Welcome to the interprofessional practice community at St. Joseph’s Health Care London!

The following information introduces you to: our care and professional practice structures; the services provided by the Professional Practice Team, and; self-learning materials that you and the health care professional (HCP) will use to:

a) develop your relationship, b) clarify expectations, and c) become aware of the resources available to you.

St. Joseph’s follows an organizational model called “program management.” Each HCP reports to the leader of his/her program for all issues. Professional Practice Consultants (PPCs) are available as resources to leaders and staff to answer questions about practice topics, such as documentation of patient care. The PPCs might support multiple professions.

The PPCs support monthly cross-organizational discipline-specific council meetings. Discipline council meetings offer a venue to identify new best practices and generate solutions to practice questions. Students are welcome to attend monthly meetings for their discipline.

Professional Practice also coordinates student placements at St. Joseph’s. Any administrative issues related to student placements, such as questions about computer access, are addressed by Randa Venesoen, Student Affairs Administrator. Cathy Parsons, PPC, and Lara Howe, PPC, support student orientation and assist students and staff if students have challenges meeting learning goals.

St. Joseph’s leaders and staff want students to be safe while maximizing their learning opportunities in our environment. The e-learning module you completed on the St. Joseph’s website about the Occupational Health and Safety Act outlined your obligations to report safety concerns immediately and follow the information provided by the organization about tips for staying safe.

In addition to discussing the safety information in this learning package, we hope you and the HCP supporting your learning will reflect on the tools for identifying your strengths and enhancing your communication with each other. There are many resources in this package to build a strong relationship between students and the HCPs supporting their learning. Use the information to make your placement experience a relevant translation of theory into practice and enjoy how much you will learn!

Sincerely,
Cathy Parsons, ext. 65820, Cathy.Parsons@sjhc.london.on.ca
Lara Howe ext. 48130, Lara.Howe@sjhc.london.on.ca
Randa Venesoen, ext.42390, Randa.Venesoen@sjhc.london.on.ca
TOP TEN STRATEGIES FOR STUDENTS TO STAY SAFE

1. Embrace a culture of safety – Organizations can provide training and implement policies to keep everyone in the environment safe, but those efforts are only successful when everyone in the environment believes in the importance of safety and commits to contributing to safety through their day to day activities

2. Report any unsafe conditions to the leader in the area immediately – Leaders cannot address unsafe conditions in the environment if they do not know what is happening – part of embracing a culture of safety is taking the time and responsibility to communicate hazards and risks observed

3. Complete hand hygiene – Forgetting to clean hands when entering or exiting patient environments spreads biological hazards and leads to illnesses for students, staff, and patients. Over 8000 people die each year in Canada from health care associated infections – that’s as many people as die each year from breast cancer and motor vehicle accidents combined. Practice the four moments of hand hygiene to keep everyone safe: http://www.publichealthontario.ca/en/eRepository/4-moments-for-hand-hygiene-poster.pdf

4. Use personal protective equipment – Know the personal protective equipment required generally in the environment and unique to specific patients and follow those instructions

5. Walk cautiously and stay alert for slip and trip hazards – Slips, trips, and falls are leading causes of injury – Avoiding slip and trip hazards, such as wet floors and cords, can reduce the probability of falls and injuries
6. **Wear appropriate footwear for the environment** – Wearing closed toe and closed heel shoes with a low heel and non-slip soles will reduce the risk of falls and injuries. Also inquire about additional footwear requirements for the program area to promote safety.

7. **Follow recommended and required procedures for safe patient handling** – Confirm the instructions for moving patients before assisting a patient and follow those instructions. For example, do not move a patient alone with a transfer status of *two person assist* even upon patient request.

8. **Change position for five minutes every hour** – Bodies become stressed and worn out when the same muscles are working in the same way for extended periods of time. If sitting for an hour, get up and move for five minutes. If moving constantly, sit down and rest for five minutes. Change position regularly to keep body parts from experiencing strain injury.

9. **Be mindful of the potential for each patient to be agitated** – Patients can be verbally and physically agitated upon approach for various reasons, including experiencing short term reactions to medication or traumatic memories triggered by particular factors. Inquire about any identified conditions that could lead a patient to be verbally or physically agitated before approaching the patient and avoid creating known triggers for aggressive responses. Always approach with caution, maintaining some distance from the patient and a clear exit route until confirming the patient is not distressed and poses low risk for a verbally or physically aggressive response.

10. **Develop and implement a self-care plan to monitor and sustain emotional and mental well-being** – Caring for people with illnesses can be exhausting emotionally and mentally. Maintain emotional and mental well-being by identifying the signs that well-being is deteriorating and identifying and implementing actions to restore well-being.
Clarifying Expectations and Using Our Strengths

As students in our organization, we want your experience of the practice environment to be a rewarding opportunity to apply your academic training. To this end, we believe that your relationship with your mentor is one of the most important. Please complete the activities in this material with the health care professional who has committed to this placement and to your learning. The clearer you both are at the beginning about your roles and your relationship, the greater likelihood that you will both have a rewarding learning experience.

1. What behaviours/qualities/abilities of an exceptional teacher have you most admired? Make a list.

2. What behaviours/qualities/abilities of a learner make it easier to teach/coach/supervise? Make a list.

3. Identify the ways in which you each like to give and receive feedback including: when, where, frequency, focus, verbal/written.....
Using Our Strengths

This exercise is to be completed by both the student and the mentor.

1. Having completed the free character strengths survey at http://www.viacharacter.org/www/The-Survey, print a copy of your results and review your top five strengths.
2. For an 8 min. overview of the science on strengths, please go to this website http://www.viacharacter.org/resources/the-science-of-character/
3. Read the overview of the 25 Character Strengths to have an idea of the meaning of each strength http://www.viacharacter.org/www/Character-Strengths/VIA-Classification
4. Think about what your results mean to you. Are you surprised by any of your strengths? Can you think of ways that you have demonstrated these strengths, to yourself? To others? How might or have these strengths served you in your career (as a student or a professional)?
5. Using the worksheet on the next page, list your top five strengths.
6. Discuss your results with each other. What character strengths are similar and also different? How might the use of your strengths enhance the quality of this teacher/learner relationship?
   If you are stuck for ideas,
   a) consider the skills required of health care professionals: eg. developing therapeutic relationships, compassionate caring, using current knowledge & applying skills, being organized, negotiating care, provided/care required, critical thinking & effective decision-making.
   b) and/or check out this article that identifies many ways to uncover and use your strengths. http://www.viacharacter.org/resources/ways-to-use-via-character-strengths/
7. Watch for and recognize others for their strengths. It can build your relationships while also helping you to learn more about the many ways that strengths show up at work.

To seek clarification of this material or to learn more about the use of character strengths contact Cathy Parsons, Professional Practice Consultant, cathy.parsons@sjhc.london.on.ca
<table>
<thead>
<tr>
<th>My Top 5 Strengths</th>
<th>Share an example of where you have used these strengths in your life.</th>
<th>How might you use these strengths during the practice placement?</th>
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<tbody>
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<td>5.</td>
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<tr>
<td>Skills for building relationships* Based on Crucial Conversations® available in St. Joseph's libraries</td>
<td>My conversation with my Learning Partner</td>
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| **1. Crucial conversations**  
- Strong emotions  
- High stakes  
- Opposing opinions | Can you think of a time where you had a conversation that involved at least 2 or these things? What went well? What would you have done differently? |
| **2. Start with Heart** | In this learning relationship…  
What do you want for yourself?  
What do you want for your learning partner?  
How will you give and receive feedback? How often? Just in time? (i.e. immediate) Or planned (weekly meeting) |
| **3. Get Unstuck** | Begin to notice patterns  
If problem is large or repeating… explore **CPR**  
Is it **Content**  
**Process, procedure**  
**Relationship** |
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<tr>
<td><strong>4. Master my Stories</strong></td>
<td>What stories could you tell yourself in the relationship if things not going well?</td>
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<tr>
<td><strong>What's Your Story?</strong></td>
<td>Separate facts from story Victim, villain, helpless</td>
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| **5. Share your path** | **S.T.A.T.E**  
  Share the facts  
  Tell your story  
  Ask to check  
  Talk tentatively  
  Encourage testing |
|   |   |   |
| **6. Style under stress** | What is your style under stress..  
Share with your partner...  
What will they see, hear?  
How can you make this visible?  
How can you stay in dialogue |
|   |   |   |
| **7. Make it safe** | What I don’t want....  
What I do want.... |
|   |   |   |
| **8. Move to action** | Who Will do What by When? |
Welcome from CEO

The following brief video provides an overview of St. Joseph’s history, values, and services and includes a welcome to individuals joining St. Joseph’s from the organization’s President and CEO, Dr. Gillian Kernaghan

http://www.wohkn.ca/sjhc_orientation
Staff Intranet

https://intra.sjhc.london.on.ca/

Access by entering your Network login information from any computer within St. Joseph’s

Many Helpful Resources on the Home Page:
- “Current news” column for important updates like parking changes
- “Upcoming events” column includes free educational events
- “Corporate column” has important quick links, such as corporate policies, emergency management, and directories and maps
- “Support teams” link connects to various services, such as Food and Nutrition Services where cafeteria schedules at various St. Joseph’s sites are posted
Staff Intranet Continued

An on-line resource called Clinical Skills is also available through the St. Joseph’s Intranet (see next slide for image and link).

This resource is helpful for understanding physiological issues and procedures for people of all disciplines. Also includes information on some psychosocial skills like rapport building.
CORPORATE POLICIES TO REVIEW

Privacy and confidentiality policies (see privacy information sheet attached for additional details)

https://intra.sjhc.london.on.ca/support-teams/privacy/helpful-links

Consent policy (see attached pamphlet entitled “Making Health Care Decisions for Others” and attached sheet entitled “Ethical Difficulties” for further information)

https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?polid=PCC002&live=1

Clinical documentation standard

https://intra.sjhc.london.on.ca/sites/default/files/attachments/nursing_policies_corporate_clinical_documentation.pdf

Use of cellular phones – St. Joseph’s discourages the use of cellular phones within St. Joseph’s buildings. Cellular phones should only be used in designated areas as outlined in the following policy:

https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?polid=MMI011&live=1

Electronic (e-mail) use – E-mail received through the St. Joseph’s e-mail system should not be forwarded outside St. Joseph’s since the information is no longer secure once the e-mail leaves the organization’s computer network. Additional issues to consider when using St. Joseph’s e-mail are outlined in the following policy:

https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?polid=MMI009&live=1

Social media – Follow the guidelines for St. Joseph’s staff regarding discussing experiences at St. Joseph’s on social media:

https://intra.sjhc.london.on.ca/support-teams/communication-and-public-affairs/social-media/social-media-guidelines
Privacy and Confidentiality for Students

On November 1, 2004, the Personal Health Information Protection Act, 2004 (PHIPA) came into force. This Act provides, among other things, rules governing the collection, use, and disclosure of patient health information. As a student learning at St. Joseph’s Health Care London (St. Joseph’s), you are considered an “agent” of St. Joseph’s under the Act. As an “agent”, the Act provides some rules that you must follow. These guidelines provide more detailed advice as to how to meet your privacy obligations than the Confidentiality Agreement that you signed.

Collection, Use and Disclosure of Confidential Information

As a student, you may be asked to collect and use patient health information. If the nature of the assistance you are providing involves collecting, accessing, or disclosing health information, apply the “need to know” rule. Only collect, access, use, and disclose as much information as you need to in order to be able to perform the task.

- Never discuss outside of the hospital any patient information you learn at the hospital. Even at the hospital ensure that those with whom you are sharing need to know the information.
- If you are ever concerned that the nature of the activity you are being asked to perform may breach one of the privacy “rules”, ask your supervising clinician about how the patient’s privacy is being respected or contact the Privacy & Risk office at extension 65591.
- If any non-St. Joseph’s staff/affiliate request information about a patient, check with your supervising clinician prior to disclosing any information.
- If you are provided with access to any application containing patient health information, like PowerChart (St. Joseph’s electronic patient record), ensure that you never share your password with anyone. Always log out of the application prior to walking away from the computer and keep in mind that your access to electronically stored patient health information may be audited.
- Do not leave St. Joseph’s paper health record unattended. This prohibition includes never leaving the record alone with the patient. If a patient wants access to his/her health record, refer him/her to their caregiver.
- If a patient asks you for information or has a complaint related to accessing or correcting health information or about how his/her health information has been collected, used, or disclosed, refer them to his/her caregiver or to Privacy and Risk.

For more information, refer to the corporate Privacy Policy and Security of Confidential Information Policy.

Breach of Patient Privacy

Breach of privacy includes any intentional or inadvertent unauthorized access, use, or disclosure of confidential information and any inappropriate disposal of confidential information. Common examples of breaches of confidentiality include, but are not limited to:

- the misplacement of a patient record
- a laptop or any other portable information device with confidential information stored on it is stolen
- a letter addressed to one person is faxed to the wrong number
- accessing personal health information of family members or friends without authorization
- documents containing patient health information are left in a public area
- disclosure of patient information to a police officer without the patient’s consent, a warrant, or an summons
While every effort will be made to maintain patient confidentiality, the hospital recognizes that in practice, reasonable limits may be placed on the principle of patient confidentiality. Sometimes the provision of quality care or education requires that confidential information be discussed among health care providers in patient care areas where other patients or visitors may be present (i.e. non-private rooms, hallways in busy units where patients are being treated, and outpatient clinics). Nevertheless, careful consideration should always be given to how to minimize the compromise to patient privacy in these circumstances.

The following steps should be followed in the event a breach occurs:

- Inform your instructor/preceptor or the unit leader
- Take steps to contain the breach and identify the extent of the breach

Every person working at the hospital has the right and responsibility to report a breach of privacy without fear of reprisal for doing so. Breaches of privacy can be reported to a leader, supervisor, or directly to the Privacy and Risk office. For more information please refer to the Breach of Patient Privacy Policy.

**Acceptable Use of Information Technology Resources**

Acceptable use of IT resources includes, but is not limited to the following responsibilities:

- Individuals with Computer IDs must protect the confidentiality of their User ID and password.
- Confidential information that is in an electronic format should only be stored in secure file shares on the hospital network e.g. (G:) drive, (S:) drive.
- Use only User IDs or accounts and IT resources which you are authorized to use, and use them for the purposes for which they were intended.
- Respect the integrity of IT resources and data i.e. do not damage or alter the software of a computer or computing system.
- Only software that is properly licensed and approved for use may be installed on Information Technology resources.

As the owner of Information Technology Resources, St. Joseph’s reserves the right to audit and monitor these systems’ usage and content. This includes but is not limited to: patient/client chart access, email usage, internet usage and activities in all applications. This may be carried out, without prior notice, for security reasons, to support ongoing operations, maintenance and upgrades to technology resources and to support approved investigative activities related to unacceptable use or legal issues.

Unacceptable use of Information Technology Resources may result in discontinuation of network privileges and/or disciplinary action up to and including termination of placement. For more information, refer to the corporate Acceptable Use of Technology Resources policy.

Visit the Privacy Home Page [https://intra.sjhc.london.on.ca/support-teams/privacy/helpful-links](https://intra.sjhc.london.on.ca/support-teams/privacy/helpful-links) for online Resources, Helpful Links.

**Other Related Policies and Guidelines**

- Privacy Policy
- Confidentiality Policy
- Electronic Mail (E-Mail Use) Policy
- Use of Cellular Phone and Other Wireless Technology Policy

CARING FOR THE BODY, MIND & SPIRIT SINCE 1869
Making Health Care Decisions for Others

Who is the Substitute Decision-Maker (SDM)?  The SDM’s Role  How Decisions Are Made

The Role of Substitute Decision-Maker (SDM)
A capable person makes his or her own informed treatment or care decisions. Informed decision means the person understands the decision to be made, the risks and benefits, and appreciates the consequences of the decision. Capacity is determined for each decision.

When a person is found to lack the capacity to make the decision, the highest ranking SDM is asked to do it.

How does SDM Decide?
Substitute Decision-Makers must follow legal rules when asked to make a care or treatment decision for someone else. A decision is made according to:

1. Prior wishes of the person when he/she was capable OR if these wishes are not known, the decision is based on:
   1. Best interests of the person

   1. Prior Capable Wishes
   A capable person may express wishes with respect to future treatment and care decisions. The SDM must follow these wishes when possible. Prior capable wishes may be verbally expressed or written (advance directive, living will, in a power of attorney document or other). The most recently expressed wishes supersede earlier wishes.

   To depart from a prior capable wish, or if there is a disagreement about the wish, the SDM or health care professional can apply to the Consent and Capacity Board to seek direction.

   If it is impossible in the circumstances to follow the wish, or the SDM does not know of a wish applicable to the situation, the SDM must make the decision according to the person’s best interests.

2. Best Interests of the Person
   1. The values and beliefs of the person
   2. Any current wishes the incapable person may have
   3. Whether the treatment is likely to:
      i. Improve the condition or well-being
      ii. Prevent the condition or well-being from deteriorating
      iii. Reduce the extent or rate of deterioration
   4. Whether the condition or well-being is likely to improve, remain the same or deteriorate without the treatment
   5. If the benefit outweighs the risk of harm
   6. Whether a less restrictive or intrusive treatment would be as beneficial as the treatment proposed

If you are the SDM, it is important to understand that you are NOT being asked to make the decision you feel would be best for you, or the decision you would make for yourself.

CARING FOR THE BODY, MIND & SPIRIT SINCE 1869

Renowned for compassionate care, St. Joseph’s is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease and disability through excellence in care, teaching and research.

sjhc.london.on.ca
Ask Yourself:
What would the patient say if he or she could speak with us right now about this treatment decision?
What would be the patient’s wishes about his or her care?
Would the patient want this treatment?

Who is the SDM?

Hierarchy of Substitute Decision-Makers
The highest-ranking person in the hierarchy is asked to be the SDM.

- a person’s court-appointed guardian
- an attorney for personal care
- a representative appointed by the Consent and Capacity Board
- a spouse or partner
- children over 16 years of age and parents
- parent with right of access only
- siblings over 16 years of age
- any other relative over 16 years of age (related by blood, marriage or adoption)

The Public Guardian and Trustee (Treatment Decisions Officer) is the decision-maker of last resort if no other person in the hierarchy is capable, available or willing.

The SDM must be willing, capable, and available to assume responsibility for treatment or care decisions. The SDM has the right to decline this responsibility.

Family situations are unique. The SDM hierarchy may be complex in your family. Contact your social worker to discuss your situation or for further information.

Contact Information
If you would like more information, or an opportunity to discuss substitute decision-making, contact:

Program Social Worker: 519-646-6100, Ext.: __________
Clinical Ethicist: 519-646-6100, Ext.: 42251
Patient Relations Coordinator: 519-646-6100, Ext.: 64727

Reference Information
Health Care Consent and Substitute Decisions Act
http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

Ministry of Attorney General: Guide to the Substitute Decisions Act
http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/sdaact.asp

Consent and Capacity Board
1-866-777-7391 (toll free)
www.ccboard.on.ca

(This is the FACT sheet version of the 3-panel brochure)
Ethical Difficulties
Guide for our practice and dialogue

These questions can guide individual or team discernment & consultation processes. Prior to this dialogue you may find it beneficial to take a moment to ‘centre yourself’ (e.g. quiet reflection or prayer) to help you focus in sorting through a troubling issue.

Recall that confidentiality is always a requirement.

1. Naming the Problem: What is the difficulty being faced? What is the ‘red flag’ that drew your attention to the problem? What about the problem makes it an ethical issue? Does it have to do with values and beliefs?

2. Who does the problem or situation affect? Patient / Resident / Client / Substitute Decision Maker (SDM) / Family / Interdisciplinary (IDT) team member / the IDT team? Who is the appropriate decision maker(s)? If the situation involves a patient/resident/client, is that person capable of making the decision? If not, who is the legal SDM? What are the feelings being experienced by the different parties? How could we bring together all the affected parties to ensure all perspectives are understood? What other resources can assist in guiding discernment (e.g. Ethicist, Ethics Consultation Team, Social Worker, Spiritual Care, Patient Relations/Risk Management Coordinator)?

3. What are the FACTS that relate to the problem? What is the diagnosis/prognosis? What is the chronology of events? What understanding do the involved parties have about the problem? What do we know about the care recipient’s wishes, values and beliefs (e.g. an Advance Directive, previously expressed wishes)? If we don’t know what they want, how can we find out? Is the person capable? If not – who is the legal SDM? What seems to be in the “best interests” of the care recipient? What are the pertinent interests of all parties involved? What are the values that are apparently in conflict? What parameters / constraints are present that guide us in this situation (e.g. Codes of Ethics, Standards of Practice, policy, legislation)? How have similar problems in the past been resolved (both here and in other organizations)?

4. What are the principles, values, beliefs & feelings of the parties involved? How can we be sure to keep this in the forefront of discussion?

5. What are the ‘do-able’ options in this situation? What will advance the ‘good’ of the care recipient? What will support the relationships between all parties involved? What supports the professional integrity of the clinicians? What are the potential benefits & harms of these options (for the present situation or the future)? (e.g. medical, quality of life, relationships, moral/spiritual, legal, organizational)

6. Which option has the best reasons supporting it? What process will ensure that everyone involved understands the reasons for the decision or outcome/next steps? Document the discernment process, diverse views & the outcome. Take action. At what point might we re-evaluate the situation? Who will follow up with all parties after decision is implemented? Within what time-frame?

7. Reflect, Critique & Communicate. What went well? What learnings do we have? Did we think well together? Share what you have learned with those who can gain from your reflection, remembering confidentiality.

For further information or supports, please contact:

Clinical Ethicist: Marleen Van Laethem, Ext. 42251 (all sites)

Consultation and Ethics Education Teams:
Ciarán McKenna, Ext. 64395, Gloria Aykroyd, Ext. 61721 (St. Joseph’s Hospital)
Julie Gagliardi, Ext. 42302 (Parkwood Institute’s Main Building & Mount Hope Centre for Long Term Care)
Kathy White, Ext. 47160 (Parkwood Institute’s Mental Health Care Building & Southwest Centre for Forensic Mental Health Care)

We would be happy to hear from you – Feedback on this tool or how it has been used in your discussions can be forwarded to any of the persons listed above.

Ethical Difficulties Pocket Tool Resource
Adapted from the Riverdale Hospital Ethics Committee
Revised: July 14, 2015