



The Design and Content of Personal Support Worker Training Programs

Keira Grant

Study in fulfillment of the requirements of Master of Science, Health Services
Research

Institute of Health Policy, Management and Evaluation, University of Toronto



Background

- Personal support workers (PSWs) are unregulated health care providers who provide a significant amount of care to disabled people (Lilly, 2008).
 - Over the last decade, graduation from a PSW certificate program has become an increasing requirement of obtaining publicly-funded PSW employment in certain subsectors.
 - little scholarship has been conducted into the nature of such certificate programs, nor how they relate to the on-the-job requirements of the role.
- 



Research Goal and Questions

- Applying theories of professionalism, this study's goal was to explore the design and content of PSW training programs, and their relationship to the nature of the role
- 2 central research questions were posed:
 - How is the PSW training system in Ontario designed?
 - What is the content of PSW training programs?



Method

- ▶ Two Data Collection Phases:
 - ▶ Phase 1: Document analysis
 - ▶ Sources Included textbook, government documents and reports, program websites, association standards, job descriptions, syllabi.
 - ▶ Phase 2: Key Informant Interviews
 - ▶ 30 interviews with PSWs, PSW supervisors, PSW educators, ministry representatives, accreditation bodies, PSW association, client advocacy groups.

Findings: Training Program Design

	Total Programs	Total Hours (range)	Total Hours (Mean)	Practicum Hours (range)	Practicum Hours (Mean)	Duration (range)	Duration (mean)
CAATs	23	667-866	734	190-315		8 months	--
NACC PCCs	84	700	--	310	--	4-8 months	6 months
SBCEs	21	600-1140	692.5	270-360	320.4	5-10 months	--



Findings: Training Program Content

- ▶ MTCU introduced a PSW training program standard in 2014, all programs expected to comply by September 2015
- ▶ The Standard has 14 Domains:
 1. Role and Scope of the Worker
 2. Accountability
 - 3. Interprofessional Care Team**
 - 4. Client Centred and Directed**
 5. Helping Relationships
 - 6. Assessment**
 7. Safety and Comfort
 8. Activities of Daily Living
 9. Medication
 10. Instrumental Activities of Daily Living
 11. Respite
 - 12. Abuse**
 13. Palliative and End of Life Care
 14. Cognitive Impairment, Mental Health Challenges, Responsive Behaviours



Interprofessional Team Work & Assessments

- PSWs are typically supervised by RNs or RPNs
- No culture of collaborative training
- Several PSWs reported that their feedback re client status and needs was not taken seriously
- Supervisors had a different perspective



“We certainly need to get our PSWs more skilled on making assessments, because they don’t report enough that they should be, for skin care and skin breakdown. Things can go from bad to worse with a nurse not even being informed of it, if there is a nurse in the home. And sometimes there’s just PSWs in the home, and there’s no nursing. I’ve had a situation like that last week, where I don’t have any contacts for this client. His pressure sore is getting worse and worse, and it’s just a shamble the way that we deal with these long-term care clients in the community.” [PE3]



Client-Centredness: Focus on LTC

- LTC supervisor said PSW were poorly prepared for the PSW to patient ratio in LTC
 - PSWs found they could not implement learning re client-centred care in LTC
 - Explore whether this is a training or system design issue
- 



“The quality of time you get to spend with the person is so much different. Like working at the manor, I would come home at night crying because there's not enough time to give these people the dignity and the respect they deserve.

So you're just so rushed, right? It just broke my heart. So in the community, at the end of the day, I feel good about myself. I feel like I've made a difference in the world, [LAUGH] and I'm happy when I come home, I don't cry.” [PP5]



Employment Setting: Home Care

- PSWs not well prepared for “realities of home care”
 - Limited training on providing care in the varied environment of individual homes
 - Institutional insurance policies make it challenging and costly to place learners in private homes
 - Community clinical placement takes place in a retirement home
- 



Abuse

- The standard, textbook, and program materials expect PSWs to be able to recognize when a client is being abused
 - Discuss potential for PSWs to be abused by clients
 - Violence against PSWs by clients is a prevalent problem (Banerjee et al., 2012)
 - Violence against clients by PSWs is not mentioned
- 



“PSWs are using their skills to abuse people. They go work one place, and then they abuse, and then they lose their job, and they go down the street and they get a job somewhere else, and they do that. [PA1]

“I am tired of walking in a couple of days later and smelling urine on these people or smelling [faeces] on these people or seeing their faces still not shaved.” [PP2]



Final Thoughts



- ▶ While there is a common standard, each institution sets its own curriculum and the 3 training systems have different QA methods
 - ▶ Explore the merits of a common QA system
- ▶ There are communication challenges between PSWs and nurses that affect patient care
 - ▶ Explore the merits of collaborative, on-the-job learning for RNs and PSWs



References

- ▶ Banerjee, A., Daly, T., Armstrong, P., Szebehely, M., Armstrong, H., & Lafrance, S. (2012). Structural violence in long-term, residential care for older people: Comparing Canada and Scandinavia. *Social Science & Medicine*, 74(3), 390-398.
- ▶ Lilly, M. B. (2008). Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada. *Gender, Place and Culture*, 15(3), 285-299.