



## Hospice Volunteer Training Curriculum Guide for Facilitators 2018



**Hospice Palliative Care Ontario  
2 Carlton Street, Suite 808  
Toronto, ON M5B 1J3**

**Tel: 416-304-1477 or 1-800-349-3111 Fax: 416-304-1479**

**info@hpcO.ca**

**www.hpcO.ca**

Version 1.0

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# Acknowledgements

Enabling consistent, integrated and compassionate care is a shared goal of Hospice Palliative Care Ontario (HPCO) and its members. The training and support provided to hospice volunteers is an important aspect of ensuring high quality care. This training curriculum enables all hospice volunteer programs in Ontario, regardless of size or location, to achieve the same standard with respect to volunteer training.

HPCO extends a sincere thank you to the members of the 2016 Online Volunteer Training Working Group for sharing their time, effort and expertise in order to update the curriculum in preparation for the development of online modules.

- Jan Pearce, Evergreen Hospice/Hospice Thornhill (Project Lead)
- Alexandra Allen, Hospice of Waterloo Region
- Amanda Maragos, The Philip Aziz Centre/Emily's House
- Betty Smallwood, Timiskaming Hospice Palliative Care Program
- Jane Parr, VON Chatham Kent
- Kathy Ratchford, Heart House Hospice
- Monica Do Coutto Monni, Near North Palliative Care Network
- Rami Shami, Journey Home Hospice
- Sally Blainey, Hospice Toronto
- Susan McTaggart, The Hospice of Windsor & Essex County
- Terri Kannegiesser, Hospice Northwest

We also extend a special acknowledgement to Rami Shami who offered a considerable amount of time developing the first draft of this Facilitator's Guide.

Finally, we acknowledge and thank those who have contributed to previous versions of this material.

# Part One: Introduction to HPCO's Hospice Volunteer Training Curriculum

## Background

Hospice services in Ontario are provided primarily in the homes of clients. Since the early 1990s, hospices have invested considerable time, expertise and energy into training their volunteers to meet the incredible variety of challenges posed by providing care in the home.

In 1991, Hospice Palliative Care of Ontario (formerly Hospice Association of Ontario) developed and published a training manual to assist its growing membership in preparing volunteers for hospice palliative care programs. At that time, the hospice programs in Ontario were in their infancy. A standardized training curriculum became an essential component in ensuring quality care by volunteers throughout the province.

The hospice system has grown substantially since 1991 and now HPCO member hospices have trained and supervised over 14,000 volunteers.

The original hospice volunteer training curriculum has been updated several times since 1991.

In 2016, the training content was updated by the Online Volunteer Training Working Group and HPCO provided access to an online learning system that was developed in collaboration with Saint Elizabeth. This system enables local hospice volunteer trainees to access the majority of HPCO Hospice Volunteer Training Curriculum online. The implementation of the online training system will support over 1,200 new volunteers annually.

HPCO's Hospice Volunteer Training curriculum is built on the expertise of our member hospices and meets the requirements of HPCO Standards. It features three key components:

1. Facilitators Guide  
Brief Description
2. Volunteer Training Handbook  
Brief Description
3. Online learning system  
Brief Description

## Methods for delivering HPCO's Hospice Volunteer Training Curriculum

This Facilitator's Guide contains a chapter for each of the 15 topics that are essential components of the HPCO Hospice Volunteer Training Curriculum. This guide is intended for Hospice staff and/or those responsible for the design and delivery of volunteer training. The Hospice determines which training method will be used for the various topics (except for Topic 14 and Topic 15 which must be completed in person). An overview of the two training methods is provided below. For more information on various options for how to structure your training program, see Appendix A.

### In-person training sessions

- The Facilitator's Guide and the Volunteer Training Handbook may be used to inform the in-person training sessions.
- The Hospice must take an active role in the continuous screening, supervision and support of each volunteer throughout the in-person training sessions.
- The Hospice must track each volunteer's progress throughout the training program.
- The volunteers can follow along and take notes using their personal copy of the Handbook provided to them by their local hospice.

### Online training system

- When utilizing the online training system, in whole or part, HPCO's expectation is that the Hospice will register only volunteers that have been vetted (i.e. the Hospice is confident they will be accepted to volunteer once training is complete). Due to the cost involved, the online training system is not to be used to determine suitability for the volunteer role.
- The Hospice must take an active role in the continuous screening, supervision and support of each volunteer throughout the training program.
- The Hospice must track user progress throughout the training program.
- The volunteers can follow along and take notes using their personal copy of the Handbook provided by their local hospice.
- When registering volunteer applicants for the online learning system, it can take up to 2 weeks for them to be entered into the system.

HPCO's Hospice Volunteer Training consists of 15 required topics, listed in chart below.

HPCO Hospice Volunteer Training curriculum (2016)	Methods for delivering HPCO's Hospice Volunteer Training curriculum
<p>Topic 1 - Introduction to Hospice Palliative Care</p> <p>Topic 2 - Role of the Volunteer and Understanding Professional Boundaries</p> <p>Topic 3 - Communication Skills</p> <p>Topic 4 - Pain and Symptom Management</p> <p>Topic 5 - Understanding the Dying Process</p> <p>Topic 6 – Spirituality</p> <p>Topic 7 - Grief and Bereavement</p> <p>Topic 8 - Care for the Caregiver</p> <p>Topic 9 – Family</p> <p>Topic 10 – Ethics</p> <p>Topic 11 - Psychosocial Issues and Impact of Illness</p> <p>Topic 12 - Cultural Considerations</p> <p>Topic 13 - Infection Prevention and Control</p>	<p><b>May be taught in person or online</b></p>
<p>Topic 14 - Body Mechanics, Assists and other skills* (offered in person with practice opportunity)</p> <ul style="list-style-type: none"> <li>• This a requirement for volunteers who visit in the community.</li> <li>• Must document completion of this module before training is deemed “complete”.</li> <li>• See Visiting Hospice Services Standard D7.2 for more information.</li> </ul> <p>Topic 15 – Orientation to the Hospice policies, etc.</p> <ul style="list-style-type: none"> <li>• This a requirement for all volunteers.</li> <li>• Must document completion of this module before training is deemed “complete”.</li> </ul>	<p><b>Must be taught in person</b></p>

It is important to note that completion of all the online modules does not mean that all required training has been received. Full training for hospice volunteers, as per HPCO standards, includes additional topics that are not currently available in the online learning system and must be delivered in person. Each hospice is responsible for ensuring completion of all training topics prior to assigning a volunteer to a direct service.

## The role of the hospice

The hospice is responsible for:

- Screening the volunteer prior to training, regardless of the training methods utilized.
- Taking an active role in the continuous screening, supervision and support of each volunteer throughout the training program.
- Tracking the volunteer's progress throughout the training program.
- Ensuring that the volunteer is adequately prepared for their role regardless the training methods utilized.
- Providing a certificate of completion once the volunteer has completed all required training topics (see overview of HPCO's Hospice Volunteer Training Curriculum)

### Training certificates

Each hospice provides a certificate of completion to its volunteer once it has ensured that the volunteer has completed all required training topics.



## Part Two: Introduction to Facilitation

### Overview

This Facilitator's Guide is a companion document to the HPCO Training Handbook 2017. It is intended to guide facilitators in the delivery of the 15 topics contained within the Volunteer Training Curriculum. The definition of 'facilitate' is "to make easy" or "ease a process". A facilitator is tasked with planning, guiding and managing a group of participants to ensure that the training objectives are met effectively, with clear understanding and good participation.

To facilitate effectively, we must be objective in taking a neutral stance within the boundaries of the training. We step back from the detailed content, and our own personal views, and focus purely on the group process.

The key responsibility of a facilitator is to create a safe environment wherein participants, Hospice Volunteers, can flourish in their learning and application of the training content.

### What Makes a Good Facilitator?

Good facilitators can keep track of various pieces of information in their awareness simultaneously. The skill is in the ability to engage the group with timing, questions, outstanding issues, answering questions, all the while presenting the required material in an experiential learning capacity. All this must be conducted with a clear sense of direction to meet the training objectives.

In addition, the facilitator must constantly be aware of the emotional, mental and psycho-spiritual status of group participants, especially in regard to the sensitive nature of the material presented within the training curriculum.

A good facilitator guides the dialogue within a group so that each participant is encouraged to participate in some manner, while recognizing the unique and valuable contributions of each member.

## **The Responsibilities of the Facilitator**

As a facilitator, you will be responsible for a safe and engaging learning experience for selected individuals who will be subsequently assigned as Hospice Volunteers. The following are some key things to consider before training begins.

### ***i) Create the Environment***

The facilitator will attempt to establish a safe, inclusive and nonjudgmental environment to encourage fully autonomous participation among group members. This may be accomplished in a variety of ways, including, but not limited to, reminding the group of confidentiality, listening intently to participants' recounts of personal experiences, sending acknowledgements to suggested answers, and knowing when to give space to a participant who's expressing strong emotion during a session. The facilitator will allow the group dynamic to grow in cohesion and trust as members expose vulnerabilities and sensitivities.

As a facilitator, you need to facilitate. Let the participants know you are there to support them and encourage their participation. You have a responsibility to create a positive learning atmosphere in which the participants play a key role in their own learning. You will need to ask participants about how they learn – some will devour written material and others will learn more through relating stories or discussing videos or taking part in role-playing. Be prepared to share this information with any additional instructors who provide the training sessions.

### ***ii) Know Your Audience***

Looking around the room you will notice just how diverse your volunteer training group is: male, female, young, old, various employment, educational and life experience backgrounds as well as participants from a variety of cultures, ethnicities, faiths, etc.

Since much of the hospice volunteer training relies on personal experiences, the diversity of the group is an important source of stories, customs, etc. that can contribute to the success of your sessions. You need to let your participants know that their experiences are a valuable learning tool they can rely on and share throughout the training.

### ***iii) Diversify the Learning***

Everyone learns in their own unique way. As a facilitator you will utilize numerous methods and learning styles to engage the participants in every way possible. The learning is adult-based and utilizes multiple media to stimulate the learning. This includes, but not limited to, PowerPoint presentations, movies, role-playing, experiential exercises, and stories. Death and dying are emotional topics.

Experience has shown that the hospice volunteer training can provoke strong emotions. Participants need to know that this is normal and that the group will support them in a non-judgmental way (tissues available, ability to briefly withdraw from the group, etc.). Their ability to share and support each other directly reflects their ability to provide hospice palliative care to clients and caregivers. Let them know this and that the training program is part of the screening process used by your hospice.

#### ***iv) Understand that Personal Journeys Are Excellent Training Resources***

As a facilitator, remind the participants, again, that their stories, experiences and cultures are valuable learning tools and encourage them to share throughout the training. Be prepared to share your own experiences as a means to encouraging participation.

There are many books and videos that explore and develop the core concepts that underpin the role of the hospice volunteer. These resources are not “text books” on providing hospice palliative care. In fact, they are personal journeys put into words by authors or interpreted through Hollywood and other film directors. They all illustrate the breadth of compassion as well as moments of joy and inner struggle common to everyone who reaches out to support dying clients and grieving families. Some will also illustrate that the journey is not always a smooth ride and remind us that families are not always perfect. These resources will also reaffirm the key role that volunteers as individuals, and not as experts, play in hospice palliative care.

#### ***v) Be Aware of Your Group Participants***

It is important to constantly read the mood and atmosphere of the group, especially with respect to the material covered in the Curriculum. Be mindful of these important cues:

- Is everyone participating?
- Are people interested and engaged?
- Is someone trying to hide their emotions?
- Is the session being sidetracked by one person’s story?
- As the facilitator, are you keeping the session energized?

#### ***vi) Address the Core Competencies***

A competency is generally understood to mean “the ability to do something, especially measured against a standard”. A competency is also defined as “the combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced performance”<sup>1</sup>.

HPCO has identified 75 core competencies for hospice volunteers. Each Hospice must ensure that the volunteers have received the screening, training and orientation required to address these competencies prior to beginning a volunteer role with a hospice service.

### *vii) Understand that Volunteers Are Not Expected to Be Experts*

Completion of the HPCO hospice volunteer training curriculum is a prerequisite to volunteering with your hospice. However, participants need to remember that volunteers are not expected to be experts. The HPCO hospice volunteer training curriculum will help them to explore their own feelings about and understanding of death and dying and will equip them with some basic skills to safely assist clients and their families. It will also train them to recognize when they need to seek help from the hospice staff, who, in turn can link up with health care and other professionals (psycho-social, spiritual, etc.).

## **Challenges Faced in Facilitation**

Engaging the sensitive nature of the subject matter within the training, some Hospice volunteers will undoubtedly be triggered or moved. This is expected, and in some cases, intentional. The reaction of the volunteer(s) may be disruptive to the group. The volunteer may be aware of their behaviour, or not, depending on their experience, triggers, coping mechanisms, and so forth. Below are some strategies to manage such behaviour.

- Involve the group in decision making - If someone is dominating the meeting, refuses to stick to the agenda, keeps bringing up the same point again and again, or challenges how you are handling the meeting, bring it to the group and have them weigh on the issue. Allow the group to help guide the individual back on track.
- Speak to what's happening and how it is experienced by the group - If someone is trying to intimidate you or the group, if you feel upset or undermined, bring it to light, speak to it and allow the group to be involved. Ask the group what they think and how they feel about what that participant is saying or doing. You will find that the group will support you in keeping the session on track.
- Use humour - If there is a lot of tension in the room, if participants are scared/shy about participate - Try a humorous comment or a joke. It may even work better if it is self-deprecating. Humor almost always lightens the mood. It also serves to dispel the myth that there is no joy or humour in Hospice Palliative Care.
- Accept or legitimize the point or deal - If a participant keeps expressing doubts or challenging the subject matter, and/or puts down others', try one or more of these approaches: Show that you understand their issue by making it clear that you hear how important it is to them. Legitimize the issue by saying, "It's a very important point and one I'm sure we all feel is critical." Communicate an agreement that you'll deal with their issue for a short period of time ("O.K., let's deal with your issue for 5 minutes and

then we ought to move on.") If that doesn't work, agree to defer the issue to the end of the meeting, or call them at another time to speak to them personally on the matter.

- Use body language - If side conversations keep occurring, if quiet people need to participate, if attention needs to be re-focused: Use body language. Move closer to conversers, or to the quiet ones. Make eye contact with them to get their attention and convey your intent.
- Take a break - If less confrontational tactics haven't worked, and a participant keeps being verbally outspoken, shuffling papers, cutting others participants off: In case you've tried all of the above suggestions and nothing has worked, it's time to take a break, invite the disruptive person outside the room and politely but firmly state your feelings about how disruptive their behavior is to the group. Make it clear that the disruption needs to end. But also try to find out what's happening with them, which could be the subject matter being discussed that is triggering for them, i.e. unresolved grief, prejudice or bias, etc. As well inquire if there are other ways to address that person's concerns.
- Confront in the room - If all else has failed, if you're sure it won't create backlash, if the group will support you, and if you've tried everything else: Confront the disruptive person politely but very firmly in the room. Tell the person very explicitly that the disruption needs to stop now. Use body language to encourage other group members to support you. This is absolutely the last resort when action must be taken, and no alternatives remain!

## Preparing and Hosting a Session

One week before the training event, ensure you have the following materials:

- HPCO Volunteer Training Handbook, one for each participant (or send to each participant in PDF format)
- Agenda
- "Ground rules" separate sheet (see sample below)
- PowerPoint Presentations developed for each section of the training
- Attendance Sign-in Sheets
- Icebreaker activities
- Laptop and projector compatible with the computer, which has the PowerPoint presentations loaded on its hard drive. Alternatively, a USB with the necessary materials can be utilized
- If available, a clicker that has been tested to be compatible with the computer
- Speakers (if needed)
- Flipchart and markers
- Assignment handouts, when appropriate
- Blank paper and spare pens
- Name cards/tags
- Session Evaluation Forms, with date and Session number

### Sample “Ground Rules”

1. Be in attendance 10 minutes before the session begins
2. Turn off electronic devices
3. Share the responsibility for your training preparation
4. Listen to others when they are speaking
5. Respect the opinions, attitudes and insights of the other participants

In addition, in the week leading up to the start of the training curriculum, research and keep abreast of any new developments within the field, including reviewing current news headlines, stories on covers of popular magazines, posts online, newly released books, etc. Do this each week, which serves to demonstrate to the participants that the facilitator is up to speed on current events taking place within the sector.

## Training Site and Room Set-up (Do's and Don'ts)

### Do's:

- Develop a ‘dynamic set-up’ so that as a Facilitator you are able to move around easily. You want to be able to speak to the whole group, from any corner of the room.
- Set up the seating so that, if possible, all participants can see and hear each other. Be mindful of those who have accessibility needs, i.e. hearing or sight, and accommodate accordingly.
- If appropriate, set up a refreshment station that would not interfere with the conduction of the training session, so that participants can get up at any time if they need water or food. This will help keep participants energized.

### Don'ts:

- Steer clear of a stage or podium from which to present. This serves to divide the Facilitator from the participants.
- If possible avoid long, rectangular tables, where it becomes difficult for participants to see each other.
- Monitor the temperature and lighting in the room. Avoid warmer temperatures and a darker setting, which can make participants sleepy. Give participants plenty of room, lighting and a comfortable temperature.

## Presentations

### *Preparing a Presentation*

As a facilitator you should be thoroughly familiar with the training material. You can develop PowerPoint presentations with speakers notes. At the beginning of each session, be clear with the objectives that need to be completed. A good practice is to design and guide the sessions

with a focus on developing the competencies required by each participant. Be ready to field questions regarding various aspects of the presentation material, including Handbook content.

The presentations should be designed to draw out participation from the group. The of the content is in the Handbook, with the PowerPoints serving as a medium with which the facilitator can ask participants direct questions. Recognize what points need to be emphasized and possibly given more time and attention.

### *Giving a Presentation*

Draw linkages between the sessions presented. For example, draw the previous sessions objective with reference to the current session being taught. Also, reference an objective in the next session with a current theme. This all serves to create a sense of continuum between the modules and training topics and ties the whole curriculum together.

- Talk in a natural, engaging and comfortable manner. Conduct the presentation of the material in a manner that is more conversational rather than reading slides, or 'lecturing'.
- Speak clearly and slowly, while projecting your voice. Be aware of cues that someone cannot hear you. Fluctuate the intonation, tone and pace of your voice depending on the subject addressed, and the 'feeling' in the room among participants.
- Move around the room, walking around the participants, making eye contact with each member of the group at some time during the presentation, and speak directly to the participant. Avoid turning your back to the group for any more than a very short time.
- Draw out questions from the PowerPoints, inviting participants to share their insights, knowledge and questions. Be mindful of allowing every member to speak at some point during the session, recognizing those who are quiet and making a mental note as to how they participate in subsequent sessions.
- Vary the manner with which participants are engaged. At times directly ask a participant a question, 'putting them on the spot', and be aware of how they handle the situation. At other times, go around the room in a predictable, sequential fashion, asking everyone to provide input into a learning.
- Constantly read the atmosphere and 'feeling' of the room. Who is not participating? Who is disengaged? Who is experiencing strong emotions? Who is distracted or engaging in side discussions? What are the looks on the faces of the participants?
- Make sure the discussion is not dominated by one or two individuals. Invite feedback from other participants in response to one group members suggested response.
- Avoid directly stating that a participant is 'incorrect'. Ask the group to guide the answer to a more correct, even if it is clear boundary issue. Then summarize the group's discussion on the matter by providing an accurate response that references policies, in the field stories, or stated competencies.
- Re-cap and reflect on discussion points brought forth throughout the session.

## Principles of Adult Learning

The demographic of volunteers engaging in direct service within Hospice are over 19 and as such adult learning theory is best course of facilitation for successful education. Adults learn differently from children, or youth. Adults cannot be passive receptacles of other's experience and expertise. To successful transfer applicable knowledge to them we must use a different level of engagement than what is used for children and youth.

The following points highlight these differences:

- Adults usually appreciate explanations of why specific concepts are being taught to be begin with
- Their learning is demonstrably successful when it's focused around performing specific tasks
- Learning materials for adults should account for different levels of prior experience
- A self-directed approach works best with adults which allows for learning and discovery on their own

Different learning styles is very important with adult learning practice. The learning needs to be tailored to the needs of the adult individual in a manner that it is easy to understand, recal and be utilized. Each individual adult will utilize a 'sense' that is most dominant for them, such as hearing, visual, or tactile, to learn new material. This will require the facilitator to discover what works best for each adult participant and/or present the training material using a diverse array of mediums to engage the learner and activate their unique learning style.

The three major learning styles are:

1. **Visual:** This style of learning is best practiced through demonstrating the process step-by-step. It revolves around watching a presenter perform the task in front of them. This includes using video demonstrations and role playing.
2. **Auditory:** Adults that learn best with this style usually like to listen to a process or concept being described. They appreciate traditional lectures, with active question-answer during the session
3. **Kinesthetic:** This style of learning is when the adult actually performs the task. They may use trial and error in the process, as well as use the other learning styles to augment this form as secondary tools. But their benefit is most when they are engaged 'hands-on'.

As a facilitator you will need to recognize what style your volunteers engage. You will also see that certain sections of the training.



### *Summary: Foundational Principles of Adult Learning*

Similar to the clients we serve, adult learners engaging the HPCO training need an environment that is safe to make mistakes within. For them to thrive there must be clear direction on how the lesson fits into their personal learning style and the tasks/duties they will be conducting in the role of a Hospice Volunteer.

From an early age, we as children are taught to recognize educators as authority figures, who have power over us and tell us what to do. The principle behind adult learning is that participants and educators/facilitators act as equal partners in the shared learning journey.

# Part Three: Sample Session Plans

## Overview

The field of hospice palliative care is enormous, complex and can be very technical. But the truth is that volunteers do not need to be experts, they need to be knowledgeable and equipped with some basic skills.

The HPCO Hospice Volunteer Training Curriculum has been designed to educate and train volunteers to meet HPCO Standards. This manual will show you, in very practical ways, how to do this.

This manual is set up to be a “hands-on” guide to training hospice volunteers. It is intentionally very directing and may seem somewhat elementary for experienced volunteer trainer/educators. Nothing is assumed.

Be prepared to encounter some basics of how to train volunteers using the Training Curriculum and the best practices of HPCO member hospices.

# Session Plan for Topic 1:

## Introduction to Hospice Palliative Care

### Overview

In this session, participants will learn about:

- The definition, values, philosophy, and principles of hospice palliative care
- The continuum of hospice palliative care and different models of care
- The common fears associated with death and dying
- The most common needs of the individual who is dying, as well as family members, friends and care providers
- The role of the volunteer and the importance of the interdisciplinary team

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome and Introduction</b>	The purpose of the opening and introduction is to welcome participants to the training session and provide them with an overview of the session including learning objectives and core competencies to be addressed.
<b>2. Housekeeping</b>	Break times, washroom locations, electronic device etiquette, safety procedures and fire exits, and accessibility options
<b>3. Participant Individual Introductions to Group</b>	Provide an opportunity for participants to introduce themselves to the rest of the group, while providing a brief background as to who they are and what brought them to the Hospice program. Distribute hardcopy materials, including Handbooks.
<b>4. Training Curriculum</b>	Provide overview of Training Curriculum, expanding on sections as needed.
<b>5. Volunteer Role</b>	Discuss the Hospice Volunteer role with respect to staff/volunteer interdisciplinary team
<b>6. Review Confidentiality</b>	
<b>7. Presentation</b>	Present information to complete objectives of the session utilizing materials of facilitation, i.e. PowerPoint, handouts, video, stories, role playing
<b>8. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. *Identify the definition, values, philosophy, and principles of hospice palliative care*
2. *Recognize the continuum of hospice palliative care and various models of care*
3. *Be aware of and respond appropriately to the common fears associated with death and dying*
4. *Identify the most common needs of the individual who is living with a progressive, life-limiting illness, as well as family members, friends and care providers*
5. *Understand the role of the volunteer within the context of an interdisciplinary team*
6. *Understand the scope of the volunteer role*

## Homework

Provide participants with the following assignments to complete prior to the next session.

1. Read Chapters 1 and 2 in the HPCO Volunteer Training Handbook
2. Review any handouts distributed
3. Complete Self-Reflections

# Session Plan for Topic 2: Volunteer Role and Understanding Professional Boundaries

## Overview

In this session, participants will learn about:

- The scope of the volunteer role
- Professional boundaries – what they are and their purpose
- The boundaries of the volunteer role and some strategies for maintaining them

Estimated length of time for this session: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants to the training session and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 1. Reminder of any housekeeping/logistical details.
<b>2. Brief Review of past sessions</b>	Briefly quiz the group as to objectives from sessions that have already been completed, e.g. for Session 1, what is the philosophy of HPC, what are some common fears, what is the scope of the volunteer role?
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, and core competencies to be demonstrated.
<b>4. Review Confidentiality</b>	
<b>5. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that needs to be taught as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>6. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>7. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Recognize the scope of the volunteer role
2. Identify what professional boundaries
3. Recognize the boundaries of the role and some strategies for maintaining them

## Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapters 2 in the HPCO Volunteer Manual
2. Read Chapter 3
3. Review Self-Reflections completed in Session 2

# Session Plan for Topic 3: Communication Skills

## Overview

In this session, participants will learn about:

- Active listening skills – what they are and how to use them
- The elements that interfere with good communication
- Personal values, beliefs and attitudes towards death, dying and loss
- Sensitive and effective ways of communicating with an individual living with a life-limiting illness and their family/caregivers
- The importance of maintaining confidentiality and how it applies to hospice volunteering
- How to effectively communicate the role of the Hospice volunteer and its limitations and boundaries
- The value and uses of silence

Estimated length of time for this session: **3 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 2.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 2, what is the scope of the volunteer role, what are some professional boundaries, what are some strategies for maintaining them?
<b>3. Overview of current session</b>	Provide group with overview of the current session, including learning objectives and core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Demonstrate active listening skills
2. Articulate barriers to communication
3. Articulate personal values, beliefs and attitudes towards death, dying and loss
4. Engage in sensitive and effective ways of communicating with an individual living with a life-limiting illness and their family/caregivers
5. Articulate the importance of maintaining confidentiality and how it applies to hospice volunteering
6. Articulate the role of the Hospice volunteer and its limitations and boundaries
7. Understand the value and uses of silence

### Homework

Provide participants with the following assignment

1. Review Chapters 3 in the HPCO Volunteer Manual
2. Read Chapter 4 Pain & Symptom Management
3. Review Videos viewed in Session 3



# Session Plan for Topic 4: Pain and Symptom Management

## Overview

In this session, participants will learn about:

- Unique experiences of pain
- The impact of pain on the client and/or family/caregiver
- The importance of pain management
- Techniques used to recognize a client's pain and various pain assessment tools
- The importance of pain assessment and each team member's role in assessing pain
- Various comfort measures for pain management within the boundaries of the volunteer role

The estimated length of time for this session: **3.0 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 3. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 3.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 3, what is active listening, what can be barriers to effective communication, what is the value and use of silence?
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Be able to recognize the unique experiences of pain
2. Be able to identify the impact of pain on the client and/or family/caregiver
3. To understand the importance of pain management
4. To be able to apply techniques in the recognition of a client's pain
5. To understand the importance of pain assessment and each team member's role in assessing pain
6. To be able to identify the various assessment tools for pain
7. To be able to apply various comfort measures for pain management within the boundaries of the volunteer role

## Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapters 4 in the HPCO Volunteer Manual
2. Read Chapter 5 Understanding the Dying Process
3. Review Videos and Self-Reflection from Session 4

# Session Plan for Topic 5: Understanding the Dying Process

## Overview

In this session, participants will learn about:

- Dying as a holistic, natural process
- The common signs and symptoms that occur during the dying process
- Signs that death has occurred
- 'Do Not Resuscitate (DNR)' orders – what they are and their importance
- The difference between a medical emergency and imminent death
- Supportive measures for the client and family/caregiver during the dying process and at the time of death

The estimated length of time for this session is: **3 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 4. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 4, especially with regard to direct experience with pain.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 4, what is Total Pain, what are common assessment tools for pain, what are the sources of effects on pain, what is the difference between pain and suffering, and what is the role of the volunteer in pain management.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Articulate dying as a holistic, natural process
2. Communicate the common signs and symptoms that occur during the dying process
3. Recognize when death has occurred
4. Communicate what 'Do Not Resuscitate (DNR)' orders are and their importance
5. Recognize the difference between a medical emergency and imminent death
6. Demonstrate supportive measures for the client and family/caregiver during the dying process and at the time of death

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 5 in the HPCO Volunteer Manual
2. Read Chapter 6 Spirituality
3. Review Videos notes from Session 5

# Session Plan for Topic 6: Spirituality

## Overview

In this session, participants will learn about:

- The differences, and similarities, between spirituality and religion
- Personal concepts and attitudes towards spirituality
- How to identify client's spiritual needs and distress
- How death, dying and serious illness can affect both the client's and family member's spirituality and/or religious beliefs and practices
- Appropriate response to client's and/or families' spiritual needs
- The boundaries and limitations of the volunteer role in providing spiritual support to clients and/or family

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 5. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 5, especially with regard to any experiences of dying.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 5, what are the common signs and symptoms of dying, what does DNR stands for, and what is the volunteer role at the time of death.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Communicate the differences, and similarities, between spirituality and religion
2. Articulate personal concepts and attitudes towards spirituality
3. Identify client's spiritual needs and distress
4. Understand how death, dying and serious illness can affect both the client's and family member's spirituality and/or religious beliefs and practices
5. Demonstrate appropriate response to client's and/or families' spiritual needs
6. Articulate the boundaries and limitations of the volunteer role in providing spiritual support to clients and/or family

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 6 in the HPCO Volunteer Manual
2. Read Chapter 7 Grief and Bereavement
3. Review Practice Opportunity and Video notes from Session 6

# Session Plan for Topic 7: Grief and Bereavement

## Overview

In this session, participants will learn about:

- Various expressions of grief and loss
- Anticipatory grief
- Normal responses to grief
- Resilient and complicated grief patterns
- The tasks of mourning
- How a volunteer's own experiences with personal loss impacts their interactions with others who are grieving
- The role of the volunteer in providing support to people who are grieving

The estimated length of time for this session is:

**3 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 6. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 6, especially with regard to spirituality and religion.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 6, how are religion and spirituality different/similar, what are some of the expressions of spiritual distress, what is legacy work, what is the role of the volunteer in spiritual support.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Articulate the expressions of grief and loss
2. Recognize anticipatory grief
3. Communicate normal responses to grief
4. Articulate what is resilient and complicated grief patterns
5. Demonstrate the tasks of mourning
6. Demonstrate awareness of how a volunteer's own experiences with personal loss impacts their interactions with others who are grieving
7. Communicate the role of the volunteer in providing support to people who are grieving

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 7 in the HPCO Volunteer Manual
2. Read Chapter 8 Care for the Caregiver
3. Review Practice Opportunity and Video notes from Session 7



# Session Plan for Topic 8: Care for the Caregiver

## Overview

In this session, participants will learn about:

- Various types of caregivers
- The physical and psychological signs and symptoms of stress
- The factors that influence stress, burnout and compassion fatigue
- Various ways of coping with special stressors unique to hospice volunteering
- Self-care supports available to hospice volunteers

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 7. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 7, especially with regard to grief experiences and loss.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 7, what is anticipatory grief, what are the common expression of grief, what is mourning, what is the role of the volunteer in grief support.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Articulate the various types of caregivers
2. Communicate the physical and psychological signs and symptoms of stress
3. Recognize the factors that influence stress, burnout and compassion fatigue
4. Demonstrate various ways of coping with special stressors unique to hospice volunteering
5. Communicate self-care supports available to hospice volunteers

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 8 in the HPCO Volunteer Manual
2. Read Chapter 9 Family
3. Review Video notes from Session 8

# Session Plan for Topic 9: Family

## Overview

In this session, participants will learn about:

- The concept of family as a system
- How roles within a family structure may change during the journey of a life-limiting illness, and death
- The impact that a life-threatening or life-limiting illness may have on the family unit
- The role of the volunteer in assisting and supporting the family

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 8. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 8, especially in reflecting on their own self-care strategies, or absence of such.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 8, what are the stressors unique to hospice volunteering, what are the stressors on caregivers, what is compassion fatigue, and what are strategies to cope with stress.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. To be able articulate how the concept of family as a system
2. To be able to communicate how roles within a family structure may change during the journey of a life-limiting illness, and death
3. To be able to communicate what the impact of a life-threatening or life-limiting illness may have on the family unit
4. To be able to demonstrate the role of the volunteer in assisting and supporting the family

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 9 in the HPCO Volunteer Manual
2. Read Chapter 10 Ethics
3. Review Video notes and Practice Opportunity from Session 9

# Session Plan for Topic 10: Ethics

## Overview

In this session, participants will learn about:

- The basic principles of ethics
- The policies, procedures and legislation that provide a framework for ethical decision-making in Hospice Palliative Care
- Ethical dilemmas that clients, families and volunteers may face
- The role of the volunteer in ethical decision making

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 9. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 9, especially in reflecting on their own family dynamics.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 9, what is the concept of the family unit, what are some family reactions to illness, what is caregiver burnout, what is the role of the volunteer in supporting a client's family.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Communicate the basic principles of ethics
2. Demonstrate knowledge of policies, procedures and legislation that provide a framework for ethical decision-making in Hospice Palliative Care
3. Demonstrate awareness of ethical dilemmas clients, families and volunteers may face
4. Articulate the role of the volunteer in ethical decision making

## Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 10 in the HPCO Volunteer Manual
2. Read Chapter 11 Psychosocial Issues and Impact of Illness
3. Review Video notes from Session 10

# Session Plan for Topic 11:

## Psychosocial Issues and Impact of Illness

### Overview

In this session, participants will learn about:

- Personal attitudes and feelings regarding death as well as individual biases
- Common needs, challenges and issues faced by clients and/or families
- Various ways a hospice volunteer can assist clients and/or families to cope with emotional and psychosocial issues
- Common ways in which illness may impact clients and/or families
- Various modalities to basic treatments, both traditional and complementary
- The most common illnesses encountered in Hospice Palliative Care

The estimated length of time for this session is: **3 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 10. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 10, especially in reflecting on their own ethical values and how they may be challenged within the role of the volunteer
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 10, what are some ethical principles that guide Hospice Palliative Care, what are some of the ethical dilemmas, what are some aspects of the volunteer code of ethics.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Demonstrate awareness of personal attitudes and feelings regarding death as well as individual biases
2. Articulate common needs, challenges and issues faced by clients and/or families
3. Communicate ways a hospice volunteer can assist clients and/or families to cope with emotional and psychosocial issues
4. Demonstrate the ability to identify common ways in which illness may impact clients and/or families
5. Understand that there are various modalities to basic treatments, both traditional and complementary
6. Demonstrate knowledge of the most common illnesses encountered in Hospice Palliative Care

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 11 in the HPCO Volunteer Manual
2. Read Chapter 12 Cultural Considerations
3. Review Video notes from Session 11



# Session Plan for Topic 12: Cultural Considerations

## Overview

In this session, participants will learn about:

- The various components of culture
- How one's own culture impacts the care of others
- How to recognize a safe, respectful and culturally inclusive environment
- The role that culture plays in dying and death
- How to identify one's own belief system and its influences

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 11. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 11, especially with regard to the impact of illness on their lives
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 11, what are some psychosocial issues associated with dying, what are the common illnesses in Hospice Palliative Care, how can a volunteer help with the impact of illness on a client and his/her family.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Demonstrate an awareness of the components of culture
2. Articulate how one's own culture impacts the care of others
3. Demonstrate the ability to recognize a safe, respectful and culturally inclusive environment
4. Communicate the role that culture plays in dying and death
5. Identify one's own belief system and its influences

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 12 in the HPCO Volunteer Manual
2. Read Chapter 13 Infection Prevention and Control
3. Review Video notes from Session 12

# Session Plan for Topic 13: Infection Prevention and Control

## Overview

In this session, participants will learn about:

- The parts of the chain of infection
- Various ways of breaking the chain of infection
- The role of the volunteer in preventing the spread of infection
- 2 types of hand hygiene
- Personal Protective Equipment (PPE)
- The basics of general cleaning and food safety

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 12. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 12.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 12, what are the aspects diversity, what is personal culture, what are the underserved cultures, what is the impact of culture on volunteer caregiving.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. To be able to articulate knowledge of the parts of the chain of infection
2. To be able to demonstrate ways of breaking the chain of infection
3. To be able to communicate the role of the volunteer in preventing the spread of infection
4. To be able to identify 2 types of hand hygiene
5. To be able to identify what are Personal Protective Equipment (PPE)
6. To be able to identify the basics of general cleaning and food safety

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 13 in the HPCO Volunteer Manual
2. Read Chapter 14 Body Mechanics and Assists
3. Review Video notes from Session 13

# Session Plan for Topic 14: Body Mechanics and Assists

## Overview

In this session, participants will learn about:

- The basics of body mechanics
- When it is appropriate and when it is not appropriate to assist a client
- The possible risks posed when assisting a client
- Basic skills for safely assisting clients
- The key elements of back safety
- How to prevent and/or respond to a client who has fallen

The estimated length of time for this session is: **3 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 13. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 13.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, e.g. for Session 13, what are the components of infection control, what is good hand hygiene, what are PPEs, and how can the chain of infection be broken
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the Volunteer Training Handbook for the material that requires coverage as part of this training topic. Present the information to achieve the learning objectives of the session using a variety of facilitator techniques, i.e. PowerPoint, handouts, video, stories, role playing
<b>5. Additional Materials</b>	Name the worksheets, activities, and tools that we're providing (from the online training).
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

1. Demonstrate the basics of body mechanics
2. Articulate when it is appropriate and when it is not appropriate to assist a client
3. Demonstrate knowledge of the possible risks posed when assisting a client
4. Demonstrate basic skills for safely assisting clients
5. Understand the key elements of back safety
6. Communicate how to prevent and/or respond to a client who has fallen

### Homework

Provide participants with the following assignments to complete prior to the next session.

1. Review Chapter 14 in the HPCO Volunteer Manual
2. Read Chapter 15 Orientation to Your Local Hospice

# Session Plan for Topic 15: Orientation to Your Local Hospice

## Overview

In this session, participants will learn about:

- The administrative requirements of the volunteer role
- The scope of the volunteer role
- How to request a change in volunteer assignment
- What ongoing education and support is available to the volunteer
- How the Hospice provides feedback and recognition to volunteers

The estimated length of time for this session is: **1.5 Hours**

The basic outline of this session includes:

<b>1. Welcome Back</b>	Welcome participants return to the training and check in with the group by asking if there are any questions or concerns from the previous session. Collect any assignments distributed from Session 12. Inquire with group if they have any feedback in their personal lives regarding the application of the learning from Section 12.
<b>2. Brief Review of past sessions</b>	Briefly review with the group as to objectives from sessions that have already been completed, especially in their relevance and application to orientation to their local hospice.
<b>3. Overview of current session</b>	Provide group with overview of the current session, with clear learning objectives stated, with core competencies to be addressed.
<b>4. Presentation</b>	Please refer to the organization's orientation material, as well as include staff in the presentation if applicable and requested.
<b>5. Additional Materials</b>	Materials for orientation may be provided by the local hospice, such as PowerPoint slides, handbooks, etc. Please consult with appropriate staff for guidance.
<b>6. Closing remarks</b>	Summarize presented material and offer the opportunity for any questions or concerns. Provide documentation for session feedback.

Following this session, participants should be able to:

- Articulate the administrative requirements of the volunteer role
- Articulate the scope of the volunteer role
- Understand how to request a change in volunteer assignment
- Understand what ongoing education and support is available to the volunteer
- Understand how the Hospice provides feedback and recognition to volunteers



# Part Four: Conclusion and Appendices

## Conclusion

This Facilitator's Guide is designed to support individuals who train hospice volunteers by providing basic information related to facilitation, information about hospice volunteer competencies, sample lesson plans, materials from the online learning system and ideas for best practice related to training hospice volunteers.

## Appendices

The Guide for Facilitators is based on the expertise of our member hospices. It features five key appendices that are in development.

- Appendix A  
Models to integrate in person and online training
- Appendix B  
Frequently Asked Questions (FAQ)
- Appendix C  
Knowledge Check Exercises and Knowledge Testes
- Appendix D  
Knowledge Test Answers
- Appendix E  
Practice Opportunity Worksheets

# Appendix A – Sample Training Models

Since launching the online learning system in August 2016, hospices have experimented with how to integrate the online modules into their volunteer training process. Various hospices have shared information about how they structure their training program, and the 4 most common models are outlined below. Please refer to Part One of this document for more detailed information on the two methods for delivering HPCO's Hospice Volunteer Training Curriculum (in person vs. online). Regardless of the model used to structure the training program:

- The volunteers are encouraged to follow along and take notes using their personal copy of the Handbook provided by their local hospice.
- The hospice takes an active role in the continuous screening, supervision and support of each volunteer throughout the training program.
- The hospice tracks user progress throughout the training program.
- The hospice ensures that the volunteer has completed the entire curriculum (addressing all the competencies) before allowing the volunteer to begin their duties.
- The hospice ensures that the volunteer is well-prepared for their role.

## **Option 1**

Provide the entire training via in-person sessions. Use the online modules only for “make up” or “refresher” purposes.

## **Option 2**

Provide most of the training via in-person session and select a small portion of the available online modules for the volunteers to complete. This reduces the amount of in-class time required.

## **Option 3**

Allow volunteers complete all 13 modules online while attending in-person sessions at specific intervals to discuss the material learned online and to engage in role play activities. The remaining 2 required topics that are not available online, and any additional training, is provided via in-person sessions.

## **Option 4**

The volunteers complete all 13 modules online. The remaining 2 required topics that are not available online, and any additional training, is provided via in-person sessions.

# Appendix B – Frequently Asked Questions

THIS APPENDIX IS A WORK IN PROGRESS

The following Frequently Asked Questions pertain to the opportunities and challenges that may be encountered when facilitating the Hospice Volunteer Training curriculum.

## Examples

Q: What do I do if a volunteer gets sick in the middle of a training session?

A: Register them for online to make up that session

Q: What do I do if a volunteer has not completed or never logged on to the online learning system?

A: Providing timelines to volunteers to complete training helped with this.

Q: Older/experienced volunteers that express interest but never do it

Q: Volunteer's performance on the knowledge tests not adequate

Q: Length of time for volunteers to receive the credentials to the online learning system

Q: Volunteers losing the emails with their credentials

Q: Completion Certificate after all modules are done, printing certificates

Q: Technical issues (grades not showing up for certain modules)

Q: Videos not playing on Ipad – This has been resolved through the update.

## Appendix C – Knowledge Check Exercises and Knowledge Tests

## **Session 1: Introduction to Hospice Palliative Care**

### **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

**1. What is Hospice Palliative Care? Select the stronger answer available.**

- a) Care of the dying
- b) Care of the individual and family throughout the illness trajectory
- c) Care of the individual throughout the illness trajectory and into bereavement
- d) An approach to the way we care for an individual and family throughout the illness trajectory and into bereavement

**2. What are some of the guiding principles of hospice palliative care?**

- a) Dignity, respect, and hope
- b) Quality of life
- c) Holistic care
- d) Client and family centered
- e) All of the above

**3. What are some fears and concerns that clients face?**

- a) Fear of abandonment
- b) Fear of being a burden to others
- c) Feeling at peace with the process
- d) (a) and (b)
- e) (b) and (c)

**4. What does confidentiality mean to you in your volunteer role?**

- a) Only telling my family about the clients I am working with
- b) Discussing a common client at a coffee shop
- c) Keeping all client information learned or gained “in trust”
- d) Keeping any information learned or gained in your hospice volunteering “in trust”

**5. Which of the following activities are part of the volunteer role? Choose all that apply.**

- a) Medical advice
- b) A listening ear
- c) Respite support to the caregiver
- d) Administer medications when there is no one home to do so

## Session 2: Communication Skills

### Knowledge Check

- 1. Rachel is visiting her 89-year-old client, Edna. Edna says something that connects to Rachel's personal life and Rachel begins to cry. Edna consoles her by giving her a hug and holding her hand. Later that day Rachel tells her supervisor Tony of the experience, but Tony expresses his concern with the encounter. What was wrong with the interaction Rachel had with her client? Select the correct response.**

- a) Tony is an overly-sensitive supervisor and is making an issue out of nothing
- b) The client shouldn't be consoling the volunteer
- c) The hospice centre has strict policies on physical contact of any kind
- d) Rachel should not be connecting emotionally with her client

Answer: b) The client shouldn't be consoling the volunteer

Explanation: There is nothing wrong with Rachel crying during their visit, however she has gone beyond what is appropriate by allowing Edna to console her. Rachel should have asked to take a moment and gather herself, leave the room if necessary, and return composed.

- 2. Roger, uses his skills and training to communicate effectively with his client who is in a coma. Select three of the four appropriate approaches for communication with client who are in coma.**

- a) Remain relaxed and calm
- b) Speak very slowly
- c) Use touch as a communication method
- d) Speak normally

Answer: a) Remain relaxed and calm, c) use touch as a communication method, and d) speak normally

- 3. Ryan has been visiting Mrs. Clemmins for over 2 months. He finds value in the volunteer work he is doing and really tries hard to build a rapport with all his clients. Mrs. Clemmins however, is different from all his other clients. She is withdrawn and unresponsive to conversation but seems to like when he is present. Ryan wants to get her out of this mood. As a hospice volunteer, what should he do?**

- a) Invite Mrs. Clemmins to sit with him by the window and ask about her likes and dislikes
- b) Ask Mrs. Clemmins' relatives what her hobbies are and try to incorporate those into each visit

- c) Recognize that Mrs. Clemmins is in control and if she doesn't want to engage in conversation, Ryan must respect her wishes
- d) Express his frustration to Mrs. Clemmins. Ryan is trying his hardest and wants to be acknowledged.

Answer: c) Recognize that Mrs. Clemmins is in control and if she doesn't want to engage in conversation, Ryan must respect her wishes

Explanation: Remember that the client is in control, and you are there for support. Follow Mrs. Clemmins mood. If she wants to engage in conversation, be there to support that. But if she wants to sit in silence with you, that is okay as well. We must respect the wishes of our clients.

**4. What information are you not able to disclose as a hospice volunteer. Select all that apply.**

- a) Who you are caring for
- b) Details about how the family members are grieving
- c) Anything that is said to you by the clients and/or family members
- d) The status of the ill person and/or their family members

Answer: All of the above. (a) Who you are caring for, b) Details about how the family members are grieving, c) Anything that is said to you by the clients and/or family members and d) The status of the ill person and/or their family members)

Explanation: Respecting the right to privacy means that you must not disclose any of the voices available to anyone other than other members of the hospice care team unless directed by the client and/or caregiver who is acting as a substitute decision-maker.

### **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

- 1. You're visiting your client today and you notice that something seems to be weighing heavily on them. They share with you that they are struggling with the decision regarding medical treatment options.**

**One of their specialists has recommended radiation therapy and the other specialist has suggested that chemotherapy would be a better option for them.**

**The client turns to you and asks you directly "what would you do in this situation?"**

- a) Tell the client that in your opinion chemotherapy would be best, as your relative experienced burns from recent radiation treatment.

- b) State clearly to the client that hospice policy requires that, as a volunteer you are not allowed to give advice.
- c) Listen and acknowledge the clients concerns and offer to help them come up with a solution without directly giving them advice.
- d) Tell the client that they should get more information from the medical team so that they can make an informed decision about treatment options.

**2. Your client, 54-year-old Mr. Davies, is terminally ill with cancer of pancreas. Today when you visit him his wife appears upset and says to you, "I've made his favourite soup and while I am out I want you to promise me that you'll get him to eat a bowl full" How should you respond?**

- a) Say "I agree he should eat, I'll try to make sure he eats something." When you offer him the soup and he refuses it, you dispose of it in the sink and say nothing to his wife.
- b) Say "I agree he should eat, I'll make sure he finishes it all." Although he appears disinterested in eating, you persist in coaxing him to finish the soup.
- c) Say "I'll try my best to give something to him if he wishes but I refuse to force him to eat." You offer him the soup but when he refuses, you let his wife know that you tried and were unsuccessful.
- d) Say "It must be difficult for you to see his appetite decreasing even though this is very common. We can talk about it later if that would help. I'll offer him the soup and see how he manages".

**3. Lyn, a new volunteer of Korean background, is being introduced to a number of residents of the hospice by her volunteer colleague, Sharon. Mr. Bannon, an elderly resident, becomes very attentive to Lyn. He says to Lyn "where are you from?" Lyn answers that she lives down the road from the hospice. He then asks Lyn where she got her training and eventually comments, "You know, you're very pretty and you sound like a real china doll. That's what I will call you - "China doll" and we'll get along just fine. Though Lyn continues to be polite, she later states to Sharon that she was very upset by Mr. Bannon's comments, as she interpreted them as somewhat racist.**

**How could Lyn have responded to Mr. Bannon?**

- a) She has learned in her recent training that "it is not about us," so she is reluctant to burden him with her concerns. She chooses to ignore his behaviour, after all, he is dying.
- b) She remains calm and responds in a firm but polite manor. "Mr. Bannon, that comment makes me feel uncomfortable, please don't speak to me that way again. I prefer to be called by my name."



- c) She addresses her concern directly saying “Mr. Bannon, I can’t believe you would say something so racist to me, it sounds like you are still living in the dark ages!!”
- d) She chooses to make no comment because she feels it is a waste of time, as elderly Mr. Bannon is unlikely to change his way of thinking at this stage of life.

**4. You are speaking with your neighbor, who you know is also a good friend of your client. She says to you “I know Mary got some bad news at her appointment yesterday and I wondered how the family is coping with it. I know that they have never been very good at dealing with illness.” What is the most appropriate way to respond?**

- a) You agree and say “I heard that too, but I haven’t had my visit this week yet so I don’t know how she has been doing.”
- b) You say “It’s really none of my business, the hospice policy says I can’t tell you about my client or her family.”
- c) You agree and say “Yes, unfortunately that’s true. Apparently, the doctor told her that her tumours have grown again and when her husband heard this, he got really angry and blamed the doctor for not catching it sooner. Mary finds it hard to be around him when he acts this way.”
- d) You say “I can see that you genuinely care about Mary and her family and how they are doing. But I am not in a position to share any information about them, perhaps you can check in with them directly to see how they are.”

## Session 3: Volunteer Role and Understanding Professional Boundaries

### Knowledge Check

1. **Volunteers are not allowed to take someone with them to their client visits unless that person has signed a confidentiality agreement and been assigned to the client. The one exception to this rule is small children. If they are under the age of 5 it is not suggested but is acceptable to bring a child if there is no other available care.**

Answer: False

Explanation: Volunteers are not permitted to take anyone along with them including children and pets unless they have gone through the hospice volunteer screening process, signed a confidentiality agreement, and have been assigned to the client.

### Knowledge Test

Read each question below carefully and choose the most appropriate answer(s).

1. **Client: I have a terrible pain in my hip and I don't know what's going on. Medications just aren't working.**

**Volunteer: Maybe we should call your doctor and she can change the prescription? I can help make the call while I'm here?**

**Client: No, don't do that! Don't bother her, please please! Promise me you won't call, please?!**

**Who can she talk with that won't be considered breaching confidentiality?**

- a) The volunteer's spouse or friend
- b) The caregiver of the client
- c) The coordinator at the hospice
- d) The doctor

2. **Jasjeet: George can you hand me the cup with the medication in it. It's time for me to take it.**

**George hands the cup to him.**

**Jasjeet drops the pills and they run down into the blankets.**

**Both search for the medication in the bed.**

**Jasjeet: The pill bottle is down stairs, can you go and get it and I can take the pills from there?**

**George stands there unsure what to do.**

**What should the volunteer do?**

- a) George finds the bottle of pill downstairs, checks the label, pours the pills and hands them to Jasjeet to take – this time ensuring that Jasjeet is in a better position to take the pills.

- b) George continues to search for the dropped pills which he eventually finds, puts in a cup, and hands to Jasjeet, and watches while he takes the pills to ensure that he doesn't miss his mouth again.
- c) George decides it is not a good idea to look for the pills to dispense them from the pill bottle. He tells Jasjeet to forgo this dose and be more careful when he takes the pills next. George suggest that doctors tend to prescribe too many pills anyway and what do they know
- d) George informs the family and contacts the hospice to report the incident and requests the next steps he should take.

**3. Allison has been supporting her client, Freda, for six months now. They have a wonderful relationship and have grown quite fond of one another.**

**Freda has a beautiful angel figurine in her room that Allison has admired for quite some time. Freda knows this so one afternoon, during their visit, she tells Allison that she would like her to have the figurine because she thinks of her as her very own special angel.**

- a) Accept the gift without hesitation. Allison loves the figurine and she doesn't want to hurt Freda's feelings by not accepting it.
- b) Accept the gift and tell her supervisor. If there's a problem, the supervisor will handle it.
- c) Decline the gift.
- d) Graciously decline the gift and explain why to the client

**4. Hospice volunteer, Tammy, has just arrived at the client's home for her regular weekly visit. She finds the client, Carrie in very poor condition. Carrie informs Sakura that she has called 911 for an ambulance. Prior to the ambulance arriving to take Carrie to the hospital, Carrie gives Tammy her debit card along with her PIN number for safekeeping. Carrie has no family support, only her volunteer and formal health care providers.**

- a) Accept the card knowing that she should not have it in her possession and tell no one.
- b) Accept the card knowing that she should not have it in her possession, but that she'll need it to make incidental purchases in the near future.
- c) Not accept the card and tell the client that, as a volunteer, she is unable to have it in her possession under any circumstance.
- d) Accept the card and contact her supervisor as soon as possible.

**5. Amanda has been visiting her client, Eleanor, for three months. Eleanor has limited family supports and the ones she does have tend to be more estranged from her than helpful.**

**Amanda has assisted Eleanor in making her funeral arrangements and tidying up some of her affairs. Unexpectedly, one day Eleanor asks Amanda if she would act as her power of attorney for personal care and finances. She also asks her to be the executor of her will.**

**Amanda is flattered that Eleanor entrusts her with these duties.**

- a) Accept the request since Amanda knows that Eleanor has no family members that she trusts enough to carry out her wishes, before or after her death.
  - b) Accept the request and tell her supervisor immediately. Amanda should explain that Eleanor has no one else to fulfil these roles and that she is honoured to do so.
  - c) Decline the request and not give it another thought.
  - d) Graciously decline the request and do her best to assist Eleanor in finding someone with whom she feels she can entrust with her legal affairs.
- 6. Sandra, a hospice volunteer, has recently been introduced to her client, Angie. Both Sandra and Angie have agreed that the best time for a visit in Angie's home is between 10:00 and 11:30 on Monday and Thursday mornings each week.**

**For the first three weeks, Sandra visits at the agreed time, but then all contact ceases. After a couple of weeks of no contact, Angie calls the hospice to ask about the whereabouts of her volunteer. This is the first time that the coordinator has heard about the situation.**

**As a volunteer, what should Sandra do or have done?**

- a) Sandra has done nothing wrong. It's okay to visit the client whenever the volunteer has time to do so.
  - b) Sandra should just show up at Angie's home at the next scheduled appointment time.
  - c) Sandra should have called her coordinator to let her know that she is unable to keep the appointment times and let the supervisor set up a new schedule
  - d) Sandra should have called both Angie and her coordinator to let them know that she is unable to continue with the scheduled appointments as agreed upon.
- 7. The volunteer Leanne had been visiting with the client Bazim and feels that Bazim is having a really hard time with the fact that he is dying.**

**He cried during her last visit, so Leanne decided to give Bazim her home phone number, so he can call her if he needs to talk to her in between their visits.**

- a) Leanne should not have given out her phone number. She could have offered to contact the hospice on Bazim's behalf, as there are people there that can provide him with more support.
- b) Leanne did everything correct. She is there to support the individual in their dying journey.
- c) Leanne should not have given out her phone number but her email address instead because emails won't disrupt her day as much as constant phone calls.
- d) Leanne should increase the amount of time that she visits Bazim as he is in so much distress and really does need her.

**8. You have been visiting an elderly couple in their 80s for many months. The wife has end stage lung cancer.**

**Her husband, the primary caregiver, has arthritis and mobility issues. They have one child who lives three hours away by car. The wife wants to pass away at home, but her husband is having trouble caring for her on his own.**

**You find yourself thinking about this couple many times a day.**

**You have started to call each evening to see how they are doing. You are having trouble falling asleep at night because you are so worried about them.**

**What should you do?**

- a) Call your hospice office and speak to your coordinator to discuss your concerns about care being provided in the home.
- b) Speak to a fellow hospice volunteer who has been visiting a different family in the community and who can relate to your concerns.
- c) Reflect on your growing concerns and need for daily check-ins with this couple. Are you feeling responsible for their well-being? Have you unintentionally become more of a family member of a friend, rather than a volunteer?
- d) Continue to visit and call as often as you would like, and not inform hospice of this couples growing challenges at home.

## Session 4: Pain and Symptom Management

### **Knowledge Check**

#### **1. What is “total pain”? Select the correct response.**

- a) Total pain can be understood as having physical, psychological, social, emotional and spiritual components.
- b) An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage
- c) Unnecessary suffering
- d) All the above are descriptions of pain but not “total pain”.

Answer: a) Total pain can be understood as having physical, psychological, social, emotional and spiritual components.

Explanation: Dame Cicely Saunders suggested that total pain be understood as having physical, psychological, social, emotional and spiritual components. The combination of these elements is believed to result in a “total pain” experience that is unique and specific to each client’s particular situation.

#### **2. Inexperienced health care providers may be tentative and apprehensive about providing appropriate levels of pain medication for fear of speeding up the dying process or causing death. True or False?**

Answer: True

Explanation: If the volunteer has any concern that the client’s pain is not being managed well, the volunteer must discuss his or her concerns with the hospice coordinator. It is the hospice coordinator’s responsibility to raise the issue with the medical team.

#### **3. The ESAS tool is a universal tool that provides a clinical profile of pain and other symptoms. It is designed so that the client/family can self-administer the tool. True or False?**

Answer: True

Explanation: The ESAS is designed to improve the overall care of and client/family satisfaction. It is one part of a holistic clinical assessment.

## **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

### **1. Select the correct answer.**

**In my role as a volunteer I can provide the following comfort measures:**

- a) Administering pain medication
- b) Lifting the client
- c) Being a supportive listening presence
- d) Recommending a massage therapist to reduce the client's pain.

### **2. Select the correct answer.**

**In my role as a volunteer, if I enter a client's home and the client is smoking while oxygen is in use, I should:**

- a) Just go into another room if the smoke bothers me
- b) Stay and help the client remove the oxygen so that he/she can smoke
- c) Do nothing. It is not a concern that they are smoking at the same time as oxygen is administered
- d) Remind the client that it is not safe to smoke while oxygen is being administered. Ask the client to stop smoking or turn off the oxygen while smoking. Let the client know that you must leave the premises if the client continues to smoke while the oxygen is in use and contact your appropriate hospice coordinator immediately.

### **3. Which of the following are common myths about pain management?**

- a) Taking morphine will make the client die sooner
- b) Telling my medical team about my pain will result in having more tests.
- c) All cultural groups manage pain the same way and will accept pain management as the teams recommends and provides.
- d) All of the above.

### **4. Which of the following are barriers to good pain management?**

- a) Gender norms
- b) Health care provider inexperience with pain management
- c) Family misconceptions about how pain medications work
- d) All of the above

## Session 5: Understanding the Dying Process

### Knowledge Check

**1. As death approaches, clients may become quieter and less interested in their surroundings. In this instance, what is the role of the volunteer? Select the correct answer.**

- a) Accept the dying experience and simply be present.
- b) Advise family and friends that “the end is near; it should all be over very soon.”
- c) Leave. It is clear the client does not want to talk nor need you present.
- d) None of these are acceptable approaches the volunteer should take.

Answer: a) Accept the dying experience and simply be present.

Explanation: As death approaches, the volunteer’s final lift is to accept the dying experience and simply be present for the clients/families as needed.

**2. Rachel’s 87 year-old client Margery has fallen from her bed onto the cold, hard floor. Margery seems to be in pain. What should Rachel do?**

- a) Immediately help her up back in bed, then ensure she is okay.
- b) Look through her medications and supply her with the recommended dosage to alleviate pain
- c) Do not attempt to lift her. Make her as comfortable as possible on the floor (with a blanket) and call for help.
- d) All of the above

Answer: c) Do not attempt to lift her. Make her as comfortable as possible on the floor (with a blanket) and call for help.

Explanation: If the emergency is a fall, Rachel should not try and help the client up from the floor; this requires assistance. Rachel should call for help and wait for help to arrive. She could help Margery to feel more comfortable by getting her a blanket while they both wait.

### Knowledge Test

Read each question below carefully and choose the most appropriate answer(s).

**1. The volunteer is about to enter a room and pauses at the door. The volunteer can hear an argument inside the room between the daughter and husband of the elderly female resident. The volunteer peeks in, and the resident appears to be sleeping. The daughter and her dad are arguing about mom’s belongings, funeral arrangements and what is going to happen to the house after she dies. The volunteer listens for a few moments, then knocks on the door, pushes the**



**door open slightly and says “Hi, it’s me, the hospice volunteer.” What should the volunteer say/do?**

- a) “Can you go and have this conversation somewhere else? I can tell your mom is upset by your words.”
- b) “You know she can still hear you and you shouldn’t be saying that. You are being insensitive.”
- c) Join in on the argument and recommend their favourite funeral home and real estate agent. “I know a great funeral home down the street, my brother works there!”
- d) “It sounds like you have a lot of important things to discuss. Why don’t I stay with mom and you guys can go down the hall and work things out? She may rest better if it is quiet. I’ll make sure she is comfortable and you can take your time.”

**2. The daughter of one of the dying residents, an elderly man, at the local residential hospice is very upset. His adult daughter approaches a hospice volunteer in the living room: “Dad’s breathing is so loud, it sounds like he is drowning. He has been sleeping so much. He was calling out last night and said that his parents came to visit him. His parents have been dead for 40 years! It was so scary. His hands are getting colder, so I keep asking the staff to put the heat up in the building. He hasn’t eaten much in days. I’m so worried that he is losing weight. He didn’t recognize his brother yesterday, imagine that! Today he has been moaning and thrashing in bed, and when he is awake, he asks for us to take him home. I’m so worried that he is suffering. I can’t believe this is happening.” What should the volunteer say/do?**

- a) “I don’t know what to do, talk to the nurse. My shift is over.”
- b) “Calm down everybody! This isn’t a big deal, it is a normal part of life!”
- c) I’m sure he is fine, and it is all for the best. Don’t worry.”
- d) My goodness, this sounds like such a stressful situation for you and your family. I am here to support you. It might be a good idea to get the nurse as some of your dad’s symptoms might need medical attention.

**3. What would indicate a medical emergency in hospice palliative care?**

- a) A medical emergency is any treatable medical problem that could cause death or permanent injury if not treated quickly.
- b) It is when the client doesn’t have a signed DNRC.
- c) It is when the client stops breathing and dies peacefully.
- d) It is when the client has been unresponsive for many days and then unexpectedly wakes up and asks, “Who won the hockey game last night?!?”

## Session 6: Spirituality

### **1. How can you recognize spiritual distress? Selection all options that apply.**

- a) When clients are experiencing a sense of hopelessness
- b) Nothing in their demeanor has signification ally changed
- c) Clients may feel that their pain has become more tolerable
- d) Clients feel they can no longer be the kind of person they want to be
- e) None of the above

Answer: a) When clients are experiencing a sense of hopelessness, c) Clients may feel that their pain has become more tolerable, d) Clients feel they can no longer be the kind of person they want to be

### **2. Encouraging clients to talk about things they have done in their lives is a healthy way volunteers can provide spiritual support. True or False?**

Answer: True

Explanation: Recognizing that spirituality includes all life experiences and encouraging clients to talk about things they feel proud of is healthy way to provide spiritual support for your client.

## **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

### **1. A volunteer is matched with a client who has a similar religious background. The client asks the volunteer to pray with him as he is really struggling with his relationship with God. How should the volunteer respond?**

- a) "I know we were matched together because we have the same religious beliefs. It is my mission to spread God's word, so I would be happy to explain God's role in your life. Want to hear my favourite psalm?"
- b) "Tell me more about what you are struggling with. I'd be happy to pray with you and we can also contact the hospice to see if they have any other supports that may be helpful."
- c) "I don't think it is my role to pray with you, so I think you should keep that to yourself."
- d) That's a great idea. If you don't start praying right now you might go to hell."

**2. How would you recognize that a client may be in spiritual distress? They may:**

- a) Ask questions such as: Did my life have meaning? What did I do to deserve this?  
Why is Allah/God punishing me? Where will I go when I die?
- b) Talk about what happens before or after death
- c) Talk about spiritual guilt regarding sin and punishment
- d) All of the above

## Session 7: Grief and Bereavement

### **1. What is the definition of grief? Select the correct answer.**

- a) The state of being deprived of something or someone; especially the loss of a loved one.
- b) The outward expression of grief or feeling in the company of others and when alone.
- c) It is a multifaceted response to loss, particularly to the loss of someone or something that has died, where a bond or affection has formed.
- d) None of the above are accurate definitions of grief.

Answer: c) It is a multifaceted response to loss, particularly to the loss of someone or something that has died, where a bond or affection has formed.

Explanation: Grief is a multifaceted response to loss, particularly to the loss of someone or something that has died, where a bond or affection has formed. Grief is the feeling of deep sorrow and is mostly nonverbal. It's that invisible, intense, emotional pain we experience when we lose someone significant.

### **2. When experiencing grief, children experience it for long periods without pause or break. Although they experience for long periods, they do not experience complex/complicated grief. True or False?**

Answer: False

Explanation: Children will not experience grief in long periods, but rather short spurts with periods of play in between. It is also common for children to experience complex and complicated grief.

## **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

### **1. Hospice volunteers are NOT permitted to:**

- a) Provide grief and bereavement support to the client/family.
- b) Respond to basic emotional needs of any children and/or adolescents in the client's home.
- c) Deal with a client's or family's complex grief issues on their own.
- d) Validate the client's/family's feelings and experiences of grief and mourning.

### **2. Which one of the statements below is false?**

- a) Bereavement is the state or fact of being bereaved or deprived of something or someone; especially the loss of a loved one by death.

- b) Grief is the feeling of deep sorrow caused by the death of someone significant.
- c) Mourning is the outward expression of grief, such as sighing, crying and other practices or behaviour held in common within a specific group.
- d) Grief and mourning happen only when people lose a significant person to death.

**3. Which of the following are NOT a common sign of healthy grief?**

- a) Fatigue and lack of energy
- b) Enhanced feelings of helplessness and dependence on others
- c) Inability to concentrate and to focus attention
- d) Use of street drugs
- e) Neglecting self-care (e.g. quitting the gym, stopping walks, delaying that visit to the doctor and/or dentist)

**4. Which of the following statements is FALSE? Healthy stress relievers for grieving clients/families may include:**

- a) Talking about the personal experience of loss and grief with supportive people
- b) Having a balanced lifestyle
- c) Having a good cry
- d) Isolation from social contact, pushing others away and withdrawing from social activities
- e) Being gentle and patient with self

## Session 8: Care for the Caregiver

1. A “caregiver” can be described as a member of a medical team, only. This includes doctors, nurses, personal support workers, and volunteers. All other individuals that assist the client are considered supportive friends, family and or acquaintances, not “caregivers.”

Answer: False

Explanation: A caregiver is any member of the hospice palliative care team providing any care to a client with a life threatening or life-limited illness. This includes medical personnel *as well* as spiritual support providers, family members, friends and neighbours.

2. In addition to exhaustion, there are other symptoms of burnout. Select all symptoms of burnout that are listed below.

- a) Increasingly negative attitude toward one’s job
- b) Low self-esteem
- c) Personal devaluation
- d) None of the above

Answer: a) Increasingly negative attitude toward one’s job, b) low self-esteem, c) personal devaluation

### Knowledge Test

Read each question below carefully and choose the most appropriate answer(s).

1. Which of the statements below about stress and compassion fatigue is not true?

- a) Caregivers may experience stress and compassion fatigue
- b) Giving attention to your own well-being can result in stress and compassion fatigue
- c) Stress is not always negative: it can be triggered by good or bad experiences
- d) Caregivers often endure periods of poor sleep and poor socialization
- e) Having a good understanding of stress is important for caregivers

2. There are 4 common signs of unhealthy stress listed below. Select the one answer that is not a common sign.

- a) Irritability or short temper
- b) low energy
- c) memory problems
- d) regular sleep

3. Select the one true statement below that speaks to self-care.

- a) regular light physical exercise, such as walking causes compassion fatigue
- b) crying about a problem will always make you feel worse
- c) using alcohol, nicotine and street drugs are not recommended, but are healthy methods to relax
- d) long periods of isolation prevent stress and burnout
- e) Taking time away from caregiving with the support of your personal circle of care can improve your health, well-being and quality of life.

**4. Select the correct statement. Volunteers who are asked by their client's family to visit an extra day a week when the client's condition deteriorates must:**

- a) Agree to visit more as the client and family are really struggling and it will only be short term anyway
- b) Agree to spend more hours on the day you are already visiting because you have no other day available in your busy schedule.
- c) Arrange for a friend, who also volunteers at the hospice, to take the other day and keep track of what is needed for each visit.
- d) Report to the coordinator that the client and family may need more help and allow him/her to work with the hospice palliative care team to manage it.

**5. Select the correct statement.**

**Volunteers who find it difficult to continue in their volunteer role due to increased personal (family or work) responsibilities must:**

- a) Continue to visit the client as they cannot let the client and family down just because their home situation has changed.
- b) Contact the coordinator and tell her/him about the changes at home so that alternative plans can be made to support the client and family.
- c) Tell the client about their increased needs at home and cut back on the visits.
- d) Stop visiting for a while until things settle down at home.

## Session 9: Family

### Knowledge Check

- 1. A family member can be defined as a relative by blood and/or marriage, only. True or false?**

Answer: False

Explanation: A family member is more than a connection through blood and/or marriage, only. Family can also be defined as friends, neighbours, and sometimes pets. Family can be characterized by a continuum of stability, commitments, mutual decision-making and shared goals (Berkley & Hanson).

- 2. Two common signs of caregiver burn out include the need for control and exhaustion. Blame is not a sign and is a sign of something more serious. True or false?**

Answer: False

Explanation: There are many common signs of caregiver burn out including blaming the client. Additionally, lack of patience, and resentment are also signs.

- 3. Volunteers can support families in many methods. Select all that apply.**

- a) Actively listening
- b) Demonstrating their interest and concern to the client/family
- c) Reporting any client/family issues to their hospice coordinator
- d) None of the above

Answer: a) Actively listening, b) demonstrating their interest and concern to the client/family, c) reporting any client/family issues to their hospice coordinator.

Explanation: Listening, demonstrating interest and reporting issues are all methods volunteers can provide support.

### Knowledge Test

Read each question below carefully and choose the most appropriate answer(s).

- 1. What is included in the definition of 'family' in hospice palliative care?**

- a) Biological family members, including only mother, father, siblings
- b) Anyone the client defines as their family
- c) Friends
- d) Not pets



2. **Fill in the blanks with the best option below:**  
\_\_\_\_\_ and \_\_\_\_\_ influence how a family may cope with the client's illness.
- a) Culture and ethnicity
  - b) Socio-economics and geography
  - c) Religion and spirituality
  - d) All of the above
4. **In the metaphor *The Family Dance*, the volunteer is guided to fulfill all but the following in their role?**
- a) Counsellor
  - b) Compassionate observer
  - c) Advocate
  - d) Facilitator
5. **You are visiting a 65-year-old client at home and suspect neglect or abuse is taking place. What is your role as a volunteer?**
- a) Do nothing; it's none of my business
  - b) Report to your appropriate hospice coordinator immediately
  - c) Try to fix it
  - d) Just listen and observe as all families communicate differently

## Session 10: Ethics

### **Knowledge Check**

**i. What is the definition of amoral?**

- a) Unaware of or indifferent to the principles of right and wrong; unconcerned with the rightness or wrongness of something, lacking a moral sense.
- b) Not conforming to accepted standards of morality. Deliberately violating accepted principles of right and wrong.
- c) Conforming to the principles of right and wrong behaviour and the goodness or badness of human character. Holding or manifesting high principles for proper conduct.
- d) None of the above

Answer: Unaware of or indifferent to the principles of right and wrong; unconcerned with the rightness or wrongness of something, lacking a moral sense.

**ii. Volunteers may only disclose client/family information to those individuals who have a right to the information. True or false?**

Answer: True

**iii. If your client wants you to tell them the truth about their condition, it is okay to lie only if it is a difficult conversation to have. True or false?**

Answer: False

Explanation: Care providers may be tempted to avoid truth telling to save the client pain, however clients have the right to accurate information about their diagnosis, risk and benefits of treatments and their prognosis.

**iv. Setting boundaries with your client and their family is essential in order to clearly define what the volunteer role entails and what it does not entail. True or false?**

Answer: True

Explanation: When volunteers are not clear about their boundaries, they may find themselves becoming more involved than they want to be.

## **Knowledge Test**

**Read each question below carefully and choose the most appropriate answer(s).**

- 1. A volunteer has been visiting her elderly client, Edna, for many months. They have become quite close. Edna has told the volunteer all about her family and her illness. As time has passed, Edna's symptoms have been getting worse, and the hospice palliative care team has been struggling to control her pain and nausea.**

**During their visits Edna often comments that she "would just like it to end" and that she "can't suffer through this anymore".**

**This week Edna shares that she called a family meeting this past weekend with her three adult children. Edna announced to them that she has decided to take back control of her life because she can't live with her symptoms anymore. She let them know that she has decided to stop eating and drinking.**

**How should the volunteer respond?**

- a) "I would never let me mother decide to do this! You can't give up living now! You must continue the fight!"
  - b) "But Edna, life is precious and it must be lived to the natural end, even if it means suffering."
  - c) "Tell me more about how you feel Edna. It's clear that this is something very important and I want to support you in your decision."
  - d) "Let's talk about your grandchildren Edna. Have you got some recent pictures?"
- 2. Volunteer, Cindy, works as a full time registered nurse. One evening each week she volunteers for a hospice and visits with an elderly woman who has become very attached to her.**

**This client asks Cindy to provide her with private nursing care on the weekends, when she is not working or volunteering with hospice. What should Cindy do?**

- a) Cindy should agree to help the client with nursing care on the weekend and keep this a secret from her hospice.
- b) Cindy should politely decline the request and offer to check with the hospice to see if there are other in-home nursing services available. Cindy should continue to provide support during her weekly visit as a hospice volunteer.
- c) Cindy should agree to accept the request. She should inform hospice that she doesn't see any harm in performing both roles by doing a paid nursing shift with this client on weekend, in addition to her weekly volunteer shift.
- d) Cindy should politely refuse the client's request and recommend her sister who is also a registered nurse and is looking for work as a home care nurse.

3. Hospice client, Caroline, received a diagnosis of advanced lung cancer eight weeks ago. She has been a heavy smoker for about 25 years and has tried to “kick the habit” many times, with the most recent attempt being over the past several days. Her hospice volunteer was introduced to her during the past few days with the understanding that Caroline is a non-smoker.

The volunteer has strong feelings about smoking and the effect it has on one’s health. Over the next few weeks they develop a strong relationship. Caroline then receives bad news about her prognosis and decides that she wants to resume smoking as it’s the one pleasure in life that she truly enjoys.

At her next visit, the volunteer learns of Caroline’s prognosis and that she is smoking once again. The volunteer feels torn as to what to do. The volunteer feels angry with Caroline for starting to smoke again regardless of her prognosis and, for her own health reasons, the volunteer doesn’t want to be in a smokey room.

**What should the volunteer say or do?**

- a) “Caroline, I am disappointed with your decision, but I will try to continue to support you anyway”
- b) “Please tell me why you are doing this Caroline and I will try to make you understand why it is upsetting to me.”
- c) “So Caroline, what have you been doing since I last visited?”
- d) “Tell me about your decision Caroline. I can see it is a very important one for you.”

## Session 11: Psychosocial Issues and Impact of Illness

### **Knowledge Check**

- 1. It is the expectation of the hospice that each volunteer develops an expertise in common diseases found within clients and their management. True or false?**

Answer: False

Explanation: Volunteers are not expected to become experts in disease and their management. A volunteer's focus should be on providing support for clients.

- 2. When appropriate, it is okay to put an arm around a client, hold a hand, or give a client a hug. True or false?**

Answer: True

Explanation: Appropriate physical gestures can mean so much to a client and often say more than a thousand words.

- 3. Complementary therapies are intended to treat the disease itself. True or false?**

Answer: False

Explanation: Complementary therapies are used to help improve overall health and well-being and not to treat the disease itself. Research shows that many complementary therapies can lessen treatment side effects.

- 4. In 80-90% of cases, Chronic Obstructive Pulmonary Disease (COPD) is caused by:**

- a) Smoking
- b) Genetics
- c) Occupational dusts and chemicals
- d) Fumes and smoke produced by burning wood

Answer: a) Smoking

## **Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

**1. Clients often say they experience challenges related to dying well. Which of the statements below is NOT an issue or challenge around dying well?**

- a) Fear of physical pain and mutilation
- b) Isolation and loneliness
- c) Increasing dependence on others
- d) A sense of meaningfulness
- e) Anticipatory grief

**2. Which of the statements below is FALSE?**

- a) Not all hospice volunteers have permission to provide complementary therapies
- b) Volunteers are supposed to offer therapy, intervention and/or social welfare services
- c) The three main treatment options for cancer are: surgery, radiation therapy and chemotherapy
- d) Alzheimer's disease is a fatal degenerative disease of the brain
- e) ALS is a neurodegenerative disease where all the nerve cells that control your muscles die.

**3. The client may be experiencing spiritual Reflect on the following client statement and choose the response(s) that may indicate how the client may be feeling.**

***"Why is this happening to me?"***

- a) The client may be experiencing spiritual distress
- b) The client may fear that his life has been meaningless or that life itself is meaningless
- c) At the end of life, the client may want to review his life and evaluate it
- d) All of the above

**4. Mr. Geddes is a 60 year-old widower who lives alone in a one-bedroom apartment. He has been living in the same apartment building for over 12 years. He was diagnosed with colon cancer a year and a half ago. He has undergone extensive chemotherapy and radiation. He was recently told that his illness is quite advanced and there appears to be no more curative treatment indicated. Mr. Geddes used to be physically active and also quite active socially. Since being diagnosed with his illness he has isolated himself from his friends at the local YMCA and no longer participates in the weekly bingo at his local parish.**

**Mr. Geddes is on pain medication. The surgery he underwent has left him with a colostomy. He has constant diarrhea. He finds the odour -- as well as the need to rely on help for personal care-- embarrassing. His strength is failing. He is mentally alert but often seems depressed.**

**What might some of Mr. Geddes's reactions be?**

- a) He may fear going to sleep, not because he may die, but because he may die alone.
- b) The fear of future pain may cause anxiety.
- c) He may be suffering more distress from his inability to function than from physical pain.
- d) All of the above

## Session 12: Cultural Considerations

### Knowledge Check

1. **The definition of ageism is stereotyping and discriminating against individuals or groups on the basis of their age. True or false?**

Answer: True

Explanation: The term “ageism” was coined in 1969 by Robert Neil Butler to describe the discrimination against seniors but it can be applied to any age group or situation (e.g. discrimination against youth).

2. **Where we come from in the world is the sole factor in determining culture. True or false?**

Answer: False

Explanation: Although where we are from influences our culture, all aspects of our identity, including race, age, gender and ability, help to create our personal culture.

3. **It is okay to treat all indigenous clients the same; their cultural beliefs are all identical. True or false?**

Answer: False

Explanation: There is no single “native” culture in Canada. Indigenous people have diverse cultural and spiritual beliefs system and traditions. You should never assume that all cultures are the same.

### Knowledge Test

Read each question below carefully and choose the most appropriate answer(s).

1. **Which of the following are questions for self-reflection on your own personal culture?**

- a) Do I see death as an ending or a new beginning?
- b) How does who I am affect my perception of the client/family?
- c) How do I feel about my values being challenged?
- d) All of the above

2. **Fill in the blanks with the best option below:**

The Coordinator of Volunteers asks Virginia, who was born in Canada and is of British background, to visit Sunita, who moved to Canada from India four years ago and is of the Hindu faith.



Sunita is dying of cancer. Virginia takes down the information and two days later goes for her visit. She is met by an older gentleman to whom she introduces herself by making direct eye contact and shaking hands as is the custom with her family and friends. She notices that he seems uncomfortable. To change the subject Virginia notices a statue of an elephant with a crown on it. Virginia picks up the statue and says, "This is a very interesting decoration piece. Did you bring it with you from India?" The older gentleman takes the statue from Virginia's hands and doesn't say anything about the statue but leads Virginia to the room where his wife is laying down. Sunita is wincing in pain. Virginia introduces herself. She notices that Sunita is in pain and suggests that they should call the doctor or nurse. Sunita says she doesn't want to and is fine to bear the pain, as this is part of her karmic debt that she must pay for something she believes was done in a past life. Virginia shakes her head and says, "Isn't that past life stuff some sort of New Age hocus pocus? You are in Canada now, you need to think like a Canadian."

- a) Virginia is using what she learned in training about cultural humility and is asking questions. She should continue to ask questions in this fashion. This way she can ascertain what is truth and what is fiction in her client's world.
- b) Virginia should get the number and call the doctor or nurse whether Sunita agrees or not. Sunita's explanation that pain is some karmic event doesn't make sense. Sunita and her family need to know that good pain control can improve quality of life.
- c) Virginia could have read in the hospice training or the internet about South Asian culture in those of the Hindu faith. Upon entering Sunita's home, Virginia could have asked questions to help her understand the patient's or family's values (e.g. instead of touching the elephant statue asking, "Can you please tell me about this?" or instead of dismissing Sunita's views, asking, "I am not sure that I understand what karmic debt means to you. I would like to understand. Can you please tell me more about this?").
- d) Virginia should excuse herself from the home. She should call the hospice right away and explain what an odd household this is where there are elephant statues, men that say very little and a woman who thinks that she has lived before in some past life. They need counselling.

### **3. What do I need to be aware of about myself that may impact my ability to support client/families?**

- a) How I listen
- b) Am I clear about my personal values, beliefs, feelings and reactions to particular situations?
- c) Do I express myself in a respectful manner?
- d) All of the above

## Session 13: Infection Prevention and Control

### **Knowledge Check**

**1. How many links are there in the Chain of Infection?**

- a) 1
- b) 3
- c) 5
- d) 6

Answer: 6

**2. To prevent the transmission of infection, two links in the chain of infection will need to be broken. True or false?**

Answer: False

Explanation: It only takes a break to one link to break the chain of infection.

**3. Choosing to get the flu shot and other immunizations helps to protect you and prevent you from becoming ill. True or false?**

Answer: True

**4. After washing hands, taps should be turned off with a paper towel to avoid re-contamination of hands. True or false?**

Answer: True

**5. Which of the following statements about the user of gloves is correct?**

- a) Hand hygiene should be performed each time gloves are removed
- b) Loose gloves are ok as long as they protect the hands
- c) None of these statements are accurate
- d) Gloves should be washed after each use

Answer: a) Hand hygiene should be performed each time gloves are removed

**6. According to the Public Health Agency of Canada, influenza causes approximately 30 deaths a year in Canada (2015.) True or false?**

Answer: False

Explanation: Influenza causes approximately 3500 death a year in Canada (2015).

**7. Placing cooked and uncooked poultry on the same plate is fine, as long as nothing touches each other. True or False?**

Answer: False

Explanation: Cooked and uncooked poultry should never share the same plate.

**Knowledge Test**

Read each question below carefully and choose the most appropriate answer(s).

**1. Which of the following are part of the chain of infection?**

- a) Portal of Entry
- b) Susceptible Host
- c) Mode of Transmission
- d) All of the above

**2. Which of the following are ways of breaking the chain of infection?**

- a) Forgetting to wash your hands
- b) Coughing into the air
- c) Using an alcohol-based hand cleaner
- d) Refusing to be immunized

**3. Which of the following are NOT true?**

- a) All six links in the chain of infection must be present for an infection to occur
- b) You only need one link to break to prevent an infection
- c) Hand Hygiene is the most important way to reduce the transmission of infections
- d) Volunteers do not need to worry about the transmission of infections when visiting clients

**4. Which of the following are NOT important in Food Safety? (NOTE: The answer provided in the online version is incorrect. The online version has not been updated yet.)**

- a) Keeping cold food cold and hot food hot to prevent growth of bacteria in food
- b) Not overstuffing the refrigerator
- c) Always using the same cutting board for meat and fresh vegetables
- d) Using a thermometer to be sure that meat is cooked thoroughly

# Appendix D – Knowledge Test Answers

## **Session 1: Introduction to Hospice Palliative Care**

1. d) An approach to the way we care for an individual and family throughout the illness trajectory and into bereavement
2. e) All of the above
3. d) (a) and (b)
4. d) Keeping any information learned or gained in your hospice volunteering “in trust”
5. b) A listening ear and c) Respite support to the caregiver

## **Session 2: Communication Skills**

1. c) Listen and acknowledge the clients concerns and offer to help them come up with a solution without directly giving them advice.
2. d) Say “It must be difficult for you to see his appetite decreasing even though this is very common. We can talk about it later if that would help. I’ll offer him the soup and see how he manages.”
3. b) She remains calm and responds in a firm but polite manor. “Mr. Bannon, that comment makes me feel uncomfortable, please don’t speak to me that way again. I prefer to be called by my name.”
4. d) You say “I can see that you genuinely care about Mary and her family and how they are doing. But I am not in a position to share any information about them, perhaps you can check in with them directly to see how they are.”

## **Session 3: Volunteer Role and Understanding Professional Boundaries**

1. c) The coordinator at the hospice
2. d) George informs the family and contacts the hospice to report the incident and requests the next steps he should take.
3. d) Graciously decline the gift and explain why to the client.
4. c) Not accept the card and tell the client that, as a volunteer, she is unable to have it in her possession under any circumstance.
5. d) Graciously decline the request and do her best to assist Eleanor in finding someone with whom she feels she can entrust with her legal affairs.
6. d) Sandra should have called both Angie and her coordinator to let them know that she is unable to continue with the scheduled appointments as agreed upon
7. a) Leanne should not have given out her phone number. She could have offered to contact the hospice on Bazim’s behalf, as there are people there that can provide him with more support.
8. a) Call your hospice office and speak to your coordinator to discuss your concerns about care being provided in the home.

#### **Session 4: Pain and Symptom Management**

1. c) Being a supportive listening presence
2. d) Remind the client that it is not safe to smoke while oxygen is being administered. Ask the client to stop smoking or turn off the oxygen while smoking. Let the client know that you must leave the premises if the client continues to smoke while the oxygen is in use and contact your appropriate hospice coordinator immediately.
3. d) All of the above
4. d) All of the above

#### **Session 5: Understanding the Dying Process**

1. d) "It sounds like you have a lot of important things to discuss. Why don't I stay with mom and you guys can go down the hall and work things out? She may rest better if it is quiet. I'll make sure she is comfortable, and you can take your time."
2. d) *My goodness, this sounds like such a stressful situation for you and your family.* I am here to support you. It might be a good idea to get the nurse as some of your dad's symptoms might need medical attention.
3. a) A medical emergency is any treatable medical problem that could cause death or permanent injury if not treated quickly.

#### **Session 6: Spirituality**

1. b) "Tell me more about what you are struggling with. I'd be happy to pray with you and we can also contact the hospice to see if they have any other supports that may be helpful."
2. d) All of the above

#### **Session 7: Grief and Bereavement**

1. c) Deal with a client's or family's complex grief issues on their own.
2. d) Grief and mourning happen only when people lose a significant person to death.
3. d) Use of street drugs
4. d) Isolation from social contact, pushing others away and withdrawing from social activities

#### **Session 8: Care for the Caregiver**

1. b) Giving attention to your own well-being can result in stress and compassion fatigue
2. d) Regular sleep
3. e) taking time away from caregiving with the support of your personal circle of care can improve your health, well-being and quality of life.

4. d) Report to the coordinator that the client and family may need more help and allow him/her to work with the hospice palliative care team to manage it.
5. b) Contact the coordinator and tell her/him about the changes at home so that alternative plans can be made to support the client and family.

### **Session 9: Family**

1. b) Anyone the client defines as their family
2. d) All of the above
3. a) Counsellor
4. b) Report to your appropriate hospice coordinator immediately

### **Session 10: Ethics**

1. c) "Tell me more about how you feel Edna. It's clear that this is something very important and I want to support you in your decision."
2. b) "Please tell me why you are doing this Caroline and I will try to make you understand why it is upsetting to me."
3. d) "Tell me about your decision Caroline. I can see it is a very important one for you."

### **Session 11: Psychosocial Issues and Impact of Illness**

1. d) A sense of meaningfulness
2. b) Volunteers are supposed to offer therapy, intervention and/or social welfare services
3. d) All of the above
4. d) All of the above

### **Session 12: Cultural Considerations**

1. d) All of the above
2. c) Virginica could have read in the hospice training or the internet about South Asian culture in those of the Hindu faith. Upon entering Sunita's home, Virginia could have asked questions to help her understand the patient's or family's values (e.g. instead of touching the elephant statue asking, "Can you please tell me about this?" or instead of dismissing Sunita's views, asking, "I am not sure that I understand what karmic debt means to you. I would like to understand. Can you please tell me more about this?").
3. d) All of the above

### **Session 13: Infection Prevention and Control**

1. d) All of the above
2. c) Using an alcohol-based hand cleaner
3. d) Volunteers do not need to worry about the transmission of infections when visiting clients
4. c) Always using the same cutting board for meat and fresh vegetables

## Appendix E – Practice Opportunity Worksheets



Name: \_\_\_\_\_

**HPCO Practice Opportunity Worksheet 1:**  
**Communications Module – PART I**

Within the next week try the following:

- Engage someone in a conversation about death and dying.
- You might open the topic by saying that you are taking a course that focuses on death and dying.

The purpose of this exercise is to observe people's responses to the topic of death and dying and record the verbal and nonverbal responses. The fact that there may be nonverbal responses is just as important as verbal ones.

After your interaction, record your observations related to the following information on the worksheet provided.

Once you complete the worksheet, please speak to your Coordinator of Volunteers about next steps.

- Was it easy or difficult to open the conversation? Yes \_\_\_\_ No \_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_
- Did the person you were speaking to seem to be comfortable or uncomfortable with the topic? Comfortable \_\_\_\_\_ Uncomfortable \_\_\_\_\_
- What verbal responses indicated whether they were comfortable or not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What non-verbal responses indicated whether they were comfortable or not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe how you felt while carrying out this assignment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

**HPCO Practice Opportunity Worksheet 2:**  
**Communications Module PART II**

The video in reference is available in the Communications Skills Module (topic 4: Effective Communication). Here is a practice opportunity capturing some of the things you have learned.

Ask a friend, colleague, or family member to tell you about a very distressing situation that they have experienced, they can make it up as long as it is realistic. You must listen to their story and resist the urge or make any comments, or to speak, while the person is telling you about their experience. You may only nod or say “uhumm”. When their story is finished, both you and the speaker are to reflect and answer the following questions.

**SPEAKER**

Did you feel listened to?

What do you think allowed you to be heard?

What were you aware of while you were speaking?

What was the listeners’ body language saying to you?

**LISTENER**

How difficult was it to center yourself so you could listen closely?

Did the environment influence your ability to listen? If so how did you deal with it?

What were the things that intruded on your thoughts?

Did you notice your body language? What was it saying?

How often were you tempted to jump in with solutions or ideas?

Did you feel compelled to tell the speaker about a similar personal experience?

**HPCO Practice Opportunity Worksheet 3:**  
**Role of the Volunteer and Understanding Professional Boundaries Module**

Scenario: *The 'Boundary Less' Volunteer*

**Volunteer: Ivan**

**Client: Esmerala**

**\*Takes place in the client's home - Esmerala is in her room, lying in bed\***

Ivan walks into the bedroom with a key around his neck.

**Ivan:** Hey Esmerala, how are you doing today? Thanks so much for giving me the key to your place. It makes it so much easier for me to come and go when I need to. See I have it around my neck so I won't lose it?

**Esmerala:** What a great idea.

**Ivan:** Did you take your pills yet, Esmerala?

**Esmerala:** No not yet.

**Ivan:** Let me go get them for you.

(Ivan leaves the room and comes back with the pill bottle).

How many of these do you have to take? The bottle says 2 every 4 hours.

**Esmerala:** I am not sure how many I usually take. What do you think?

**Ivan:** (opens pill bottle and hands Esmerala 3 pills)

Here you go. I think you need 3 now as you seem to be in a bit more pain today.

**Esmerala:** (takes pills)

Thanks Ivan and thanks for coming early today. I really appreciate you coming for the day. I get so lonely.

**Ivan:** No problem, Esmerala. I can come tomorrow for a few hours as well. Work has been slow so I have a lot more time and love to spend it with you.

**Ivan:** (goes over and sits on Esmerala's bed and puts his arm around her - she looks uncomfortable)

Esmerala, do you want to talk about your will? I am so flattered that you want to make me the executor of your will. I will make sure that things get done properly. You can trust me. Do you have the paper work for me to sign?

**Esmerala:** It is down stairs in my desk, the one in my office by the front door.

**Ivan:** We can go over the paper work tomorrow. You are looking so tired I think I will go downstairs and let you rest until dinner time. I will make dinner for us both, what would you like? Why don't I make chicken and rice?

(Ivan gets off the bed and starts to walk towards the door.)

**Esmerala:** Ivan, you are too good to me. You are nicer than my own family. I so appreciate it. To show my appreciation, I want you to have these two gold rings. They are family heirlooms.

(Esmerala takes the 2 gold rings off her fingers and hands them to Ivan.)

I know you can't wear them but you can give them to your wife or you can sell them. They are worth a good sum of money and I would rather it go to you than my daughter who can't even bother to come and visit me.

**Ivan:** (takes the rings)

Thanks so much, Esmerala. This means so much to me. I will surprise my wife with them. Hey, better yet why don't I have her come here and you can see her reaction yourself. What do you say I have her come on Sunday afternoon? That's her day off. Give me a call on Sunday and let me know if you're feeling up to it. It would be a great chance for the two of you to finally meet.

**Esmerala:** That sounds great.

**Ivan:** I will let you rest now while I make dinner.

(Ivan leaves the room.)

**Esmerala:** (says to herself)

What a wonderful man; he is like my son. I wish he were my son. What would I ever do without him?

**\*End Scene\***

**Answer the following questions based on *The 'Boundary-Less' Volunteer***

Once you complete the worksheet, please speak to your Coordinator of Volunteers about next steps.

1. Outline all of the boundaries that you noticed being crossed in this scenario.

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2. Which boundaries could have legal implications for hospice?

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3. What type of relationship has the crossing of boundaries created between Ivan and Esmerala?

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4. Reflecting on yourself, what boundary(ies) do you think you may have difficulty maintaining and why?

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5. Go back and review the videos on the different ways to say “no”. Which way feels most comfortable to you and why? Practice saying “no” with someone you know and write down your insights on how it felt.

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**Practice Opportunity Worksheet 4:**

**Spirituality Module**

Think about what brings meaning, purpose and strength to your life.

Once you complete the worksheet, please speak to your Coordinator of Volunteers about next steps.

1. What kind of spiritual or religious practices do you have?

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2. How do you connect with a sense of the sacred?

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3. Do you consider yourself spiritual or religious, or both?

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4. In what ways do you express this in your personal life?

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5. What could you draw strength from to support your work as a volunteer caregiver?

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Name: \_\_\_\_\_

### **Practice Opportunity Worksheet 6:**

#### **Self-Care for the Volunteer Caregiver Work Sheet**

##### **The importance of self-care for the caregiver**

Being a caregiver can be both exhausting and fulfilling. For example, active listening requires intense psychological energy, but often low physical energy - a combination that can sometimes increase stress.

##### **What is self-care?**

Self care is being responsible for your own wellbeing so that you can fulfill your responsibilities. In fact, self-care is an **ethical responsibility**.

There is an old social work saying:

“You're no good to others unless you are good to yourself.”

Self care is not equal to forsaking responsibility. It is not like the person who always has time to "treat" themselves to a gym workout but shirks their other responsibilities (i.e. makes excuses about shoveling their sidewalk in the winter or pulling their dandelions in the summer. If your focus in supporting clients seems to be more about meeting your own emotional needs, then you are likely pursuing your own “agenda” rather than being responsive to your clients’ needs.

##### **The principles of self-care (Adapted from Philip Aziz Centre for Hospice Care)**

- Care for yourself before you care for others
- Acknowledge and deal with your feelings so that they don't get in the way of your caregiving
- To be an effective caregiver you need to establish and maintain healthy boundaries
- Acknowledge and accept your limitations.

##### **Signs of poor self-care**

Watch for signs that you may be under too much negative stress or that your life is becoming out of balance.

- These signs can be very subtle and are often easy to miss. For example, some people develop a head cold when they go on vacation because their adrenaline stopped, their body communicated how it was really feeling and what it really needed: Rest .
- The signs can sneak up on you in the form of cravings or longings. For example, you may start craving time alone, which may lead to resenting any demands on your time or energy like phone calls from family, friends or telemarketers.

**Physical signs of poor self-care**

- Exhaustion
- Low energy - feeling drained or that you have nothing to give
- Physical complaints or illnesses
- Too much or too little sleep.

**Relational signs of poor self-care**

- Detachment from people; feeling distant
- Cynicism, resentment, feeling "used"

**Mental signs of poor self-care**

- Obsessing, worrying
- Weird dreams
- Becoming forgetful
- Poor concentration.

**Emotional signs of poor self-care**

- Denial of emotions, lack of self-awareness - someone tells you that you are crabby or asks you, "What got under your skin?"
- Impatience, irritability
- Negativity
- Sense of dissatisfaction.

**Functional signs of poor self-care**

- Being ineffective, being busy but not accomplishing much
- Feeling disorderly and disorganized
- Procrastinating
- Being late
- Using bad habits, such as excessive alcohol or caffeine, as a crutch

All these signs may cause stress to grow.

Take a moment to reflect on the **signs of poor self-care** and make a list of your personal signs of stress.

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**It's important to be aware of your personal signs of poor self-care and stress, and to use them as an early warning signal.**

**Seven steps to good self-care**

- Care for your physical health
- Care for your social health
- Care for your emotional and spiritual health
- Acknowledge and set limits
- Identify and utilize available supports
- Take a break
- Learn to say goodbye.

**Tips to improve self-care**

**H.A.L.T.** - Never let yourself become too

- hungry
- angry
- lonely or
- tired!

This tip, adapted from ***Alcoholics Anonymous***, recognizes that when you become hungry, angry, lonely or tired you are more vulnerable to destructive habits. (You may be lonely for yourself.)

- Physically **H.E.R.E.** - healthy eating, rest and exercise. Your body is the vehicle through which you care for others so remember to take care of it.

**Healthy Eating**

- Eat veggies and fruit. They are good for the immune system and can reduce the risk of cancer.
- Drink water instead of coffee, tea, pop and juice.

## **Rest**

- Sleep 8 to 10 hours daily to avoid the effects of sleep deprivation, which include reduced safety, lack of attention and decreased ability to learn.
- Remember: rest is more than just sleep. It includes building in breaks from work and worry into your life. Consider setting aside some “rest” times each day, week, month and year when you will intentionally slow down. For example, keep one day each week for rest, spiritual worship and play with no shopping, heavy duty cooking or other chores.

## **Exercise**

- Build regular light physical exercise, such as walking, into your day. Exercise builds bone strength and helps the body produce more red blood cells, which keep us healthy. Get lots of fresh air. We tend to get more colds in the winter because we spend more time indoors where we are exposed to more germs.

Take a moment to reflect on the times when you are too busy, too stressed or too drained. Think about **which self-care practices you abandon first** (assuming that you already have some of them in place!)?

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What is the effect on you?

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## **Think about your social-solitude balance**

- Which tires you more: lots of solitude or lots of social interaction?
- Which revitalizes you more?
- Do you tend to process internally (i.e. seek solitude) or externally (i.e. seek social interaction) when you are going through a difficult time?

Mark your usual “style” on the scale below

Solitude	Social
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Take a moment to think about the following:

- Is your life in balance for you at this time?
- Who drains you and why?
- How can you limit your time with those individuals or the effect they have on you?
- Who makes you feel replenished and why?
- How can you spend more time with these people without draining them?

### **Advantages of solitude**

- A time for reflection
- The opportunity to operate at your own pace. You don't have to go faster or slower for someone else
- No interruptions
- Solitude is NOT the same as loneliness or being alone. You can walk, hike or read silently in someone else's presence and find solitude there.

At this time in your life, do you have the right balance between the time you spend with replenishing people and the time you spend in replenishing solitude?

## Self-care Exercise Habits, Hobbies and "Humans"

Good self-care is a protective buffer or shield. What have you got going for you?

1. Review the examples in the chart below (5 minutes)
2. Go through the worksheet. Write down the elements of good self-care you have in place already and anything you want to improve on (5 to 10 minutes)
3. Share and celebrate your "self care shield" with someone close to you (5 minutes)
4. Save your worksheet and submit it via email to your training coordinator.

<b>Habits</b> that help me function well, reduce pressure and keep my life in balance		
Habits I already possess	How do they help?	Ideas for improvement
Balanced eating	I feel good and energetic	
Putting out my clothes for the next day	I'm not making decisions in the morning when I'm rushed	
<b>Hobbies</b> that replenish me, help "clear the cobwebs" and refresh my mind, body and spirit		

Hobbies I actively pursue	How do they help? Do I enjoy them often enough?	Ideas for improvement; New hobbies to pursue
Gardening - growing veggies	Working with my hands, visual, the wonder of life, fresh organic food!	
Hiking & snowshoeing - Saturday 6 AM trips	Exercise, fresh air, visual, landscapes	
<b>Humans</b> - people in my life - who believe in me, stick by me and understand my goals and burdens		
People in my life that I'm thankful for because they strengthen and replenish me	How do they help?	Ideas for improvement
4 Best friends	Play! Ideas/mind expansion, companionship	

<b>Social-Solitude Balance</b>		
Forms of solitude that replenish me	Is my social-solitude balance right for me at this time? Do I need some time for solitude or the strength to go it alone on some things?	
Reading, journaling, praying, thinking in the car or with a coffee music		

Adapted from document from Philip Aziz Centre for Hospice Care



**Practice Opportunity Worksheet 7:****Cultural Considerations**

Think about what the following behaviours mean to you. Then consider what it might mean to a person from a cultural background that's different from your own. How could these differences result in misunderstandings?

Once you complete the worksheet, please speak to your Coordinator of Volunteers about next steps.

<b>Behaviour</b>	<b>What it means to me</b>	<b>What it might mean to another</b>	<b>Potential Misunderstandings</b>
Not making eye contact			
Saying "yes"			
Spending time on small talk			
Arriving late for an appointment/class/work			
Needing to consult family			