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Digital literacy
in aged care

Teacher Guide

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Introduction

Welcome to the digital literacy for aged care resource materials. These materials are aimed at improving the digital literacy of graduates of the Certificate III in Individual Support, without requiring additional content or tasks being embedded into the program. These resources have been developed with industry and TAFE representatives across Victoria.

Who is this guide for?

This guide is for teachers, program coordinators and managers involved in the delivery of the CHC33015 Certificate III in Individual Support.

Objectives

The aim of these resources is to:

- encourage upskilling of current employees to ensure their future employability
- open employment opportunities by offering training relevant to the social services industry that includes transferrable skills in digital capabilities
- improve digital literacy
- embed activities into existing classroom practice
- ensure employees can accurately fill in digital forms to comply with funding obligations
- provide a blended model of learning that can be customised for use across the social services sector and adapted to meet the needs of specific cohorts.

To achieve these objectives, a tool was developed for students to learn how to:

- log into an intranet system
- access internal communications to get instructions for daily activities
- record information into digital documents.

Alignment to the Certificate III in Individual Support

These resources have developed in specific alignment to the CHCCOM005 Communicate and work in health or community services unit of competency, specifically relating to completing workplace correspondence and documentation (predominately within element five and some performance and knowledge evidence requirements of the unit). However, the tools can be used across other units in the qualification. See the implementation section for more information. supervise student practice where required and provide timely and constructive feedback

Other uses

While these resources have been developed with a focus on aged care, they could be used for other aspects of individual support, the community services sector or in a medical program as relevant.

Background information

This project is a sub-project of the Centre for Digital Enterprise (CDE) – Industry 4.0 Skills Training Project, a Workforce Training Innovation Fund project funded by the Victorian Government. The CDE functions as a hub of information around i4.0 technologies and their implementation in the workplace. The CDE works to disseminate information around i4.0, increase workers' digital literacy, and help training providers and industry collaborate to address the positive and negative impacts of i4.0 technologies. The CDE aims to:

- disseminate i4.0 knowledge and how it can be applied in industry
- provide leadership training and workforce development tools specific to i4.0
- improve the digital skills and knowledge of workers through industry-specific i4.0 training needs.

The Digital literacy in aged care project is vital to ensuring that current and future workers are digitally capable and prepared for future employment opportunities within the sector. The project supports industry in the adoption of technologies through the training of a digitally enabled workforce.

Support workers in aged care and disability, particularly in a home and community context, are expected to have a diverse mix of complex skills. Technology is entering areas of social care, in the form of e-health, data analytics and SMART technologies that provide a range of health and lifestyle solutions for residents. The evolving role of support workers requires a broad range of competencies, including generalisable foundation skills as well as more complex, service-specific skills. For example, industry stakeholders have highlighted the need for English language, literacy, numeracy and digital literacy skills to fulfil reporting requirements.

After consultation with industry, we arrived at the concept of creating tools for use in the classroom to support existing courses rather than develop a short course which specifically targeted digital literacy. We conducted co-design sessions, industry surveys and teacher consultations at RMIT University, SuniTAFE and Wodonga TAFE involving over sixty participants from the aged care and education sectors.

Why is digital literacy important?

Digital literacy refers to a set of digital behaviours, practices and identities that change over time. It moves beyond the simple functions of IT and includes:

- information literacy
- media literacy
- communication and collaboration
- career and identity management
- ICT literacy
- learning skills
- digital scholarship (Jisc, 2014).

Gekara, et. al. (2019) identify five digital skill areas that all workers, regardless of industry sector, need to master to work in the digital age:

1. digital knowledge – theoretical comprehension and understanding
2. cognitive knowhow – application of logic, intuition, innovation and creative thinking in the digital space
3. practical knowhow – use of digital tools, including hardware, software, information and security systems
4. competence – ability to learn, adapt and apply digital knowledge in new settings
5. digital attitude – values and beliefs.

Researching the capacity of Australia's VET system to prepare workers for a digitally enabled workplace, Gekara, et. al. (2019) surveyed human resources, and skills and training decision makers across industry sectors. The researchers found that more than half of the industry survey respondents in their study were not satisfied with the digital skills of VET graduates within their industry sectors. Over half of the respondents did not believe VET training packages and industry qualifications were current enough to meet the digital

skills requirements of industry and two-thirds of the respondents felt that the digital skills of VET graduates did not meet expectations. This demonstrates the need to embed further digital literacy skill building activities into existing program delivery models and curriculum.

Most aged care residencies are moving away from recording information using traditional materials, such as pen and paper, towards recording all documentation in a digital format.

Accurate documentation and communications are essential to ensure workers are complying with legislation, residents are receiving their appropriate care and to provide effective communication channels between managers and staff.

Although most studies into technology in the aged care sector agree that staff digital literacy levels remain low, a survey by Enablis (2017) found 50% of aged care organisations plan to invest in technology to stay competitive. This suggests that there's a degree of consensus among aged care providers that technology can offer solutions to the challenges they're facing, including labour shortages, an ageing population, financial constraints and increased scrutiny of care.

However, the 'Aged Care Industry Information Technology Council (ACIITC) Technology Roadmap' (Barnett, et. al., 2017) found that the extent to which technology is being utilised in the industry is inconsistent and fragmented. The Roadmap also found that there is a "low-level of technological readiness in Australia in relation to the provision of care, and to operational and business systems."

On the other hand, the report says that a growing number of aged care organisations are moving towards operating in an "intelligent environment that is technology-enhanced and technology-enabled" (Barnett, et. al., 2017). Across the sector, automated timesheets and rostering are being introduced to enable more efficient payroll processes and support shift planning and meeting scheduling based on up-to-date staff availability.

There are estimates that 80% of Australian aged care providers are already using a clinical and care management software solution, and the Enablis survey found 27% of organisations are already using the Internet of Things (Telstra Health, 2019 & Enablis, 2017).

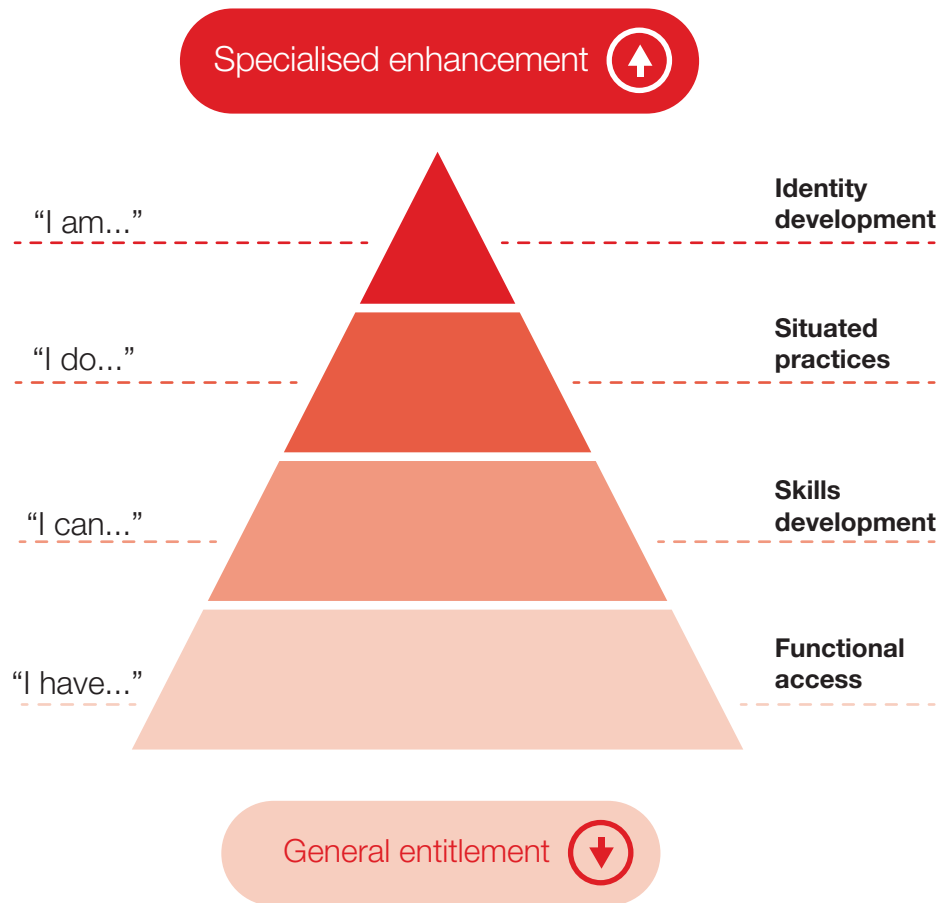
According to Telstra Health (2019), approximately 90% of residential aged care beds are managed using digital information systems, including software that assists in the management of clinical information, medication and resident management. About 90% of beds are covered by clinical software, and 40% for medication management software.

Even traditional assistive devices are getting high-tech make overs, such as wheelchairs that are motorised to mount steps and avoid obstacles, walking frames with collision avoidance, user-driven lifting hoists and prosthetics with electro-mechanics and wide spectrum sensors.

The Federal Government's Australian Digital Health Agency (2019) is encouraging the shift towards digitised services in the broader health industry with the release of a National Digital Health Strategy. As part of this strategy, the Government launched the online portal 'My Aged Care' for consumers and carers to access information on aged care and services.

Pedagogical strategy

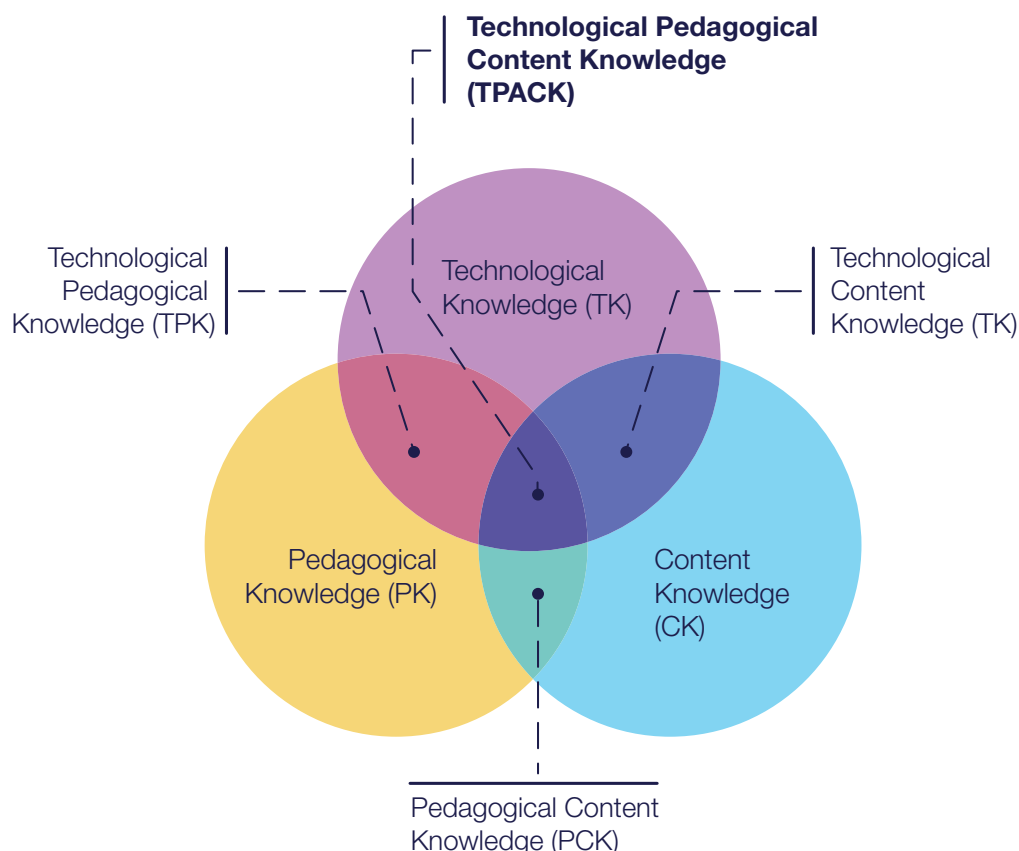
Beetham and Sharpe's framework (2010, cited in Jisc, 2104) considers digital literacy as a development process. See diagram below.



Digital literacies are developed over time. In this model, the development process starts with access and functional skills, and moves to higher level capabilities (Jisc, 2015).

In order to improve digital literacy, educators need to reinforce appropriate practice through embedding authentic activities into curriculum and offer contextualised and tailored support (Jisc, 2015).

Underpinning this guide is Misra & Koehler's (2006, cited in Kurt, 2018) technological pedagogical content knowledge (TPACK) framework. This framework focuses on the technological knowledge (TK), pedagogical knowledge (PK) and content knowledge (CK) that teachers need in order to implement educational technology in the classroom (Kurt, 2018).



Content knowledge (CK)	CK is about the subject matter being taught and generally includes concepts, theories, ideas, organisational frameworks, methods of evidence and proof, and established practices and approaches towards developing knowledge within the content area (Harris, et. al., 2009).
Pedagogical knowledge (PK)	PK is deep knowledge of teaching and learning processes and practices. This includes educational purposes, goals, values and strategies. It encompasses the theories of learning and how they apply to students in the classroom (Harris, et. al., 2009).
Technological knowledge (TK)	TK is constantly changing, so keeping up with technological developments can be difficult for time-poor teachers (Harris, et. al., 2009). It concerns the teachers' knowledge and skill in using various technological tools for learning (Kurt, 2018).
Pedagogical content knowledge (PCK)	PCK describes the approaches taken to teach a particular content area. Teachers must have content-based curricula and assessment approaches related to that learning, including awareness of students' prior knowledge, alternative teaching strategies and common misconceptions (Harris, et. al., 2009).
Technological pedagogical knowledge (TPK)	TPK is an awareness of the impacts of technology on teaching and learning. This includes knowledge of the different ways that technological tools can be used to support pedagogy in line with the discipline (Kurt, 2018).

TPACK draws on all combinations above to offer an effective basis for using educational technologies (Kurt, 2018). A key consideration in this project is using tools designed for industry use (including PowerPoint and internal record systems) and adapting these for use in the classroom to support learning. Under the TPACK model, the tools have been translated for use in learning, while still supporting underlying pedagogical strategies and focusing on intended uses within the aged care industry (content knowledge).

Classroom-based practice

The classroom delivery model used in this resource is based on the Department of Education's (2017) high impact teaching strategies (HITS). These are 10 instructional design processes that have been found to reliably increase student learning when applied.

The following table explains the HITS and how they've been applied in this material (Department of Education and Training, 2017).

Strategy	Description	Usage in this program
Setting goals	Sessions have clear learning goals that define success. Learning goals explain what the students need to do. Learning activities align to the set goals.	Each of the activities have specific learning goals displayed at their start in the PowerPoint (PPT).
Structuring lessons	Session plans describe the teaching and learning to occur in class. Learning is structured to reinforce routine and scaffold learning. Classroom time is optimised. Sequence of teaching and learning activities stimulates and maintains engagement.	Students are questioned at the beginning of each activity and asked to use their own experience to help establish their current knowledge base. Students practice input activities multiple times across the four digital forms.
Explicit teaching	Teacher clearly shows students what to do and how to do it. Teacher models the learning intention and success criteria. Teacher checks for understanding and summaries what was covered at the end of the lesson.	PPT incorporates the forms allowing live demonstrations of the forms. At the end of each activity the students save their work to PDF allowing them to compare their answers with correctly completed forms.

Strategy	Description	Usage in this program
Worked examples	<p>Worked examples demonstrate how to complete the task, supporting skill acquisition and reducing student cognitive load.</p> <p>Worked examples can be used to support independent practice.</p>	The teacher demonstrates the function of the page to the students, highlighting the optional help function which can assist students to complete the form until they are competent.
Collaborative learning	<p>Students work in small groups and everyone participates in a task.</p> <p>Tasks are meaningful and involve active participation in negotiating roles, responsibilities and outcomes.</p>	Students work in pairs playing the roles of a PCA and a resident in facility performing an activity and swapping roles for a complete understanding.
Multiple exposures	<p>Students have multiple opportunities to encounter, engage with and elaborate on new knowledge and skills.</p> <p>Students can practice tasks over several days, using different activities to vary the interaction with the new skill.</p>	<p>Each form has multiple opportunities to practice data input skills and multiple forms which all require information to be interpreted and recorded.</p> <p>Teachers can use the forms outside of the prepared activities, or create their own and incorporate them into their entire curriculum where they are relevant.</p>
Questioning	<p>Questioning is used to engage students, stimulate interest and link content to students' lives.</p> <p>Questioning allows students to discuss, argue and express different opinions.</p>	Students are questioned at the beginning of each activity and asked to use their own experience to help establish their current knowledge base
Feedback	<p>Feedback is provided to students to inform them of their performance in relation to the learning goals.</p> <p>Feedback can be provided by teachers and peers, and should focus on what students can do to improve.</p>	At the end of each activity, students can save their results to PDF and compare them to correctly completed forms. The teacher and students share thoughts and provide feedback.

Strategy	Description	Usage in this program
Metacognitive strategies	<p>Students are made aware of the learning process and encouraged to self-regulate.</p> <p>Metacognitive activities are used to encourage students to plan, evaluate and monitor learning tasks.</p>	<p>Students are asked what they think is the purpose of each of the forms, how they assist the resident and how they use them in their role.</p> <p>Students are shown the four different ways of recording information at the beginning of the activities and then draw on those skills throughout each of the forms.</p>
Differentiated teaching	Teachers use differentiated techniques to extend the knowledge and skill of every student in the class, regardless of starting point.	In certain scenarios, students interpret and record the information based on their own opinion and then decisions are discussed with other students and teachers.

Implementation: Teaching students how to use forms

A structured session has been developed to help teachers introduce students to the electronic forms. This was developed using the Department of Education and Training (2017) HITS model.

Before you start, read through the session plan in Appendix 1. This is provided as a recommended model for instructing students on using the forms. Of course, you are welcome to customise or develop your own model to suit your specific operational model and cohort.

You can download the accompanying PowerPoint from [\[ADD LINK\]](#). You should read these in conjunction with the session plan.

Before starting your class, check you have the resources as listed in the required resources section.

It is important that you get familiar with using the forms and the learning activities prior to class. You can adapt the learning activities or scenarios to suit.

During the class, you and your students will need access to the electronic forms at [\[ADD FORMS LINK\]](#). You will need to be familiar with using the digital forms. Take some time to get familiar with these before showing them.

There is one username and password for everyone to use; this is to help students practice entering the correct information. If they type the username and password incorrectly, they won't be able to progress.

Note: There are not individual accounts – this is for learning purposes only.

- Username – PCASstudent
- Password – C4DE_learn

To run these learning activities, you need to be familiar with:

- The difference between data/information entry types used within digital forms, such as radio buttons, check boxes, drop-down menus and text boxes. If you are not familiar with these, the following resources may help:
 - About field types - <https://formidableforms.com/knowledgebase/field-types/>
 - Checkboxes, radio buttons, drop-downs: When to use what? <https://community.appway.com/screen/kb/article/checkboxes-radio-buttons-dropdowns-when-to-use-what-1482810890174>
 - Electronic form components - <http://statmath.wu.ac.at/courses/data-analysis/itdtHTML/node41.html>
- The difference between the intranet and internet. For more information, see this resource.
 - What is the difference between internet and intranet? <https://www.quora.com/Whats-the-difference-between-Internet-and-intranet>
 - Here's the difference between intranet and internet - <https://whatismyipaddress.com/internet-intranet>
 - What's the difference between an intranet and the internet? <https://www.allbusiness.com/whats-the-difference-between-an-intranet-and-the-internet-639-1.html>
- How to set a good password.
 - How do I create a strong and unique password? <https://www.webroot.com/in/en/resources/tips-articles/how-do-i-create-a-strong-password>
 - How to create a secure password - <https://www.wikihow.tech/Create-a-Secure-Password>
- How message boards are used in aged care and appropriate ways to write messages (including appropriate language and common terminology).
- How food and fluid, continence, personal care and pain forms are used in residential aged care facilities (importance, details contained, etc.)

Use throughout CHCCOM005 Communicate and work in health or community services

After you've introduced students to the forms, you can develop new activities to use in conjunction with other classroom work for the unit. Aligning to the Department of Education and Training (2017) HITS, multiple exposures are required to build digital skills. By using the forms throughout the delivery of the unit, you will provide students the opportunity to build their skills.

There are many ways you can use these forms throughout your delivery. It is recommended that you consider your learning activities and where they would relate to reporting in the workplace. If there is a direct relation, encourage students to complete an electronic form. For example, students may have a role play where they practise verbal communication skills with a resident and then go to the personal care form to record outcomes.

When using the forms, encourage reflective practice. This will help students to consolidate their skills. You could ask questions on how and why the forms were used in relation to the activity or encourage students to reflect on how quickly or accurately they were able to complete the forms.

A Word document containing a blank session plan has been made available to download with this package.

Assessment

These forms have not been designed as an assessment for CHCCOM005 Communicate and work in health or community services. However, if you want to use the forms for assessment, they can be saved to PDF and printed. In this form, they can be attached to documentaiton as part of an assessment task or uploaded to a Learning Management System (LMS).

Use throughout the remaining qualification

To keep building digital literacy and reinforcing skills, this tool should be used wherever other units require reporting – for both learning and assessment. The following table shows some examples of use.

Unit of competency	Potential uses
CHCCCS015 Provide individualised support	Personal care records update whenever role plays or simulated care activities are undertaken in class.
CHCCCS023 Support independence and wellbeing	Personal care, continence and food and fluids records used in conduction with simulations, role plays and case studies around daily living habits.
HLTAAP001 Recognise healthy body systems	All records could be used as part of using appropriate medical terminology and names of body systems in reporting practice.
CHCAGE001 Facilitate the empowerment of older people	Personal care records could be used in conjunction with simualations, role plays, scenarios and case studies relating to providing services to older people.
CHCAGE005 Provide support to people living with dementia	Personal care records could be used in conjunction with activities relating to conducting activities for people living with dementia.
CHCCCS011 Meet personal support needs	All records could be used in conjunction with classroom activities relating to personal support.

Again, you may want to use the blank session plans or learning activity templates to support your development (see Word documents available for download with this package) and case studies (see case studies in Appendix 3).

Resource requirements

These materials can be used on computer or tablet devices. Consultation with industry partners in developing this program indicated that both computer and tablet devices are used in residential aged care facilities, however computer devices tended to be more predominant. Ideally, one-to-one devices should be available for students to use in class. These will require an internet connection; a WiFi connection will be adequate.

In delivering in the classroom, it is recommended that teachers use projectors with internet-connected computers to display the forms to the class. These devices can be used to display the PowerPoint when introducing the forms and link out to the live forms to showcase appropriate use.

The electronic forms are intended to be used via the website in a classroom setting. They can be linked to within an LMS or other electronic platforms.

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Appendix 1 – Session plan: Introducing the forms

Strategy

This session plan supports aspects of CHCCOM005 Electronic workplace documents, and is only intended to support the following components:

5. Complete workplace correspondence and documentation.

5.1 Complete documentation according to legal requirement and organisation procedures.

5.2 Read workplace documents relating to role and clarify understanding with supervisor.

5.3 Complete written and electronic workplace documents to organisation standards.W

5.4 Follow organisation communication policies and procedures for using digital media.

5.5 Use clear, accurate and objective language when documenting events.

Learning objectives

Activities for this session

Time allocation	Key point(s) to cover	Learning activity	Resources
10 min	Welcome and agenda for session	<p>Welcome students Provide agenda for session:</p> <ul style="list-style-type: none"> log into intranet access and respond to internal communications on message board record information into digital forms. <p>Ensure all the students in the classroom can see the large screen.</p>	PowerPoint - Slide 1 Large screen in classroom
	Different components/data and information entry options within digital forms	<p>Ask students if they can name examples of when they have had to fill in digital forms. Discuss the differences between the different type of buttons, drop-down menus and text input.</p>	PowerPoint - Slide 3
5 min	<p>The difference between internet and intranet Logging into your workplace account</p>	<p>Learning Activity 1 – Log into intranet</p> <p>Use the Log into intranet activity in Appendix 3.</p>	<p>PowerPoint – Slide 5 PowerPoint – Slide 6 Computer with internet access The Digital literacy for aged care website Large screen in classroom</p>
20 min	<p>Students to identify and use elements of the Message board Students will respond to messages from their supervisor</p>	<p>Learning Activity 2 – Using the Message board</p> <p>Use the Message board activity in Appendix 3.</p>	<p>The Digital literacy for aged care website Computer with internet access</p>

Time allocation	Key point(s) to cover	Learning activity	Resources
5 min	Using the documents folder page	<p>The Digital literacy for aged care Document page</p> <p>This is the directory page for all the documents:</p> <ul style="list-style-type: none"> • Food and fluids • Continence • Personal care • Pain – Abbey scale <p>Let students know they can bookmark this page and use it as a directory if they want to practice each document at a later stage.</p>	<p>The Digital literacy for aged care website</p> <p>Computer with internet access</p> <p>Large screen in classroom</p>
20 min	Students to learn the purpose, identify the elements of and record information into a Food and fluids chart.	<p>Learning Activity 3 – Using the Food and fluids chart</p> <p>Use the Food and fluids chart learning activity in Appendix 3.</p>	<p>PowerPoint – Slides 7, 8, 9</p> <p>Computer with internet access</p> <p>Large screen in classroom</p> <p>Food and fluids chart learning activity</p>
20 min	Students to learn the purpose, identify the elements of and record information into a Continence chart.	<p>Learning Activity 4 – Using the Urinary continence chart</p> <p>Use the Urinary continence learning activity in Appendix 3.</p>	<p>Computer with internet access</p> <p>Large screen in classroom</p> <p>Urinary continence learning activity</p> <p>Handout A, B</p>
20 min	Students to learn the purpose, identify the elements of and record information into a Personal care chart.	<p>Learning Activity 5 – Using the Personal care chart</p> <p>Use the Personal care chart learning activity in Appendix 3.</p>	<p>PowerPoint slide 10, 11, 12</p> <p>Computer with internet access</p> <p>Large screen in classroom</p> <p>Personal care chart learning activity</p>
20 min	Students to learn the purpose, identify the elements of and record information into a Pain - Abbey scale chart.	<p>Learning Activity 6 – Using the Pain – Abbey scale chart</p> <p>Use the Personal care chart learning activity in Appendix 3.</p>	<p>Computer with internet access</p> <p>Large screen in classroom</p> <p>Pain – Abbey chart learning activity</p> <p>Handout C, D</p>
5 min	Congratulations	<p>Let the students know they can bookmark the Login page and revise the material.</p> <p>Check understanding, review and answer any final questions.</p>	<p>PowerPoint slide 13</p>

APPENDIX 2 – HANDOUTS

Handout A: Urinary activity

In this activity you are playing the role of an 85-year-old person. You are going to assist your PCA to fill in your Urinary activity chart for the first part of the day. It is currently two thirty in the afternoon.

You are performing this activity with another student who is playing the role of a PCA who will be asking you questions to help determine what information they are going to record into the continence form.

Below is a list of statements you can say to the PCA asking you questions. You don't have to memorise the statements, you can read from the handout during the activity but you should read through and familiarise yourself with all the statements before the activity begins.

"I urinated in the toilet by myself about half an hour ago."

"I had my pad changed just before lunch. I didn't realise I needed to go to the toilet."

"When I woke up I had my pad changed and I went to the toilet straight away."

"I also went to the toilet around morning tea."

"I was also checked a couple times in the morning and was told there was a little bit more wetness but not enough to justify a change."

Handout B:

Urinary activity

In this activity you are playing the role of an 85-year-old person and a PCA co-worker. You are going to assist the PCA to fill in the Urinary activity chart for the 85-year-old for the first part of the day. It is currently two thirty in the afternoon.

You are performing this activity with another student who is playing the role of a PCA who will be asking you questions to help determine what information they are going to record into the continence form.

Below is a list of statements you can say to the PCA asking you questions. You don't have to memorise the statements, you can read from the handout during the activity but you should read through and familiarise yourself with all the statements before the activity begins.

This exercise will be in two parts, in the first part you will be an 85-year-old resident and assist the PCA to complete the urinary continence chart by answering questions. Once you have provided as much information as possible and answered all the questions the PCA students has asked you, then you switch to the second part of this exercise and play the part of a PCA co-worker.

It's not unusual for workers to assist each other on the job, they need to co-ordinate their activities and share information to complete documentation.

85-year-old resident statements:

"I have had to have my pads changed several times today. I can't remember how many times."

"I don't realise when I have gone to the toilet."

"I remember I have had my pads changed four times today"

"In the morning twice, first when I woke up and second after breakfast."

"At about 10'oclock my pad was dry and didn't need changing."

Now switch to PCA co-worker and begin with this statement:

"The resident seems confused about how many times they are urinating in their pads. This could indicate dementia or some other condition."

"I changed the pad on the resident as soon as they woke up."

"I checked them on the hour and they consistently had more wetness each time."

"I just changed their pad about half an hour ago."

Handout C:

Pain Abbey scale activity

In this activity you are a non-verbal, 85-year-old person. You are going to assist your PCA to fill in your Pain–Abbey scale chart. The PCA is going to watch your behaviour and then determine what your level of pain is. You are not being graded on your acting ability, you only need to indicate that you are in a certain amount of pain. If the PCA interprets your activity as a higher or a lower level of pain than you were intending, that is okay.

You need to display pain in three ways:

1. Vocalisation – mild groaning.
2. Facial expression – frowning and clenching teeth together moderately.
3. Change in body language – rocking back and forward in your chair moderately.

Once the PCA has completed their interpretation of your pain, show them this handout and discuss their answers.

Handout D:

Pain Abbey scale activity

In this activity you are a non-verbal, 85 year old person. You are going to assist your PCA to fill in your Pain–Abbey scale chart. The PCA is going to watch your behaviour and then determine what your level of pain is. You are not being graded on your acting ability, you only need to indicate that you are in a certain amount of pain. If the PCA interprets your activity as a higher or a lower level of pain than you were intending that is okay.

You need to display pain in two ways:

1. Facial expression – looking severely frightened.
2. Change in body language – hold onto your left elbow and guard it because it is in pain.

Once the PCA has completed their interpretation of your pain, show them this handout and discuss their answers.

APPENDIX 3 – CASE STUDIES:

Scenario Character

First Name:	Peter
Last Name:	Holbrook
Preferred Name:	“Pete”
Role:	Resident
Age:	86

Family: Five siblings, one daughter, one son, two grandchildren.

About: Was born in Melbourne Victoria and grew up Wandong. Pete’s first job was a construction worker and then owned a small business (motel operator). Pete travelled throughout Australia participating in activities such as fly fishing, camping, finding gold. Pete also travelled overseas to Russia, Siberia, America, Mexico and Antarctic. Peter enjoyed visiting museums.

Care Plan Summary

Diagnosis: Poor vision, Hypertension, Amnesia, Urine Retention.

Risk & Safety: High falls risks.

Communication: Speaks English, comprehend and actively engage in verbal conversation.

Mobility & Transfer: Requires two staff members for transfers using a sling hoist in and out of bed and to the bathroom.

Continence Management: Uses two continence aids per day for faecal incontinence. Indwelling catheter (IDC) in place, staff are required to empty the bag and change it as required.

Personal Hygiene: Peter requires full physical assist with all personal care due to poor vision, high falls risks and immobility. Staff assist with all oral and dental care. Pete has own partial teeth at the top and partial dentures upper and lower. Dentures are taken out at night, cleaned and soaked in steradent. Staff to assist Pete to clean his glasses and ensure that he wears them at all times except when going to sleep.

Food and Drinks: Normal (thin) fluids, normal diet, requires staff to cut up meals. Pete likes to eat all his meals in his room, staff to position tray and to reposition Pete in his reclined chair ready for all his meals. Regular checks to be attended. Staff to encourage fluid intake due to resident having IDC in situ. Staff to record daily fluid intake and output and to write down the colour of the urine in the bag and report to RN.

Pain Management: Analgesia charted for when Pete requires relief of headache and back pain. Heat pack to be given when required as per care directives.

Leisure: Decline any activities in the facility.

Behaviour Management: Pete can become verbally abusive towards staff when transferring him using a full sling hoist. Staff provides reassurance before and during the transfer. Pete at times physically threatens staff when attending to his personal hygiene, Pete will clench fist at staff and threatens to hit staff, staff provide reassurance, allow time to cool down.

Scenario Character

First Name:	Jaya
Last Name:	Kapoor
Preferred Name:	“Jaya”
Role:	Resident
Age:	95

Family: Seven Siblings, five daughters, fifteen grandchildren and twenty-four great grand children.

About: Was born in India. Jaya lived with her grandmother when she was 10 after her mother passed away. She moved to Melbourne when she was 14 to live with her brother. Jaya worked at Yarra Falls, Woollen Mill Abbotsford. Jaya’s first job was a comber in a woollen mill and then she became a cook after moving to Wodonga. Jaya worked at railway hotel Wodonga for 15 years which she really enjoyed.

Care Plan Summary

Diagnosis: Alzheimer’s disease, depression, asthma, diabetes, hypertension, heart disease, cellulitis, oedema, CCF, depression, hearing impairment.

Risk & Safety: Allergic to Norspan patch. High falls risks.

Communication: Speaks English and Hindi, can comprehend and actively engage in verbal conversation.

Mobility & Transfer: Requires two staff members for transfers using a sling hoist in and out of bed and to the bathroom and to her 4WW.

Continence Management: Uses five continence pads per day due to incontinence of urine and faeces.

Personal Hygiene: Jaya requires full physical assist with all personal care due to CCF causing shortness of breath and depression causing lack of motivation to complete personal hygiene tasks. Staff must assist Jaya with cleaning her dentures and fitting in her earring aids. Jaya attends hair dresser once a week to have her hair coloured and permed. Jaya likes to look nice, staff to assist with jewellery and apply makeup each morning.

Food and Drinks: Normal (thin) fluids, normal diet, requires staff to cut up meals. During eating, Jaya requires supervision, prompting and at times physical assistance.

Pain Management: Heat pack and analgesia as required. Jaya occasionally complains of leg cramps, for doctor's review on the next visit.

Leisure: Likes crosswords, bingo and reading the newspaper.

Behaviour Management: Jaya uses strong explicit language in the dining room areas and makes inappropriate comments regarding other residents and staff members. Staff should redirect and guide conversation. If it escalates, Jaya might need relocated to a new group or leisure activity.

Scenario Characters

First Name:	Giuseppe
Last Name:	Salvini
Preferred Name:	Giuseppe
Role:	Resident
Age:	83

Family: No Siblings, two daughters, two grandchildren.

About: Immigrated from Italy to Australia when he was two and grew up in Moornong, Victoria. Giuseppe left school at 14 and worked as a truck driver and a bus driver. He lived on the family farm with his family where he often helped out when he was needed.

Care Plan Summary

Diagnosis: Depression, prostate cancer, Parkinson's disease, heart disease, rheumatoid arthritis, osteoporosis, THR.

Risk & Safety: Allergic to morphine. High risk of falls, frequent falls.

Communication: Speaks English, understands short sentences and single words

Mobility & Transfer: Requires two staff members for transfers using a full sling hoist from bed to commode chair to the bathroom and to princess chair.

Continence Management: Uses four continence aids per day due to urinary and faecal incontinence.

Personal Hygiene: Giuseppe requires full physical staff assistance by two staff, members to attend to all his personal hygiene due to Giuseppe's contracted fingers, Parkinson disease and osteoporosis. Staff are to complete all grooming tasks as Giuseppe is unable to attend to these himself. Staff to promote privacy and dignity at all times.

Food and Drinks: Normal (thin) fluids, Giuseppe has been assessed for soft & bite sized cut up meals, soup not to be eaten as mix consistency, staff to drain off liquid in once cup and vegetable in another cup. Butter bread/toast to be cut into 6 pieces. During eating, Giuseppe requires 1:1 physical assistance for all meals due to high risks of choking.

Pain Management: Regular and PRN analgesia given for complain of shoulder and hip pain. Care staff attends to daily therapeutic massage after attending to personal needs. Registered nurse attends to 20 minutes massage once a week as per care directives.

Leisure: Giuseppe enjoys watching TV and attending concerts, reading bible and the newspaper.

Behaviour Management: Giuseppe can become physically agitated at times tapping and moving objects around the dining room table and causing a verbal distraction to other residents.

Scenario Character

First Name:	Mary
Last Name:	Cheung
Preferred Name:	Mary
Role:	Resident
Age:	103

Family: 6 Siblings, 2 daughters, 2 sons, 16 grandchildren and 23 great grandchildren

About: Was born in a town in the Northern Victoria and grew up in the Riverina region of New South Wales. Mary was a housewife and a mother and, worked as a nanny. Mary was very much involved with Tennis and enjoyed going out for dances.

Care Plan Summary

Diagnosis: Stroke, Disorder of Thyroid gland, Heart disease, abdominal hernia, IBS, Osteoarthritis, Deformities of joints/limbs acquired.

Risk & Safety: Allergic to Aropax, Seprin Medium Falls risks.

Communication: Speaks English and Cantonese, can comprehend and actively engage in verbal conversation.

Mobility & Transfer: Requires 2 staff members for transfers using a Sara steady from bed to commode chair to the bathroom. Uses a 4 WW for short distance walk, mostly around room with staff supervision.

Continence Management: Uses 3 continence aids per day due to urinary incontinence.

Personal Hygiene: Mary is unable to undress/dress due to decrease reduce range of motion and pain in her left shoulder secondary to osteoarthritis and left sided weakness post CVA. Staff are required to complete these tasks for Mary. Staff are to allow Mary to pick up her clothes and get them from the cupboard for her. Mary has her hair washed and set at the hairdressers each week. Mary is a very proud lady and likes to look presentable at all times. Staff to promote privacy and dignity at all times.

Food and Drinks: Normal (thin) fluids, Mary has been assessed for soft and bite sized cut up meals as well as mince and moist meat with lots of gravy and sauces. During eating, Mary requires supervision, prompting and at times physical assistance, this is due to unexplained recent 4kg weight loss during the last month. Mary commenced on Fortisip twice a day, staff to ensure that she drinks it and document food and fluid intake on the 3 day chart.

Pain Management: On going bilateral leg pain and shoulder pain. Regular and PRN analgesia given for pain management, Care staff attended to therapeutic massage after attending to personal needs daily, Registered nurse attend to 20 minutes massage once a week, Heat pack applied as per care directives.

Leisure: Attends activities 2-3 times per month, enjoys music, concerts, reading, audio books, painting, drawing, footy tipping and horse racing.

Behaviour Management: Mary can become physically agitated in the dining room during meal times. Mary can be verbally aggressive towards staff in the dining room during medication rounds, demanding to have her medications first before anyone else. Staff to ensure interventions are implemented to manage her behaviours and to support her.

APPENDIX 4 – LEARNING ACTIVITIES:

Learning activity name	Log into intranet
Learning goal(s)	Explain the difference between internet and intranet Log into a workplace account
Success criteria	

On completion of this activity, I will be able to:

- Log into my workplace account and access its applications and operations.

Instructions

Show Slide 5

Ask the students what they think is the difference between the internet and the intranet.
Ensure the discussion covers:

- Internet is a public space open to anyone and the intranet is designed to be a private place.
- Intranet may be accessible from the internet but is protected by a password and accessible only to authorised users.

Show Slide 6

Give the students the address to the The Digital literacy for aged care login page and ask them to type it into the address bar on their browser.

Select the web address on the slide to open the The Digital literacy for aged care login page in a new browser window which appears on your large screen.

Ask the students what they think is the purpose of the login page. Guide answers to cover:

- restrict access to their intranet
- identify user.

Confirm everyone has the Login page on their screen and assist students who have not yet completed this successfully.

Inform the students their login is:

Name: PCAstudent

Password: C4DE_learn

Remind the students that passwords are case sensitive.

Point out the “Forgot your password” feature which can remind the student of their login details if they have forgotten. Students then use their computer to log into the The Digital literacy for aged care login page which will then take them through to the MESSAGE BOARD.

Resources

- PowerPoint – Slide 5
- PowerPoint – Slide 6
- Computer with internet access
- The Digital literacy for aged care website
- Large screen in classroom

Reflective question

- How confident are you with this type of technology?

Learning activity name	Using the message board
Learning goal(s)	Explain the difference between internet and intranet Log into a workplace account
Success criteria	

On completion of this activity, I will be able to:

- Complete the compulsory activity of reading messages before gaining access to other parts of the intranet.

Instructions

Learning Activity 2 – Using the message board

Once you and the students have logged in, everyone should have the Message board on their screens. Ensure all students have completed Learning Activity 1, logged in and have access to the message board.

Ask the students what they think the message board is used for. Ensure the discussion about the message board covers:

- giving the PCA instructions for their shift
- informing staff about incidents, policies and procedures.

Instruct the students on the elements of the Message board and why they are important, covering:

- Date range
- Filters for All, Roles and Individuals
- Mark as read
- New
- Author
- Subject.

Highlight the (?) help symbol which gives more information and assistance while using this tool.

Demonstrate how to open the first message on your computer and then ask the students to open the message on their own computers. Ask the students familiar they are with this level of technology. The range of student confidence and competence may vary substantially.

Ask the students to open the next message on the list, read it and close it. Note that both messages are now marked as read on the screen.

To complete the activity, press 'Close' to move onto the The Digital literacy for aged care documents page. Give the students an opportunity to ask questions and provide feedback as required.

Resources

- The Digital literacy for aged care website
- Computer with internet access
- Large screen in classroom

Reflective question

- How confident are you with this type of technology?

Learning activity name	Food and fluids chart
Learning goal(s)	Learn the purpose, identify the elements of and record information into a Food and fluids chart
Success criteria	

On completion of this activity, I will be able to:

- Interact with residents and co-workers to gather and record information into a Food and fluids chart.

Instructions

Learning Activity 3 – Using the Food and fluids chart

Open the Food and fluids chart on your computer and ask the students to do the same on theirs.

Ask the students why they think a resident would be put on a Food and fluids chart and why it is important. Ensure students discuss and are aware of:

- Medical reasons for charting food and fluids
- Importance of accuracy
- Must include both the foods offered and taken
- Amount of each meal taken
- Food and drink brought in by relatives should also be included.

Demonstrate and explain the functions of each of the elements on the Food and fluids page. Identify the Text boxes, dropdown menus, radio buttons and checklist.

Highlight the (?) help symbol which gives more information and assistance while using this tool.

Show Slide 8

Show the students the image of the breakfast menu and the remains of a resident's breakfast. Work with the students as a group to determine what items on the menu have been eaten and what has been left. Students record the information into the Food and fluids digital document.

Show slide 9

Tell the students they are to look at the new slide, determine how much food has been eaten and then record this information into the food and fluids chart. To complete the activity, get the student to print out the results to PDF, which can be emailed, printed out or reviewed on their screen.

Discuss with the students as a group how they decided how much of the food was eaten. For example, what is a half or a quarter of a meal? Check with the students as a group to find the most common answers. Go to the The Digital literacy for aged care documents page.

Resources

- PowerPoint Slides 7, 8, 9
- Computer with internet access
- Large screen in classroom
- Food and fluids chart learning activity

Reflective question

- What's the most important thing you learned about recording information in a Food and fluids chart and why?

Learning activity name	Urinary continence chart
Learning goal(s)	Learn the purpose, identify the elements of and record information into a Urinary continence chart
Success criteria	

On completion of this activity, I will be able to:

- Interact with residents and co-workers to gather and record information into a Urinary continence chart.

Instructions

Learning Activity 4 – Using the Continence chart

Demonstrate how to open the Continence chart from the The Digital literacy for aged care documents page on your computer and then ask the students to open the form on their own computer.

Ask the students about Continence assessments, what they are, how common they are and why they think a resident would be put on one. Ensure students discuss issues such as:

- almost 80% of aged care residents have continence issues
- the type and volume of drinks consumed has a big effect on results
- can highlight medical issues
- important for staff to know how frequently someone needs to be changed.

Explain the functions of each of the elements on the Continence page.

Explain the classification in more detail:

1. Incontinent of urine
(No pad and they have wet themselves.)
2. Pad change for incontinence of urine
(Changed full pad.)
3. Pad has increased wetness
(Some moisture but not enough to warrant change.)
4. Passed urine
(Passed urine in a toilet, may have gone to the toilet by themselves or with assistance.)
5. Dry
(No urine detected.)
6. Resident continent
(Resident takes themselves to the toilet.)

Highlight the (?) help symbol which gives more information and assistance while using this tool.

Demonstrate for the students how to record some information into the document. Create some scenarios and demonstrate for the students how you would record this into the form.

The next two activities require the students to be paired up. In each pair, give one of the students the role of the PCA and the other the resident.

The student playing the resident is given Urinary handout A which details the urinary activity of the resident for that day. It is the job of the student playing the PCA to ask questions to find out what information must be recorded into the resident's continence chart. Encourage the student who is playing the role of the PCA to ask questions and not just assume that the information the resident supplies as complete.

Once the student filling in the form has decided they have finished, get them to save a PDF of the activity.

Instruct the students to change roles and give the new resident student Urinary Handout B. They repeat the first part of this exercise and at the end, the student recording the information prints out their activity from PDF.

Return to the The Digital literacy for aged care document page.

Resources

- Computer with internet access
- Large screen in classroom
- Urinary continence learning activity
- Handout A, B

Reflective question

- What's the most important thing you learned about recording information in a Urinary continence chart and why?

Learning activity name	Personal care chart
Learning goal(s)	Learn the purpose, identify the elements of and record information into a Personal care chart
Success criteria	

On completion of this activity, I will be able to:

- Use a resident's Personal care plan to identify what information must be recorded into a Personal care chart and make adjustments depending on their daily activities.

Instructions

Learning Activity 5 – Using the Personal care chart

Demonstrate how to open the Personal care chart from the The Digital literacy for aged care documents page on your computer and ask the students to do the same.

Ask the students what they think would appear on a Personal care chart and why it is important. Ensure the students discuss:

- residents have rights to the type of care they receive
- doctors and other medical staff have had specific input to a resident's Personal care plan
- facilities need to have evidence that they have provided specific levels of care for legal and funding reasons.

Highlight the (?) help symbol which gives more information and assistance while using this tool.

Show the students Slide I – a personal care plan for a resident. Inform them that all parts of the Personal care plan were carried out as scheduled.

Demonstrate how to fill in the Personal care chart. Highlight to the students any items on the Personal care plan for the resident and the corresponding check box. Fill in a note in the text box.

To complete the activity, get the student to convert the results to PDF, which can be emailed, printed out or reviewed on their screen.

Ask the students why they think parts of someone's care plan would not be carried out. Ensure the discussion covers a resident:

- visiting a specialist
- spending the day with their family
- refusing care
- needing different care due to a medical condition.

Show the students Slide 12 – a personal care plan for a resident. Ensure all students are aware of the adjustment to the personal care plan and how to add text to the comments box.

Once the students have completed the activity, get them to save the form to PDF.

Return to the The Digital literacy for aged care document page.

Resources

- PowerPoint slide 10,11,12
- Computer with internet access
- Large screen in classroom
- Personal care chart learning activity

Reflective question

- What's the most important thing you learned about recording information in a Personal care chart and why?

Learning activity name	Pain – Abbey chart
Learning goal(s)	Learn the purpose, identify the elements of and record information into a Pain – Abbey chart
Success criteria	

On completion of this activity, I will be able to:

- Observe a resident and determine what information should be recorded into a Pain – Abbey chart.

Instructions

Learning Activity 6 – Using the Pain – Abbey scale chart

Demonstrate how to open the Pain – Abbey scale from the The Digital literacy for aged care documents page on your computer and ask the students to do the same.

Ask the students how they would determine the level of a resident's pain if the resident was unable to communicate. Ensure the discussion covers the resident's:

- vocalisations
- facial expressions
- body language
- behaviour
- physiological changes (body functions)
- physiological (the body itself).

Explain the functions of each of the elements on the Pain – Abbey scale page and demonstrate or describe the kind of behaviour you would expect to see in each of the categories.

Highlight the (?) help symbol which gives more information and assistance while using this tool.

The next activity requires the students to be paired up. In the pairs, give one of the students the role of the PCA and give the other student the role of the resident.

Give the student playing the resident Handout C. That student will have to act out the symptoms of what type of pain they are experiencing. They are not allowed to express their pain as a number or describe it. They must communicate their pain through the instructions in the handout.

The student in the role of the PCA will record all the information into the Pain – Abbey scale digital form. Once complete, the student recording the information will save the form to PDF.

Now get the students to change roles and give the new student who is playing the resident Handout D. Once complete, the PCA student will save the form to PDF.

Resources

- Computer with internet access
- Large screen in classroom
- Pain – Abbey cvhart learning activity
- Handout C, D

Reflective question

- What's the most important thing you learned about recording information in a Urinary continence chart and why do you think so?