clients should be
 - (1) Urged to allow others to help them with their daily routine activities.
 - (2) Kept busy the entire day.
 - **3 (3) Encouraged to do as much for themselves as possible.
 - (4) Given complete freedom to decide what they will do for themselves.
 - (5) Relieved of all housework.

3. Which of the following is an unsafe practice?
 - (1) Making the bath time a pleasant, relaxing experience.
 - (2) Preparing the soiled clothing for the laundry.
 - **3 (3) Leaving a young child alone in the tub.
 - (4) Insisting the child help clean the tub.
 - (5) All of the above.

4. Which of the following comments, if made to sick people, will probably be LEAST helpful?
 - (1) "I want to do my best to help you."
 - (2) "I'm sorry you're in pain."
 - (3) "Did you have a good night?"
 - **4 (4) "You must not worry about anything."
 - (5) "I'll try to find out what can be done about that now."

References:

1. U.S.D.H.E.W., Low Income Life Styles.
2. U.S.D.A., P.A.862 "Using Credit Wisely".
3. Iowa State University, Expanded Nutrition Program Bulletins.

CHAPTER VIII - CARE OF ILL, DISABLED, RECUPERATING
AND WELL INDIVIDUALS

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 239 - 331

LEARNING ACTIVITIES

PRACTICUM

During the health portion of the curriculum students should be scheduled for 18 to 24 hours of practicum. Student experiences during practicum should include: 1) practice in assessing human and nursing needs of patients through observations of patient behavior, 2) practice in meeting patients' personal physical and emotional needs within the aide's role, 3) practice in using safety measures during the patient care, 4) practice in using basic measures necessary to prevent the transmission of infection, 5) practice in accurate charting and reporting observations of patients, and 6) practice in assessing the contents of a variety of patient food trays in relation to meeting the basic nutritional and health problem needs of patients. (See pp. 6, 9-10, 11-12, 19-20, 22-26, 27.)

It is recommended that the practicum be carried out in the relaxed atmosphere of a nursing home or long term care facility.

ASEPSIS

Handwashing

Washing and Caring for Hands for Asepsis

1. Demonstrate washing hands without contaminating hands. Ask the students to return demonstrate handwashing.
2. To illustrate the importance of cleanliness and good care of hands on the job, have student aides wash hands four to six times during the day, each time drying and putting lotion on the back of the left hand. The back of their right hand should dry by evaporation. At the end of the day, have students compare backs of their left and right hands.
3. Ask a beautician to demonstrate good hand care. Make sure emphasis is placed on
 - a. pushing the cuticle back with a towel after each handwashing.
 - b. once a day thorough brisk scrubbing of finger tips, the palm side of the fingers, below the nails and the top of the nails and cuticle.

Vigorous nail brush scrubbing stimulates circulation in the fingers. Improved circulation improves the condition of skin and nails. Smooth, unbroken skin and nails helps to maintain asepsis.

- c. drying the hands after washing.
- d. the use of a lotion after handwashing.
- e. filing of the nails to promote strong nails. Demonstrate the use of the rough part of an emery board for shortening and shaping and the finer part for smoothing and sealing nails.

References:

1. American Red Cross, Home Nursing Textbook, pp. 182-184.
2. Bregman, Assisting the Health Team, pp. 15-17.
3. Isler, The Nurses' Aide, p. 16.

Other Elements of Asepsis

Maintaining Asepsis While Helping to Care for Client and Client's Room

1. Explain the difference between disinfection and sterilization. Demonstrate techniques and products which can be used for disinfection. Phenylphenol is a much used disinfecting agent. Mix with water in the amount recommended on the package label. (Lysol is a brand of phenylphenol).

Lysol Basin/Tub/Tile pump spray cleaner (not phenylphenol) also kills influenza virus type A2, staph and strep bacteria and athlete's foot fungus on household surfaces. Removes and helps control mold and mildew in damp musty places. Allow product to remain on surface for 15 to 20 seconds before wiping.

2. Demonstrate applying a sterile gown and sterile gloves. Have pairs of students practice doing the same. The pairs can take turns watching each other's performance to evaluate and make suggestions concerning how well the standards for maintaining asepsis have been met.
3. Demonstrate removal and disposal of soiled dressing. Demonstrate opening sterile packages and packs (sterile syringe). Demonstrate the application of sterile dressings and bandages. Have students practice in pairs all three steps of (1) removing and disposal of soiled dressing, (2) opening the sterile pack, and (3) applying sterile dressing or bandages.

Emphasize the proper disposal of soiled dressings. In some instances a dressing may need to be placed in a paper bag or other container and left at the service agency. Sometimes such a dressing will be burned in a hospital or hospital type incinerator and not be burned in a home incinerator or disposed with trash at a landfill.

4. After each student has observed and practiced as described in learning activity 3, have them take turns role playing a client who is administering self-care and a homemaker-home health aide who is assisting the client in self-care. Emphasize that this is quite different than the performance activity in learning activity 3 and that this is the actual role a homemaker-home health aide will often assume. After the students have attempted to role play this situation from 3 to 5 minutes give a demonstration, emphasizing that the amount of help given will greatly depend upon the mental and physical health of the client and upon the extent and degree of any other handicaps of the client. Emphasize that each client will most likely be quite different and that the plan for care given would usually be worked out with a supervising nurse.
5. Display a cockroach or a photograph or drawing of a cockroach to the class to help them learn to identify this pest. The county extension office or a pest control business are possible sources of information concerning the recognition and control of ants, cockroaches, bedbugs, fleas, lice, mice, rats, termites, silverfish, and other human or household pests. The presence of pests in a client dwelling should be reported immediately to the supervisor. Also to be reported immediately is any evidence of internal or external human or animal parasites.
6. Care of bird cages, cat litter pans, fish tanks, and pet beds are part of providing a healthy home environment. A demonstration showing how to clean these items and information about the care and feeding of pets would be most useful to the student aides as nearly half of the homes in which they will work have pets. Pet beds or their coverings should be washed weekly. Bird cages and litter pans should be cleaned daily. Fish tanks or their filtering systems should be cleaned weekly. All pets must be fed and watered in clean containers every day. Some must be fed several times a day. It is important to find out how often each pet must be fed and watered and to see to it that it is done. Most pets which bite or are in any way dangerous or unpleasant have usually been left unfed, improperly fed or in need of water.

References:

1. Bregman, Assisting the Health Team, pp. 15-18.
2. Isler, The Nurses' Aide, pp. 125-129.
3. Trainex filmstrip "Medical Asepsis".

VITAL SIGNS

Observing and Recording Vital Signs

1. Give brief review of anatomy of respiratory and circulatory systems. Give each student hand-out sheets showing each system and ask them to name and locate the major parts of these systems. The students could use a wall chart or illustrations in a textbook as references to assist in completing this task.
2. Patient care records are legal documents. They must be accurate to insure the best care for a client. They are to be written in pen. Erasures are not permitted. Demonstrate making an error on a record, drawing a clear line through the error and recording the correct information after or above the error.

References:

1. Isler, Nursing Aide, Instructor's Guide, Chapter 10.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 165-193.
3. Bregman, Assisting the Health Team, pp. 23-34 and 123-133.
4. Trainex filmstrip "T.P.R." and "B.P."

Taking Client Temperature

1. Demonstrate taking temperature and disinfecting the thermometer. See Homemaker-Home Health Aide Manual, pp. 242 - 245.
2. Have students work in pairs to take each other's oral and axilla temperatures and to record the results.

The student taken temperatures should correspond exactly with an instructor taken temperature.

3. Demonstrate use of an electronic thermometer.
4. Give students hand-outs of the conversion table for Fahrenheit and Centigrade thermometers. Conversion tables pp. 151-152.

Ask them to convert 98.6°F., 100°F., 102°F., and 105°F to centigrade.

References:

1. Bregman, Assisting the Health Team, pp. 123-127.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 167-175.
3. Strayer, Homemaker-Home Health Aide Manual, pp. 242-245.
4. Isler, The Nurses' Aide, pp. 57-60.

Taking Client Pulse

1. Demonstrate finding and counting a pulse. Record it.
2. Ask students to take and record three pulses. Have the students take two of the pulses by counting the pulse for a full minute as measured by a second hand on a watch or clock. The third pulse they should compute after counting the pulse for 15 seconds.

The pulse obtained by the student should correspond within plus or minus two beats of the pulse obtained by the teacher.

References:

1. Bregman, Assisting the Health Team, pp. 127-128.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 176-180.
3. Isler, The Nurses' Aide, pp. 60-61.

Counting Client Respirations

1. Ask students to count and record for one minute the respirations of three people. Have them count the respirations of a person lying down, a seated person and a person standing after a mild exercise.
2. Counting respirations could be an overnight or an over the weekend assignment to give students opportunities to count respirations of individuals who are unaware that their respirations are being counted.
3. Emphasize that counting respirations should always be done while the client attends to other matters. The respiration rate almost always changes if a patient or client becomes aware his or her respirations are being counted.
4. Student counted respirations should correspond within plus or minus two of instructor counted respirations.

References:

1. Bregman, Assisting the Health Team, pp. 128-129.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 181-185.
3. Isler, The Nurses' Aide, pp. 61-62.

Taking Client Blood Pressure

1. Demonstrate, answer student questions and help students practice taking blood pressures. The student taken blood pressure should fall within four points plus or minus an instructor taken blood pressure.
2. Demonstrate and have students return demonstrate the use of different kinds of sphygmomanometers.

References:

1. Bregman, Assisting the Health Team, pp. 129-132.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 186-193.
3. Isler, The Nurses' Aide, pp. 64-66.

Recording TPR and Graphing Vital Signs

1. Demonstrate recording and graphing. Hand-out forms used in the homemaker-home health aide service agency and/or in hospitals. Ask students to complete parts of the forms.
2. Discuss with class the necessity of observing a client to note state of consciousness, restlessness, or a stuporous condition when taking TPR. Such changes should be reported immediately to the supervising nurse who should provide help or direction.

References:

1. Bregman, Assisting the Health Team, pp. 132-133.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 198-200.
3. Isler, The Nurses' Aide, pp. 63-64.
4. Strayer, Homemaker-Home Health Aide Manual, pp. 241-247.

PHYSICAL EXAMINATION

Helping With the Physical Examination

1. Present to the class:
 - a. Purpose and proper order of examination.
 - b. Terminology associated with examination.
2. Assemble and display equipment needed for the examination. Explain uses of each item. Pass each item of equipment around the class so students have an opportunity to examine the item and to ask questions.

Positioning

1. Use the nursing laboratory manikin to demonstrate positioning in preparation for the physical examination.

References:

1. Bregman, Assisting the Health Team, pp. 17-18.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 136-139.

MEDICAL EMERGENCIES

Identifying Possible Medical Emergencies

What To Do in a Medical Emergency

1. Review lifesaving actions which can be taken by a knowledgeable onlooker observing a possible heart attack, stroke, diabetic coma or symptoms, attack of epilepsy or serious injury.
2. Ask students to use a telephone directory to list on a card the name, address, and telephone number of the family doctor, dentist, hospital emergency room, hospital, ambulance, taxi, hospital poison control center, fire and police departments. Such a card should be kept near a telephone in each home where anyone can easily see it.

Identifying a Few Other Special Times When Medical Care Should Be Sought

1. Review signs and symptoms which merit an immediate visit to a doctor.

References:

1. American Red Cross, Home Nursing Textbook, pp. 41-53 and 144-164.
2. Strayer, Homemaker-Home Health Aide Manual, pp. 250-252.

PERSONAL CARE OF CLIENT

Giving Personal Care

How to Give Personal Care

1. Discuss the usual order of personal care given in the morning.
 - a. Oral Hygiene.
 - b. Baths--bed bath, tub, partial, shower.
 - c. Back rub.
 - d. Morning Care--changing gowns, helping patients to dress and undress.
 - e. General grooming.
 1. Care of hair--combing, shampooing.
 - f. Pre-meal grooming, handwashing, freshening.

2. Nails--fingernails, toe nails
 3. Shaving male patients
 - f. Bedpan, urinal.
 - g. Skin care--prevention and treatment of decubitus ulcers (bedsores).
2. Students should observe a demonstration of morning care.
 3. Practice on the nursing laboratory manikin should precede the practicum in a nursing home.
 4. If possible, the practicum should involve morning care for someone of the same sex and of someone of the opposite sex as the aide.
 5. Students could practice shaving each other's legs or faces before shaving a client during practicum.

References:

1. American Red Cross, Home Nursing Textbook, pp. 200-232.
2. Bregman, Assisting the Health Team, pp. 83-122.
3. Cherescavich, A Textbook for Nursing Assistants, pp. 65-90.
4. Isler, Nursing Aide, pp. 29-36.
5. Trainex filmstrips "Bed Bath", "Decubiti, Prevention and Treatment".

INTAKE AND OUTPUT

Recording Intake and Output

Observing and Recording Intake and Output

1. Explain fluid balance and the anatomy of the urinary system to the students. Use a wall chart or give students hand-outs of diagrams of the urinary system.
2. Demonstrate measuring fluid intake.
3. Explain forcing and restricting fluids.
4. Demonstrate measuring and recording fluid output.
5. Specimen Collection: Display the types of containers used to collect the following specimens.
 - a. Urine
 1. Routine urinalysis
 2. 24 hour and fractional specimen

3. Testing urine (clinitest, acetest, etc.). Have students perform these tests and record results.
 - b. Feces (specimens must be kept warm and transported quickly to their destination).
 - c. Sputum.
6. Have students discuss reasons why accuracy in observing and reporting are imperative.

References:

1. Bregman, Assisting the Health Team, pp. 146-156.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 57-64, 201-208.
3. Strayer, Homemaker-Home Health Aide Manual, pp. 273-281.
4. Trainex film "Intake and Output".

RECTAL TREATMENTS

Learning To Assist With Rectal Treatments

1. Explain role of rectal treatments to the health and feeling of well being.
2. Use film strips for teaching method of giving enemas.
3. A nursing laborabory manikin can be used for practice enemas.
4. The study of rectal treatments should include:
 - a. Enemas.
 - b. Suppositories.
 - c. Sitz bath.
 - d. Bowel and bladder training.
5. During practicum students may observe and later assist a nurse in giving rectal treatments.

References:

1. Bregman, Assisting the Health Team, pp. 141-146.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 209-225.
3. Strayer, Homemaker-Home Health Aide Manual, pp. 287-293.
4. Trainex film "Cleansing Enema".

APPLICATION OF COLD OR HEAT

Learning to Assist with the Application of Heat or Cold

1. Explain purposes and procedures of these treatments.
2. Illustrate when moist and dry heat is a preferred application.
3. Demonstrate the many different ways hot and cold can be applied to the body and the reasons so for doing.
4. Emphasize the assisting of a nurse or the assisting a client in self administration as a role of the homemaker-home health aide.
5. The practicum should provide opportunities for student aides to observe and assist with cold or heat applications.

References:

1. Bregman, Assisting the Health Team, pp. 156-60.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 260-283.
3. Strayer, Homemaker-Home Health Aide Manual, pp. 293-301.

GOOD BODY MECHANICS

Positioning, Lifting, Moving and Transporting Clients

1. Use a wall chart and/or handouts of diagrams of the skeletal and muscular systems of the human body to help students learn how these systems function. Ask students to identify body parts on the wall chart and in their own bodies before writing in the names of the parts on the handout diagrams. Jodais, pp. 41-42, Figures 27 and 28.
2. Review the principles of good body mechanics. Have students sit, stand, lie down, push, and lift using good body mechanics.
3. Apply these principles to positioning, lifting and moving a nursing laboratory manikin.
4. Students can practice good body mechanics by using each other to perform the following:
 - a. Lifting and moving a patient in bed.
 - b. Transporting a patient.
 - c. Proper positioning.
 - d. Moving a patient from bed to wheel chair and back to bed.

5. Review using the manikin how to move a patient when making an occupied bed.

References:

1. Bregman, Assisting the Health Team, pp. 61-77.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 91-121.
3. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 41-42.
4. Strayer, Homemaker-Home Health Aide Manual, pp. 317-323.
5. Trainex films "Proper Patient Positioning" and "Transfer Activities".

CARE OF CLIENT'S ROOM

1. Ask class to review the Homemaker-Home Health Aide Manual Chapter II - The Bedfast Client's Room.
2. Ask students to draw the floor plan of one room in their own home and to plan the arrangement and care of the room for the safety and convenience of an invalid.

Students can display their drawing and discuss it with their classmates. The students might share with each other to search for a good solution for a room which would be a problem because it is too small or has a shape difficult to adapt to an invalid. Class members might deliberately chose a room to work with which they know would be a difficult room to adapt.

3. Emphasize that a patient signal must be improvised in the home. It could be a small bell or a spoon and a metal lid tied to the bed where the client can reach both.
4. During practicum bed making skills can be evaluated and suggestions for improvements in performance can be offered, if necessary.
 - a. Making an unoccupied bed.
 - b. Making an open bed.
 - c. Making a closed bed.
 - d. Making an occupied bed.
 - e. Making a surgical and/or any other of the various kinds of beds needed and used at the practicum site.

References:

1. Bregman, Assisting the Health Team, pp. 105-112.
2. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 27-38.

3. Trainex film "Bed Making - Occupied".

SAFETY PRECAUTIONS

1. Help students set up a medications schedule for hypothetical clients at home. Have them devise systems to keep track of when medications or treatments should be applied, taken or given or when they have been completed.
2. Ask students to review any materials from the safety section of the Homemaker-Home Health Aide Manual Chapter III and IV which are relevant to client bedside care. Discuss in class, by asking the students to point out the parts of the chapters which apply to bedside care.
3. Examine equipment and supplies with class, pointing out safety hazards which can occur with each of these:
 - a. home use of oxygen.
 - b. beds.
 - c. wheelchairs.
 - d. heat lamps.
 - e. vaporizers.
 - f. electrical equipment.
 - g. smoking.
4. Review safe disposal of disposable equipment and supplies.
5. Review cleaning, sterilization or disinfection of reusable items.
6. Assign pairs of students to read and report to class on the safety information contained in the various reference items listed below.

References:

1. Bregman, Assisting the Health Team.
heat treatments and safety, p. 156.
institutions and equipment, pp. 50-60.
patient safety, pp. 55-60.
shower and tub safety, p. 99.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 147-158.
3. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 37-83,
safety in the bathroom, pp. 66-67.
first aid and fires, pp. 171-174.
safety and equipment. p 179.
safety in the home for a child, pp. 193-194.
safety for the patient who does not understand,
pp. 219-220.
safety for the physically handicapped, p. 227.

4. Strayer, Homemaker-Home Health Aide Manual, pp. 64-70, 71-77.
safe use of oxygen, pp. 70-71.
fire prevention, pp. 284-285.

SPECIAL CARE OF CLIENTS

1. In each instance, demonstrate each of the special care problems listed in the references below and ask students to return the demonstration.
2. Seek out opportunities for students to help give special care during the practicum experiences. Ask students to select special care cases to report in one or both of the daily narrative records they are asked to prepare during practicum.
3. Sharing by reading and discussing a variety of special care reports from the student's practicum. Daily narrative records will be a good way to review and reinforce previous teaching, demonstrations and return demonstrations of each of the unique special cares.

References:

A. Client needing orthopaedic care:

1. Bregman, Assisting the Health Team, pp. 167-172.
2. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 250-256.
3. Strayer, Homemaker-Home Health Aide Manual, pp. 301-303, 318-323.
4. Trainex, "Cast Care of Patient".

B. Client with diabetes:

1. Bregman, Assisting the Health Team, pp. 176-178.
2. Hoffman, Simplified Nursing, p. 451.
3. Isler, The Nurses' Aide, pp. 39, 75.
4. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 75, 76, 89, 214-249.
5. Strayer, Homemaker-Home Health Aide Manual, pp. 152, 252, 275, 303-307.

C. Client needing "Ostomy" care.

1. Bregman, Assisting the Health Team, pp. 165-166.

2. Cherescavich, A Textbook for Nursing Assistants.
colostomy, pp. 226-247.
other "ostomies", pp. 248-259.
 3. Strayer, Homemaker-Home Health Aide Manual, pp. 307-309.
 4. Trainex, "Colostomy Care".
- D. Client with arthritis:
1. American Red Cross, Home Nursing Textbook, pp. 129-138.
 2. Bregmen, Assisting the Health Team, p. 168.
 3. Strayer, Homemaker-Home Health Aide Manual, pp. 309-311.
- E. Client Confined in isolation.
1. Set up one or more parts of the nursing laboratory as isolation areas. Have students practice entering, leaving, providing service within the area, and properly disposing or caring for all items which leave the isolation area.

References:

1. American Red Cross, Home Nursing Textbook, pp. 54-75.
2. Cherescavich, A Textbook for Nursing Assistants, pp. 303-323.
3. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 273-275.
4. Strayer, Homemaker-Home Health Aide Manual, pp. 312-316.

CARE OF GERIATRIC CLIENT

1. Discuss in class common illnesses of the geriatric individual and how various parts of the anatomy are affected by the illness.
2. Review psycho-social characteristics of aging. Ask students to share examples they have seen of these characteristics.
3. Display and demonstrate devices to help care for geriatric patients, such as:
 - a. Turn sheets, sheep skins, bed cradles, foam cushions, etc.
 - b. Devices to help patient care for daily needs of feeding, dressing, etc.

References:

1. American Red Cross, Home Nursing Textbook, pp. 115-128.
2. Bregman, Assisting the Health Team, pp. 50-51, 80-82.

3. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 200-206.
4. Strayer, Homemaker-Home Health Aide Manual, pp. 190-191.

CARE OF DYING CLIENT

1. Ask students to complete short reading assignments prior to discussing how homemaker-home health aides can best help a client and/or the family of someone who is dying at home.
The class could explore in group discussions the following:
 - a. Meeting physical and emotional needs of the patient.
 - b. Physical and psychological signs of approaching death.
 - c. Meeting emotional needs of the family.
 - d. Meeting the homemaker-home health aide's own needs in order to handle the situation in the most helpful way.
2. Use the nursing laboratory manikin to demonstrate post mortem care.
3. Class members can assume the roles of individuals in the family and of the homemaker-home health aide after the death has occurred. Plan what needs to be done and how much responsibility the aide should assume in the various types of situations described below:
 - a. A single parent family with youngish children when the parent dies of illness in the home or has a sudden accidental death while away from the home.
 - b. An elderly parent dies in the home of his or her adult child.
 - c. A mother or father of a two parent family dies leaving the spouse and a teen-age child.
 - d. The mother of a two parent family dies leaving the husband with nine children, the youngest a one and a half year old and the eldest just out of high school.
 - e. Etc. (Have students create a number of other possible situations.)

References:

1. Bregman, Assisting the Health Team, pp. 78-82, 180-183.
2. Cherescavich, A Textbook for Nursing Assistants, Chapter 41.
3. Jodais, Personal Care of Patients--A Text for Health Assistants, pp. 207-209.
4. Kubler-Ross, Death and Dying.
5. Strayer, Homemaker-Home Health Aide Manual, pp. 192-193, 324-330

6. Trainex, "Care of the Dying Patient".

STUDY QUESTIONS FOR CARE OF ILL, DISABLED,
RECUPERATING AND WELL INDIVIDUALS

Use an opaque projector, an overhead projector or give students individual copies of one or more of the following discussion questions. Ask students to record on paper the number each feels is the best answer to each question. Discuss in class the students' selection of the best answer and their reason(s) for selecting that answer. After discussing each question, allow the students to keep their recorded selection of answers to the questions.

1. Which of the following is characteristic of children with special health problems?
 - (1) They are almost always over protected.
 - (2) They often do not need a special pet for friend.
 - (3) They are usually slow learners.
 - **4 (4) They have physical needs the same as normal children.
 - (5) None of the above.

2. An arthritic man living alone can not take his medications because he is unable to open the bottles. What should the homemaker-home health aide do?
 - (1) Open the child proof capped bottles for him every-day.
 - **2 (2) Suggest he sign a release form for non-child proof caps when picking up a new prescription.
 - (3) Have family members come to help with medications.
 - (4) Put different non-child proof caps on the bottles.
 - (5) Put the medication in different bottles.

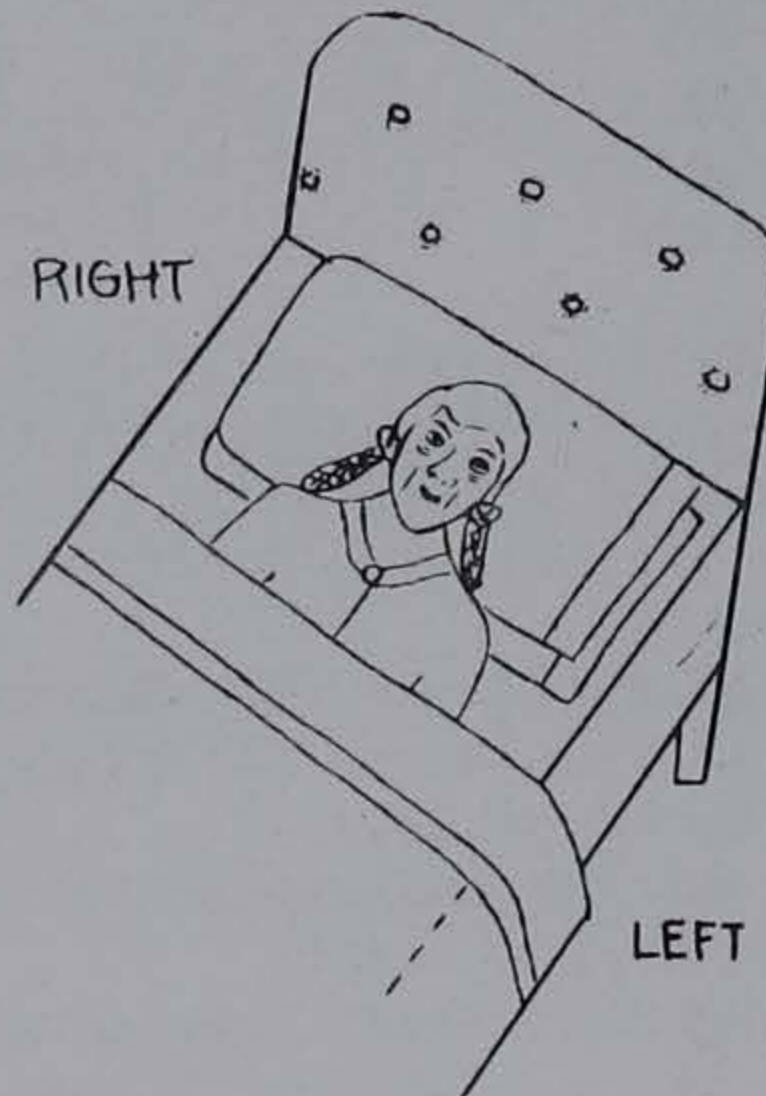
3. Slight flexion of the joint to be bandaged can:
 - (1) Cause muscle injury.
 - (2) Produce deformity.
 - **3 (3) Prevent muscle strain.
 - (4) Separate adjoining skin surfaces.
 - (5) None of the above.

4. Which of these measures should be included in the care of dentures?
 - (1) Wiping them thoroughly with alcohol before washing them.
 - (2) Soaking them in hot water for about 15 minutes before washing them.

- (3) Rinsing them thoroughly in cold running water after washing them.
 - (4) Drying them thoroughly after washing them.
 - **5 (5) Covering with cool water after washing them.
5. It would be acceptable for the homemaker-home health aide to use four of the following measures in caring for the feet of a client who has corns. Which one should NOT be carried out?
- **1 (1) Remove the corns with a razor blade.
 - (2) Soak the feet in warm water.
 - (3) Rub the feet briskly with a towel after bathing them.
 - (4) Apply hand lotion to the feet.
 - (5) Check to see that properly fitting shoes are being worn.
6. The actions of persons who are ill are most likely to be characterized by:
- (1) Unselfishness.
 - (2) Thoughtfulness.
 - **4 (3) Kindness.
 - (4) Self-centeredness.
 - (5) 2 and 3 above.
7. Which of the following is included in output?
- **3 (1) Fruit juice.
 - (2) Saline solutions.
 - (3) Urine.
 - (4) Blood.
 - (5) None of the above.
8. Which is a fecal impaction?
- **2 (1) Uncontrolled liquid fecal seepage.
 - (2) Hardened, dry stool.
 - (3) Enlarged soft feces.
 - (4) Inability to use a bed pan.
 - (5) Rectal pain.
9. In order to count a client's respirations accurately, the homemaker-home health aide should know that one complete respiration occurs each time the client
- **3 (1) Breathes in.
 - (2) Breathes out.
 - (3) Breathes in and out.
 - (4) Breathes in and out, and in again.
 - (5) Does none of the above.

10. For how many minutes should a thermometer remain in place in the armpit to allow enough time for a reasonably accurate measurement of body temperature?
- (1) 4 minutes.
 - (2) 6 minutes.
 - (3) 8 minutes.
 - **4 (4) 10 minutes.
 - (5) 12 minutes.
11. If a man must be weighed every day on his bathroom scale, which one of the following measures will be an essential part of the weighing procedure?
- (1) Placing a paper towel on the scale before the man stands on it.
 - **2 (2) Weighing the man at the same time each day.
 - (3) Having the man stand as straight as possible while he is on the scale.
 - (4) Supporting the man around the waist when he is standing on the scale.
 - (5) Recording the weight once each week.
12. If a client with extensive cancer makes all of the following comments to the homemaker-home health aide, which one should certainly be reported to the nurse or supervisor?
- (1) "I'll have to think of some way of rewarding you for your services. You're so nice to me."
 - (2) "My friends tell me not to worry, but it's easier to say it than to do it".
 - **3 (3) "I just want to die. There's no point in living like this."
 - (4) "I don't want a bath today. You can give me a bath the next time you come."
 - (5) None would need to be reported.
13. Which of the following is LEAST likely to be used in a home for the care and prevention of decubitus ulcers (bedsores)?
- (1) Air rings or doughnut.
 - **2 (2) Alternate pressure mattress.
 - (3) Heel doughnuts.
 - (4) Lambswool pad.
 - (5) Overbed cradle.
14. Where should a Figure 8 bandage be used?
- (1) Anyplace to anchor a bandage in place.
 - (2) A part of the body which stays nearly the same size.
 - (3) A part of the body which begins to taper.
 - **4 (4) Over a knee or elbow joint.
 - (5) Around the head.

15. A helpless client is lying in bed as illustrated below. She is to turn onto her right side. In turning the woman, what should the homemaker-home health aide do first?



- **1
- (1) Move her closer to the left side of the bed.
 - (2) Pull her up toward the head of the bed.
 - (3) Raise her headrest.
 - (4) Roll her onto her right side.
 - (5) None of the above.
16. Which of these actions by the homemaker-home health aide is essential before assisting a client to walk about the house?
- **1
- (1) Check the client's shoes to see that they are secure on his feet.
 - (2) Ask the client how long he wants to walk.
 - (3) Instruct the client to take long, slow steps.
 - (4) Run the vacuum over the floors of the room in which the client will walk.
 - (5) None of the above.
17. When a client is lying on his side, where should pillows be placed for support?
- **3
- (1) At his back only.
 - (2) Under his head and at his back only.
 - (3) Under his head, at his back, and beneath his uppermost leg.
 - (4) At his back and beneath his uppermost leg, but not under his head.
 - (5) Beneath his uppermost leg and arm.

18. A woman who has been incontinent of urine is being trained to use the bedpan. Which action by the homemaker-home health aide would be most useful in helping to train this client?

**4

- (1) Put her on the bedpan whenever she requests it.
- (2) Leave the bedpan close to the woman.
- (3) Pad the back of the bedpan.
- (4) Place her on the bedpan at scheduled intervals, whether she asks for it or not.
- (5) Put her in a diaper.

19. The homemaker-home health aide observes that a small break in the skin on a client's lower back has developed since the aide's last visit. Which of these actions would it be best for the aide to take first?

**1

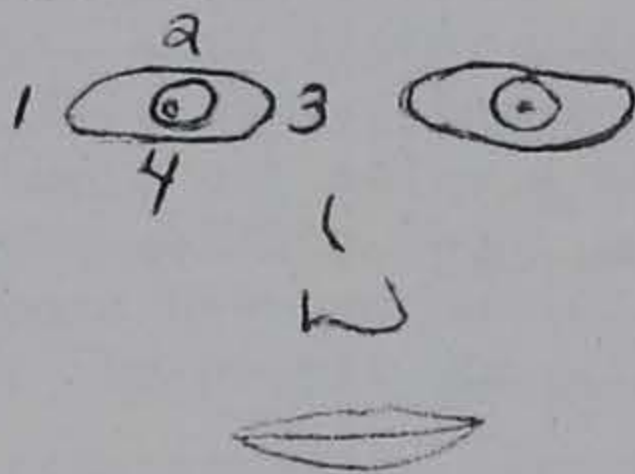
- (1) Wash the area with soap and water.
- (2) Telephone the agency.
- (3) Apply a covered hot water bottle to the area.
- (4) Cover the area with a thick layer of dusting powder.
- (5) Massage the area around the break.

20. A homemaker-home health aide is caring for a patient who needs side rails on his bed. At which of these times will it be essential to have both side rails securely in place.

**4

- (1) When the aide is feeding the patient.
- (2) When the aide is making the patient's bed.
- (3) When the patient is being visited by relatives.
- (4) When the patient is left alone.
- (5) It will never be necessary to have both rails up for an adult.

21. Using a moist cloth, in which direction should the eyes be wiped?



**2

- (1) From 1 toward 3.
- (2) From 3 toward 1.
- (3) From 2 toward 4.
- (4) From 4 toward 2.
- (5) Have the client wipe his or her own eyes.

22. Which is a correct statement?

- (1) Lifting requires less effort than pulling.
- (2) Lifting requires the same amount of effort as pushing.
- (3) Lifting requires more effort than pulling, but not more than pushing.
- **4 (4) Lifting requires more effort than pushing or pulling.
- (5) Lifting requires that the feet maintain a narrow base of support.

23. Leaving the toes unbandaged when bandaging a leg is applying which of these principles?

- (1) Microorganisms flourish in damp, warm and soiled areas.
- (2) Friction can cause damage to skin cells.
- **3 (3) Pressure upon body surface can affect the circulation of the blood.
- (4) The body is maintained in normal anatomical position to prevent deformity.
- (5) All of the above.

CHAPTER IX - COMMUNITY SERVICES

Strayer, Homemaker-Home Health Aide Manual, 1976, pp. 333 - 338

LEARNING ACTIVITIES

1. Ask group to form into two or three small groups with each group assigned to compose a list of locally available community resources. After a few minutes have elapsed, ask one person from each group to contribute the name of one of the community resources listed by their group. Ask someone to record the named resources on the chalkboard. After one person from each group has spoken, ask a second person from each group to contribute to the collective list. Continue in this manner until each student has spoken and/or all of the resources have been listed. A resource named by a member of one group should not be named again. The teacher can suggest resources, also.
2. Ask students who know about the help any of these resources can provide to share their knowledge with the class.
3. Arrange for the class to visit one or more institutional sites and hear staff members explain what services are provided and what people must do to obtain the assistance offered.
4. Invite staff members from various community services to come to the classroom and talk about the services their institution offers to the public.
5. Make arrangements, if possible, to visit a social security office or a local social security contact station. Often the latter will be a nearby site which social security representatives visit on a regular basis. Perhaps a social security officer could set aside a few minutes time to talk about and to answer questions about social security benefits. Be sure the students have an opportunity to see how the system works for the people who will be their clients.

At this time students without social security numbers could obtain and complete an application form for a social security number.

PART V

EVALUATION AND TEACHING

ROLE MODELING AND EVALUATION

Much of the educational material in homemaker-home health aide classes is learned by student observation of the demonstration of an activity. Additional learning takes place through student attempts to emulate the teaching demonstration.

Evaluation of student performance takes place by both student and teacher during the attempts to emulate the teaching demonstration. Evaluation is usually thought about in terms of the degree of progress a student has made and how much improvement is still needed so that the performance is "safe for clients".

PERFORMANCE OBJECTIVES AND EVALUATION

Performance objectives used to define the teaching and learning tasks and to evaluate learning are another example of the inter-relatedness of teaching and evaluation.

Evaluation can also be thought about in terms of defining specific parts of a performance as being well done while other equally well defined parts of the performance need additional competence and skill.

VALIDITY AND RELIABILITY

Can and do students use what they have learned in their personal lives as well as on-the-job is a valid and perhaps the most reliable type of evaluation which can be demanded of a homemaker-home health aide pre-service curriculum and its attendant instructional procedures.

THE HISTORY OF THE UNITED STATES

The first part of the book is devoted to the early history of the United States, from the discovery of the continent by Christopher Columbus in 1492 to the establishment of the first permanent settlements. It covers the period of exploration, the struggle for independence, and the early years of the new nation. The second part of the book deals with the period of territorial expansion, from the Louisiana Purchase in 1803 to the acquisition of Alaska in 1867. It discusses the various treaties and wars that resulted in the growth of the United States to its present boundaries. The third part of the book is devoted to the Civil War and Reconstruction, from 1861 to 1877. It examines the causes of the war, the military and political events, and the challenges of rebuilding the South. The final part of the book covers the period from 1877 to the present, including the Gilded Age, the Progressive Era, and the modern era.

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THE HISTORY OF THE UNITED STATES

The final part of the book covers the period from 1877 to the present, including the Gilded Age, the Progressive Era, and the modern era. It discusses the rise of big business, the reform movements, and the challenges of the 20th century. The book concludes with a look at the future of the United States in the 21st century.

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APPENDICES

APPENDIX A

University of Iowa Hospitals and Clinics

APPROXIMATE CONVERSION TABLE. KILOGRAMS-POUNDS

kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs	kg	lbs		
0	0	13.6	30	27.2	60	40.8	90	54.5	120	68.0	150	81.6	180	95.3	210	108.9	240	122.5	270	136.1	300	149.7	330
.2	.5	13.8	30.5	27.4	60.5	41.1	90.5	54.7	120.5	68.3	150.5	81.9	180.5	95.5	210.5	109.1	240.5	122.8	270.5	136.3	300.5	149.9	330.5
.5	1	14.1	31	27.7	61	41.3	91	54.9	121	68.5	151	82.1	181	95.7	211	109.3	241	123.0	271	136.5	301	150.1	331
.7	1.5	14.3	31.5	27.9	61.5	41.5	91.5	55.1	121.5	68.8	151.5	82.4	181.5	96.0	211.5	109.6	241.5	123.2	271.5	136.8	301.5	150.4	331.5
.9	2	14.5	32	28.1	62	41.7	92	55.3	122	69.0	152	82.6	182	96.2	212	109.8	242	123.4	272	137.0	302	150.6	332
1.1	2.5	14.7	32.5	28.4	62.5	42.0	92.5	55.6	122.5	69.2	152.5	82.8	182.5	96.4	212.5	110.0	242.5	123.6	272.5	137.2	302.5	150.9	332.5
1.4	3	15.0	33	28.6	63	42.2	93	55.8	123	69.4	153	83.0	183	96.6	213	110.2	243	123.8	273	137.4	303	151.1	333
1.6	3.5	15.2	33.5	28.8	63.5	42.4	93.5	56.0	123.5	69.6	153.5	83.3	183.5	96.9	213.5	110.3	243.5	124.1	273.5	137.7	303.5	151.3	333.5
1.8	4	15.4	34	29.0	64	42.6	94	56.2	124	69.8	154	83.5	184	97.1	214	110.7	244	124.3	274	137.9	304	151.5	334
2.0	4.5	15.6	34.5	29.3	64.5	42.9	94.5	56.5	124.5	70.1	154.5	83.8	184.5	97.3	214.5	110.9	244.5	124.5	274.5	138.2	304.5	151.8	334.5
2.3	5	15.9	35	29.5	65	43.1	95	56.7	125	70.3	155	84.0	185	97.5	215	111.1	245	124.7	275	138.4	305	152.0	335
2.5	5.5	16.1	35.5	29.7	65.5	43.3	95.5	57.0	125.5	70.6	155.5	84.2	185.5	97.8	215.5	111.4	245.5	125.0	275.5	138.6	305.5	152.2	335.5
2.7	6	16.3	36	29.9	66	43.5	96	57.2	126	70.8	156	84.4	186	98.0	216	111.6	246	125.2	276	138.8	306	152.4	336
2.9	6.5	16.6	36.5	30.2	66.5	43.8	96.5	57.4	126.5	71.0	156.5	84.6	186.5	98.2	216.5	111.8	246.5	125.5	276.5	139.1	306.5	152.7	336.5
3.2	7	16.8	37	30.4	67	44.0	97	57.6	127	71.2	157	84.8	187	98.4	217	112.0	247	125.7	277	139.3	307	152.9	337
3.4	7.5	17.0	37.5	30.6	67.5	44.2	97.5	57.9	127.5	71.5	157.5	85.1	187.5	98.7	217.5	112.3	247.5	125.9	277.5	139.5	307.5	153.1	337.5
3.6	8	17.2	38	30.8	68	44.5	98	58.1	128	71.7	158	85.3	188	98.9	218	112.5	248	126.1	278	139.7	308	153.3	338
3.9	8.5	17.5	38.5	31.1	68.5	44.7	98.5	58.3	128.5	71.9	158.5	85.5	188.5	99.1	218.5	112.8	248.5	126.4	278.5	140.0	308.5	153.6	338.5
4.1	9	17.7	39	31.3	69	44.9	99	58.5	129	72.1	159	85.7	189	99.3	219	113.0	249	126.6	279	140.2	309	153.8	339
4.3	9.5	17.9	39.5	31.5	69.5	45.1	99.5	58.8	129.5	72.4	159.5	86.0	189.5	99.6	219.5	113.2	249.5	126.8	279.5	140.4	309.5	154.0	339.5
4.5	10	18.1	40	31.8	70	45.3	100	59.0	130	72.6	160	86.2	190	99.8	220	113.4	250	127.0	280	140.6	310	154.2	340
4.8	10.5	18.4	40.5	32.0	70.5	45.6	100.5	59.2	130.5	72.8	160.5	86.4	190.5	100.0	220.5	113.7	250.5	127.3	280.5	140.9	310.5	154.5	340.5
5.0	11	18.6	41	32.2	71	45.8	101	59.4	131	73.0	161	86.6	191	100.2	221	113.9	251	127.5	281	141.1	311	154.7	341
5.2	11.5	18.8	41.5	32.4	71.5	46.0	101.5	59.7	131.5	73.3	161.5	86.9	191.5	100.5	221.5	114.1	251.5	127.8	281.5	141.3	311.5	154.9	341.5
5.4	12	19.1	42	32.7	72	46.3	102	59.9	132	73.5	162	87.1	192	100.7	222	114.3	252	128.0	282	141.5	312	155.1	342
5.7	12.5	19.3	42.5	32.9	72.5	46.5	102.5	60.1	132.5	73.8	162.5	87.3	192.5	101.0	222.5	114.6	252.5	128.2	282.5	141.8	312.5	155.4	342.5
5.9	13	19.5	43	33.1	73	46.7	103	60.3	133	74.0	163	87.5	193	101.2	223	114.8	253	128.4	283	142.0	313	155.6	343
6.1	13.5	19.7	43.5	33.3	73.5	47.0	103.5	60.6	133.5	74.2	163.5	87.8	193.5	101.4	223.5	115.0	253.5	128.6	283.5	142.2	313.5	155.8	343.5
6.4	14	20.0	44	33.6	74	47.2	104	60.8	134	74.4	164	88.0	194	101.6	224	115.2	254	128.8	284	142.4	314	156.0	344
6.6	14.5	20.2	44.5	33.8	74.5	47.4	104.5	61.0	134.5	74.6	164.5	88.3	194.5	101.9	224.5	115.5	254.5	129.1	284.5	142.7	314.5	156.3	344.5
6.8	15	20.4	45	34.0	75	47.6	105	61.2	135	74.8	165	88.5	195	102.1	225	115.7	255	129.3	285	142.9	315	156.5	345
7.0	15.5	20.6	45.5	34.2	75.5	47.9	105.5	61.5	135.5	75.1	165.5	88.8	195.5	102.3	225.5	115.9	255.5	129.5	285.5	143.1	315.5	156.7	345.5
7.3	16	20.9	46	34.5	76	48.1	106	61.7	136	75.3	166	89.0	196	102.5	226	116.1	256	129.7	286	143.3	316	157.0	346
7.5	16.5	21.1	46.5	34.7	76.5	48.3	106.5	61.9	136.5	75.6	166.5	89.2	196.5	102.8	226.5	116.4	256.5	130.0	286.5	143.6	316.5	157.2	346.5
7.7	17	21.3	47	35.0	77	48.5	107	62.1	137	75.8	167	89.4	197	103.0	227	116.6	257	130.2	287	143.8	317	157.4	347
7.9	17.5	21.5	47.5	35.2	77.5	48.8	107.5	62.4	137.5	76.0	167.5	89.6	197.5	103.2	227.5	116.8	257.5	130.4	287.5	144.0	317.5	157.7	347.5
8.2	18	21.8	48	35.4	78	49.0	108	62.6	138	76.2	168	89.8	198	103.4	228	117.0	258	130.6	288	144.2	318	157.9	348
8.4	18.5	22.0	48.5	35.6	78.5	49.2	108.5	62.8	138.5	76.4	168.5	90.1	198.5	103.7	228.5	117.3	258.5	130.9	288.5	144.5	318.5	158.1	348.5
8.6	19	22.2	49	35.8	79	49.4	109	63.0	139	76.7	169	90.3	199	103.9	229	117.5	259	131.1	289	144.7	319	158.3	349
8.8	19.5	22.5	49.5	36.1	79.5	49.6	109.5	63.3	139.5	76.9	169.5	90.5	199.5	104.1	229.5	117.7	259.5	131.3	289.5	145.0	319.5	158.5	349.5
9.1	20	22.7	50	36.3	80	49.9	110	63.5	140	77.1	170	90.7	200	104.3	230	118.0	260	131.5	290	145.2	320	158.8	350
9.3	20.5	22.9	50.5	36.5	80.5	50.1	110.5	63.7	140.5	77.4	170.5	90.9	200.5	104.6	230.5	118.2	260.5	131.8	290.5	145.4	320.5	159.0	350.5
9.5	21	23.1	51	36.7	81	50.3	111	64.0	141	77.6	171	91.2	201	104.8	231	118.4	261	132.0	291	145.6	321	159.2	351
9.8	21.5	23.4	51.5	37.0	81.5	50.6	111.5	64.2	141.5	77.8	171.5	91.4	201.5	105.0	231.5	118.6	261.5	132.2	291.5	145.8	321.5	159.5	351.5
10.0	22	23.6	52	37.2	82	50.8	112	64.4	142	78.0	172	91.6	202	105.2	232	118.8	262	132.5	292	146.1	322	159.7	352
10.2	22.5	23.8	52.5	37.4	82.5	51.1	112.5	64.7	142.5	78.3	172.5	91.9	202.5	105.5	232.5	119.1	262.5	132.8	292.5	146.3	322.5	159.9	352.5
10.4	23	24.0	53	37.6	83	51.3	113	64.9	143	78.5	173	92.1	203	105.7	233	119.3	263	133.0	293	146.5	323	160.1	353
10.7	23.5	24.3	53.5	37.9	83.5	51.5	113.5	65.1	143.5	78.8	173.5	92.3	203.5	105.9	233.5	119.6	263.5	133.2	293.5	146.8	323.5	160.4	353.5
10.9	24	24.5	54	38.1	84	51.7	114	65.3	144	79.0	174	92.5	204	106.1	234	119.8	264	133.4	294	147.0	324	160.6	354
11.1	24.5	24.7	54.5	38.3	84.5	52.0	114.5	65.6	144.5	79.2	174.5	92.8	204.5	106.4	234.5	120.0	264.5	133.6	294.5	147.2	324.5	160.8	354.5
11.3	25	24.9	55	38.6	85	52.2	115	65.8	145	79.4	175	93.0	205	106.6	235	120.2	265	133.8	295	147.4	325	161.0	355
11.6	25.5	25.2	55.5	38.8	85.5	52.4	115.5	66.0	145.5	79.6	175.5	93.2	205.5	106.9	235.5	120.5	265.5	134.1	295.5	147.7	325.5	161.3	355.5
11.8	26	25.4	56	39.0	86	52.6	116	66.2	146	79.8	176	93.4	206	107.1	236	120.7	266	134.3	296	147.9	326	161.5	356
12.0	26.5	25.6	56.5	39.2	86.5	52.9	116.5	66.5	146.5	80.1	176.5	93.7	206.5	107.3	236.5	120.9	266.5	134.5	296.5	148.1	326.5	161.8	356.5
12.2	27	25.9	57	39.5	87	53.1	117	66.7	147	80.3	177	93											

APPENDIX B

University of Iowa Hospitals and Clinics

APPROXIMATE CONVERSION TABLES

CENTIGRADE - FAHRENHEIT

°C	°F	°C	°F	°C	°F	°C	°F	°C	°F	°C	°F	°C	°F
35.0	95.0	36.0	96.8	37.0	98.6	38.0	100.4	39.0	102.2	40.0	104.0	41.0	105.8
35.1	95.2	36.1	97.0	37.1	98.8	38.1	100.6	39.1	102.4	40.1	104.2	41.1	106.0
35.2	95.4	36.2	97.2	37.2	99.0	38.2	100.8	39.2	102.6	40.2	104.4	41.2	106.2
35.3	95.5	36.3	97.3	37.3	99.1	38.3	100.9	39.3	102.7	40.3	104.5	41.3	106.3
35.4	95.7	36.4	97.5	37.4	99.3	38.4	101.1	39.4	102.9	40.4	104.7	41.4	106.5
35.5	95.9	36.5	97.7	37.5	99.5	38.5	101.3	39.5	103.1	40.5	104.9	41.5	106.7
35.6	96.1	36.6	97.9	37.6	99.7	38.6	101.5	39.6	103.3	40.6	105.1	41.6	106.9
35.7	96.3	36.7	98.1	37.7	99.9	38.7	101.7	39.7	103.5	40.7	105.3	41.7	107.1
35.8	96.4	36.8	98.2	37.8	100.0	38.8	101.8	39.8	103.6	40.8	105.4	41.8	107.2
35.9	96.6	36.9	98.4	37.9	100.2	38.9	102.0	39.9	103.8	40.9	105.6	41.9	107.4

CENTIMETERS - INCHES

cm	in	cm	in	cm	in	cm	in	cm	in
1.3	½	52.1	20½	102.9	40½	153.7	60½	204.5	80½
2.5	1	53.3	21	104.1	41	154.9	61	205.7	81
3.8	1½	54.6	21½	105.4	41½	156.2	61½	207.0	81½
5.1	2	55.9	22	106.7	42	157.5	62	208.3	82
6.4	2½	57.2	22½	108.0	42½	158.8	62½	209.6	82½
7.6	3	58.4	23	109.2	43	160.0	63	210.8	83
8.9	3½	59.7	23½	110.5	43½	161.3	63½	212.1	83½
10.2	4	61.0	24	111.8	44	162.6	64	213.4	84
11.4	4½	62.2	24½	113.0	44½	163.8	64½	214.6	84½
12.7	5	63.5	25	114.3	45	165.1	65	215.9	85
14.0	5½	64.8	25½	115.6	45½	166.4	65½	217.2	85½
15.2	6	66.0	26	116.8	46	167.6	66	218.4	86
16.5	6½	67.3	26½	118.1	46½	168.9	66½	219.7	86½
17.8	7	68.6	27	119.4	47	170.2	67	221.0	87
19.1	7½	69.9	27½	120.7	47½	171.5	67½	222.3	87½
20.3	8	71.1	28	121.9	48	172.7	68	223.5	88
21.6	8½	72.4	28½	123.2	48½	174.0	68½	224.8	88½
22.9	9	73.7	29	124.5	49	175.3	69	226.1	89
24.1	9½	74.9	29½	125.7	49½	176.5	69½	227.3	89½
25.4	10	76.2	30	127.0	50	177.8	70	228.6	90
26.7	10½	77.5	30½	128.3	50½	179.1	70½	229.9	90½
27.9	11	78.7	31	129.5	51	180.3	71	231.1	91
29.2	11½	80.0	31½	130.8	51½	181.6	71½	232.4	91½
30.5	12	81.3	32	132.1	52	182.9	72	233.7	92
31.8	12½	82.6	32½	133.4	52½	184.2	72½	235.0	92½
33.0	13	83.8	33	134.6	53	185.4	73	236.2	93
34.3	13½	85.1	33½	135.9	53½	186.7	73½	237.5	93½
35.6	14	86.4	34	137.2	54	188.0	74	238.8	94
36.8	14½	87.6	34½	138.4	54½	189.2	74½	240.0	94½
38.1	15	88.9	35	139.7	55	190.5	75	241.3	95
39.4	15½	90.2	35½	141.0	55½	191.8	75½	242.6	95½
40.6	16	91.4	36	142.2	56	193.0	76	243.8	96
41.9	16½	92.7	36½	143.5	56½	194.3	76½	245.1	96½
43.2	17	94.0	37	144.8	57	195.6	77	246.4	97
44.5	17½	95.3	37½	146.1	57½	196.9	77½	247.7	97½
45.7	18	96.5	38	147.3	58	198.1	78	248.9	98
47.0	18½	97.8	38½	148.6	58½	199.4	78½	250.2	98½
48.3	19	99.1	39	149.9	59	200.7	79	251.5	99
49.5	19½	100.3	39½	151.1	59½	201.9	79½	252.7	99½
50.8	20	101.6	40	152.4	60	203.2	80	254.0	100

APPROXIMATE EQUIVALENTS:

- 1 inch = 2.5 cm
- 1 foot = 30 cm
- 40 inches = 1 m
- 1 fl. oz. = 30 ml(cc)
- 1 cup = 250 ml(cc)
- 1 quart = 1 l
- 1 gallon = 4 l
- 1 grain = 60 mg
- 1 ounce = 30 g
- 1 pound = 450 g
- 32 °F = 0°C
- 98.6°F = 37°C
- 212 °F = 100°C
- x °F = 5/9(x-32) °C
- y °C = 9/5y + 32 °F

APPENDIX C

JOB DESCRIPTIONS
for
Homemaker-Home Health Aide Educators

1. Title: Coordinator-Teacher for Homemaker-Home Health Aide Educational Program.
2. Basic Function and Responsibility: To coordinate the total program and teach a portion of the homemaker-home health aide curriculum.
3. Duties and Responsibilities:
The coordinator-teacher will (1) arrange for use of community resources, (2) assist in recruiting students, (3) assist in selecting students from among applicants, (4) in consultation with local community college administration, select the teacher(s) or instructor(s) in addition to self for the educational program, (5) make decisions concerning the arrangements for any additional resource personnel to be used in addition to and/or in place of written curriculum materials, and (6) develop instructional plans, teach and evaluate classroom and practicum activities for either the health or nutrition and home economics portions of the curriculum.
4. Supervision Received: General direction is received. In consultation with advisory committee and administration, the teacher-coordinator is free to establish policies, standards and techniques for attaining expected results.
5. Supervision Exercised: Functional and administrative supervision exercised over program and teachers.
6. Qualifications: Needs to be (1) a registered nurse or (2) a home economist, preferably one certified in home economics education.
7. Starting and ending date for position.
8. Salary.

1. Title: Teacher for Homemaker-Home Health Aide Education classes.
2. Basic Function and Responsibility: To teach the health or nutrition and home economics portions of the homemaker-home health aide curriculum.
3. Duties and Responsibilities:
Develop instructional plans, teach and evaluate classroom and practicum activities for either the health or nutrition and home economics portions of the curriculum.

4. Supervision Received: General direction is received from the coordinator-teacher of the homemaker-home health aide educational program. Supervision may also be received from a registered nurse.
5. Supervision Exercised: Functional and administrative supervision exercised over classroom activities.
6. Qualifications: Needs to be (1) a registered nurse or a licensed practical nurse or (2) a home economist, preferably one certified in home economics education.
7. Starting and ending date for position.
8. Salary.

Staffing for Homemaker-Home Health Aide Educational Programs

The staff for a homemaker-home health aide education program must include one person with a nursing background who will plan, teach and/or supervise the health content of the curriculum and one person with a home economics background who will plan, teach and/or supervise the nutrition and other homemaking content of the curriculum.

It is recommended that the teacher-coordinator be employed for a minimum of six weeks for a four week homemaker-home health aide educational program.

The length of time the teacher is to be employed is unspecified. However, several days of preparation time and finish-up time should be allowed preceding and following the actual period of any student contact responsibilities. The preparation and finish up time should be part of the total employment agreement.

APPENDIX D

STUDENT RECRUITMENT LITERATURE
(Types of Information To Be Included)

1. Course is a preparation for homemaking and health aide work:
 - in private homes
 - in nursing homes
 - in extended care centers
 - for homemaker-home health aide service agencies
 - for hospitals.
2. Tuition: Free or list amount.
3. Books and Supplies: Provided or list any needed items such as book titles or uniforms or an accurate watch with second hand. (An accurate watch is one that gains or loses no more than 5 minutes every 24 hours.)
4. Class Schedule: Four weeks - 9:00 a.m. to 12 noon, 1:00 to 4:00 p.m., Monday thru Friday or list as planned. List starting and ending dates.
5. Requirements for Registration: Must be able to read instructions, a clock, records, labels, prescriptions, etc. Must be able to communicate in legible writing.
6. Class Size: Limited to 15 or smaller if facilities permit only smaller classes.
7. State where and to whom to apply to obtain additional information.
8. State where and to whom to apply for enrollment application forms.
9. Etc.

APPENDIX E

COMMUNITY RESOURCES

(Each program will define local needs)

1. Use of nursing home for 3 or 4 days (18 to 24 hours) or practicum experience. Can be any combination of mornings and/or afternoons.
2. Use of nursing laboratory for no more than 60 hours, preferably between hours of 9:00 a.m. and 4:00 p.m.
3. Use of classroom space for no more than 60 hours, preferably between hours of 9:00 a.m. and 4:00 p.m.
4. A place in the community where students can visit to observe handicapped people functioning in a wholesome environment for 1/2 day (3 hours). Could be:
 - a) Sheltered workshop
 - b) Nursing home in extended care center
 - c) Handicapped children in a school or recreational environment
 - d) Other.
5. Other community resources:
 - a) Family planning center.
 - b) Social Security contact center.
 - c) Food stamp application center.
 - d) County extension office.
 - e) Adult day care center.
 - f) Child day care center.
 - g) Social center for retired persons
 - h) Congregate meal facility.
 - i. Etc.

INDEX

INDEX

- Accident Prevention 64
Accident Reporting 65
Adult Guidance 104
Advisory Committee 5-8
Alterations 68
Arthritis 127
Asepsis 23, 114-116
- Baby Formula 91
Bandages 26
Bedmaking 24, 74
Behavior Management 20, 103, 106
Blood Pressure 118
Budgeting 109
- Child Care 103
Child Care Objectives 20
Child Guidance 104
Cleaning 70
 Bathroom 73
 Client's Bedroom 74, 124
 Closets 71
 Drawers 71
 Equipment 69
 Floors 72
 Glass 73
 Kitchen 84
 Mirrors 73
 Products 69
 Radiators 72
 Ranges 70, 83
 Refrigerators 71
 Shelves 71
 Tile 72
 Woodwork 72
Clothing Maintenance 16
Cold Applications 123
Colostomy 126
Community Needs 6
Community Resources 156
Community Services 135
Conversion Tables 151-152
 Centigrade-Fahrenheit 152
 Centimeters-Inches 152
 Kilograms-pounds 151
 Other conversions 152
- Decubiti Care 26
Diabetes 126
Dishes 82, 83
Dying 128
- Elimination 26
Emotional Health 99
Environmental Adjustments 64
Equipment Handling 84
Evaluation 139
 Reliability 139
 Validity 139
- Faculty Recruitment 7, 153-154
Family Resources 108
First Aid 17, 28
Food and Nutrition 19
Food
 Inventory 85
 Preparation 89
 Serving 89, 90
 Storage 82
- Geriatric 127
Get Acquainted Triads 52
Grooming 25
Guidance 20, 103
- Handwashing 23, 114
Hazardous Conditions 64, 65
Health Education 27
Heat Applications 133
Home Health Care Objectives 22
Homemaking Objectives 15
House Cleaning 69
Household Maintenance 16, 66
Household Management 15
Household Safety 17, 64
Human Development 95
Human Interaction 26
- Instructional Plans 29
Intake and Output 121
Intellectual Development 97
Isolation 127

Job Descriptions
Coordinator-teacher 153
Teacher 153-154

Knowledge Objectives 11, 13

Laundry 66
Drying 67
Ironing 68
Pretreating 67
Washing 67
Learning Activities 51
Leftovers 88

Medical Emergencies 120
Mending 68
Menus 85, 88
Metric Conversion 151-152

Nutrition 19

Orthopaedic 126
Ostomy 126
Output 121

Performance Objectives, 11-12,
13-28, 32-35
Personal Care 120
Personal Care Objectives 22
Physical Development 95
Physical Examination 119
Practicum 6, 114
Problems of Living 103, 108
Program Resources 8
Psychological Development 95
Pulse 117

Recipe Selection 88
Records and Reports 11
Recruitment Literature 153-155
Faculty 7, 153-154
Student 155
Rectal Treatments 122
Respirations 118
Role of H-HHA Services 3

Sanitation 18, 22
Snacks 87
Social Development 95
Student Recruitment 10, 155
Student Selection 10, 155

Temperature 117
Transporting patient 26, 123
Trash Removal 75
Turning Mattress 74

Urine Specimens 25

Vacuuming 73
Vital Signs 23, 116-119

Working Standards 31

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