Healthcare Assistants
Assisting Residents
With Meals

Produced by NEVCO Educational Video Inc.
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Suitable for:
Health Care

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ASSISTING THE RESIDENT WITH MEALS

HNA41

PROGRAM GUIDE FOR HEALTH CARE ASSISTANTS
ASSISTING THE RESIDENT WITH MEALS

HNA41

PROGRAM DESCRIPTION

Mealtimes can be the most important part of the day for residents in a long-term facility. The way you serve and feed a resident can make a big difference. This program will show you the proper way to serve meals to your residents in a variety of situations. Video running time: 22 minutes (2 contact hours).

OBJECTIVES

At the conclusion of this program, the participant will be able to:

1 List 3 factors that determine what we eat.
2 Discuss the reasons for providing a good eating environment.
3 Describe the procedure to follow when helping a resident to eat.
4 Describe how to prepare a resident for a meal.
5 List 3 different types of adaptive devices used at mealtime.
GLOSSARY OF KEY TERMS

Pica: The eating of non-food items.

Rocker Knives: For one-handed use when cutting food.

Scoop Spoon: Used for limited range of motion or grip.

Curved Utensils: Used for a weak grasp or limited wrist range of motion.

Soft-touch Spoon: Has a soft surface for protecting lips, teeth and inner mouth area.

Scoop Dish and Plate: Has a heightened rim for guiding food onto utensil. For residents with use of one hand or visual problems.

Partitioned Dish: Has separate compartments for different foods.

Sippy Cup: Used for controlling flow of liquid.

Nosey Cut-out Cups: Used for decreased neck range of motion and certain swallowing precautions.
Supplemental Hand Out for Nurses: Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

**Assessment**: This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client’s ability to carry out daily activities, symptoms and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis**: Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning**: The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation**: Carrying out the plan.

**Evaluation**: This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

**Professional Nursing Roles**
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
ASSISTING THE RESIDENT WITH MEALS

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PRE TEST

If the following statements are true, circle T. If the statements are false, circle F.

T  F   1. More than 50% of all residents in LTC have cognitive impairment.

T  F   2. Culture has nothing to do with the way food is prepared.

T  F   3. Religious beliefs play a role in what we eat.

T  F   4. Taste buds stay sharp and sensitive as we age.

T  F   5. When vision and hearing fail, eating and drinking habits may also change.

T  F   6. Loneliness is a major cause of poor appetite in the elderly.

T  F   7. It is not necessary to wash your hands before feeding a resident.

T  F   8. Begin any procedure with a brief explanation of what is going to happen.

T  F   9. Loss of appetite can sometimes be attributed to illness.

T  F  10. When appetite diminishes, many residents will take in less protein.
POST TEST

DIRECTIONS: Select the best answer:

1. What percentage of residents needs assistance with their meals?
   a. 25%
   b. 50%
   c. 75%
   d. 5%

2. Which of the following activities is considered to be very time consuming?
   a. putting on shoes
   b. feeding the resident
   c. assisting with walking
   d. assisting with brushing teeth

3. All of the following are a factor in what we eat except:
   a. area of country you live in
   b. religion
   c. culture
   d. occupation

4. As we age our taste buds become:
   a. sharp
   b. sensitive
   c. less sensitive to foods
   d. bitter

5. All of the following are reasons for having a poor appetite except:
   a. being married
   b. loneliness
   c. poor vision
   d. impaired vision
6. When appetite diminishes, many residents take in less
   a. carbohydrates
   b. fat
   c. dairy products
   d. protein

7. Staff should wash their hands before and after assisting the resident with:
   a. meals
   b. toileting
   c. cleaning denture
   d. all of the above

8. Overeating is usually seen in residents with:
   a. heart surgery
   b. dementia
   c. foot surgery
   d. delirium

9. Pica is a syndrome that makes people eat:
   a. exotic foods
   b. hot foods
   c. non-food items
   d. foreign foods

10. Social graces are the last thing lost to people with:
    a. delirium
    b. Parkinson’s
    c. a stroke
    d. dementia
DISCUSSION QUESTIONS

1. Discuss how you would make the dining room environment more appealing.

2. Name 5 adaptive devices and what they are used for.

3. Partner up and practice spoon-feeding each other. Imagine what it feels like.

4. Discuss ways in which you could project a pleasant mood to the resident.

5. Review the steps involved in chewing and swallowing.
ASSISTING THE RESIDENT WITH MEALS

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ANSWER SHEET

PRE TEST

1. T
2. F
3. T
4. F
5. T
6. T
7. F
8. T
9. T
10. T

POST TEST

1. b
2. b
3. d
4. c
5. a
6. d
7. d
8. b
9. c
10. d
DEBORAH UNSWORTH, M.S. ARNP: Received her Bachelor of Science Degree from the University of South Florida and her Master of Science Degree from State University of New York. She has worked as a nurse since 1973 in the areas of med-surg, obstetrics and ER. She has been a nurse practitioner and women's health educator since 1990 and is currently the Director of Education at National Educational Video, Inc.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master’s prepared nurse.

REFERENCES


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.
Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>4= Excellent</th>
<th>3= Good</th>
<th>2= Average</th>
<th>1= Poor</th>
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<td>3. Describe the signs and symptoms of these diseases</td>
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<td>4. Describe the mode of transmission for these diseases</td>
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<td>5. Name the antibiotics used to treat these diseases</td>
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Do you feel you met personal objectives? ______________________

Time required to complete this program? ______________________ minutes

COMMENTS:__________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Return this form with the Participant Evaluation to your facilitator who distributed the learning materials.

*Thank You!*
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

_TYPE_ the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the _completed roster_ and _evaluation sheets_ for the above named program.

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FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ______________________________________________________ Date _______________________

Place of Employment _________________________________________________ Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide _____________________

List by number the objectives that were met ________________________________

The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

Evaluate Test Questions

Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)

The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING

I felt this teaching method was 4 3 2 1

COMMENTs – (Please make suggestions for future topics and additional comments about the presentation or instructor)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program __________________________________________ Date ______________________

Place of Employment ________________________________________ Job Title ______________

OBJECTIVES

Total number of objectives in program __________
Circle the number of objectives that WERE met  1  2  3  4  5  6  7  8  9 10 11 12 13 14 15
Circle the number of objectives that were NOT met  1  2  3  4  5  6  7  8  9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent  3 – Good  2 – Average  1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning     4  3  2  1
The amount of material covered was adequate and accurate     4  3  2  1

CONTENT OF THE PRESENTATION

The test material reflected the objectives listed     4  3  2  1
Content and/or skills demonstrated can improve my ability to perform my job     4  3  2  1
Content reflected knowledge level and needs of learner     4  3  2  1
The material was current     4  3  2  1
Time for questions was     4  3  2  1
Effective use of time to cover subject was     4  3  2  1
Graphics were beneficial     4  3  2  1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)

The presentation was well prepared     4  3  2  1
The presentation explained the material well     4  3  2  1
The presenter demonstrated knowledge of material     4  3  2  1

OVERALL RATING

I felt this teaching method was     4  3  2  1
Facilities and classroom were adequate     4  3  2  1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
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CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

Account # ____________________________________

Number and title of Video Program __________________________________

Dates Given ______________________________________________________

Contact Hours ___________________________________________________

Name of Facility __________________________________________________

Address of Facility __________________________________________________

City/State/Zip ______________________________________________________

RN Facilitator ___________________Signature _________________________________

ROSTER OF PARTICIPANTS

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Certificate of Completion

This is to certify that

Attended and Completed

National Educational Video, Inc.™ Program Number and Title

For ________ contact hours

On ________________

Date

Facility / Agency Name

Facility / Agency Address

RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

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CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program