



My Personhood Summary[®]: Guidelines for Use

Background & Purpose

Behavioural Supports Ontario's (BSO) My Personhood Summary[®] surfaces a person's life experiences, important relationships, personal preferences, and other psychosocial and environmental factors that influence individuals' daily lives. It is a foundational tool that is intended to be used with people living with dementia as well as older adults living with complex mental health, substance use, and/or other neurological conditions, however, other populations may also benefit from its use.

The information collected on My Personhood Summary[®] can enhance team members' abilities to: (1) foster supportive relationships, (2) recommend meaningful activities, (3) identify ways to promote abilities, (4) maintain social connections, (5) develop tailored approaches and strategies to care, and (6) inform person-centred behavioural support plans. This tool is written in first-person to elicit a focus on the person, instead of on their illness(es)/condition(s).

My Personhood Summary[®] was adapted from *PIECES of my PERSONHOOD* (North Bay Regional Health Centre, 2012). Users of this tool may also consider the Indigenous-adapted version of *PIECES of my PERSONHOOD*, [PIECES of my Relationships](#), a culturally safe practice tool developed with the *Indigenous Cognition & Aging Awareness Research Exchange*.

Guidelines for Use

My Personhood Summary[®] can be used by all members of BSO teams as well as other healthcare providers and partners. Further instruction on the use of this tool may be provided by Psychogeriatric Resource Consultants or other BSO-aligned clinical educators.

Engagement of the person and/or family¹ is essential while filling out this tool. My Personhood Summary[®] is a living document that should be updated when new information becomes known, upon a significant change in health status, and/or upon a transition to another setting. Prior to initiating data collection, the purpose of the tool should be explained to those providing the information. It can be stated that the purpose of the tool is to get to know individuals better in order to enhance the provision of person-centred care. Information for each section of the tool should be collected via natural conversation and does not need to follow the presented order. The completion of My Personhood Summary[®] may require multiple conversations in order to build rapport prior to engaging in discussion about sensitive topics (e.g., low points in life). Information may be documented in point form or with full sentences. Some fields may be left blank if information is unknown. Users may consider sharing a copy of the completed tool with the person for whom the tool describes, as well as family care partner(s), if consent is obtained to do so. It may also be beneficial to post the completed tool or a poster that summarizes key items from it in a space that is visible by others. Granted that consent is obtained, areas to consider displaying the tool include inside a closet, on the fridge, inside a drawer, on a wall, or on a door.

Both a fillable PDF and Microsoft Word version of My Personhood Summary[®] are available for electronic use. When using the fillable PDF, the font size is automatically adjusted as more content is added to each field. In the Microsoft Word version, the size of the text boxes can be adjusted, however, users of this version are encouraged

¹ Definition of Family: A term used to refer to individuals who are related (biologically, emotionally, or legally) to and/or have close bonds (friendships, commitments, shared households and child rearing responsibilities, and romantic attachments) with the person receiving health care. A person's family includes all those whom the person identifies as significant in his or her life (e.g. parents, caregivers, friends, substitute decision-makers, groups, communities, and populations) (RNAO, 2015).



to keep responses concise as to not have the document exceed two pages. Electronic and printed documents are to be stored according to organizational policies and procedures. My Personhood Summary[®] may be built within electronic documentation records, but the tool must not be altered. Any requested changes or adaptations to My Personhood Summary[®] must be reviewed and approved by the BSO Provincial Coordinating Office and BSO Personhood Tool Working Group Leadership.

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If posting/displaying this tool, please ensure to remove personal health identifiers from the addressograph section (e.g., DOB, legal name).

- **Name:** Legal name
- **Pronoun(s)/Prefix(es):** Preferred pronoun(s) (e.g., he, she, they) and/or prefixes (e.g., Mr., Mrs., Ms., Elder, Dr., Prof., Father, Sister, Lt., Capt.).
- **DOB** (day/month/year): Date of birth.
- **Dominant Hand:** Primary hand used when performing fine motor tasks (e.g., writing, brushing their teeth, using utensils). Intricacies regarding dexterity (e.g., writes with left, eats with right) can be included in the 'Other things you should know' domain.

Who I Am Now

- **Preferred Name:** Name by which the person would like to be addressed in this environment. This may be their first name, a nickname, another chosen name, or an honourific (e.g., Mr. Boyle, Nona, Junior).
- **Language(s):** Languages spoken/understood.
- **Gender identity:** Gender by which the person identifies. Select an option from the drop-down menu: male, female, gender neutral, genderqueer, non-binary, third gender, transgender, two-spirit, prefers not to disclose, or other. *Note:* the person's gender identity may be different from their gender expression and sex assigned at birth.
- **Sexual orientation:** Pattern of emotional, romantic and/or sexual attraction to other people. Select an option from the drop-down menu: asexual, bisexual, heterosexual (straight), homosexual (gay, lesbian), pansexual, prefers not to disclose, or other.
- **Things that I am good at and/or best known for:** Particular strengths, abilities, and/or skills that the person possesses. This may include specific expertise, attributes, sources of pride, and/or talents. Consider describing ways to maximize the person's strengths and abilities in their current environment.
- **The following people and pets are important to me** (names, roles, details): Significant people and/or pets in the person's present-day life (e.g., family/essential care partners, people seen/spoken to regularly).
- **What I believe and practice:** Religious/spiritual customs, morals, values, traditions, daily practices, and specific holiday celebrations. Identify important community members/spiritual leaders and items used to support the person's practices (e.g., rosary, tobacco, traditional offerings, medicines, and books).
- **My daily routine:** Preferred/habitual daily routine. Consider the inclusion of details pertaining to sleep, clothing, personal care, appearance, and activities of interest. Include substance use routines such as the use of tobacco, alcohol, cannabis, etc. The inclusion of other factors that contribute to an overall good day for the person may be included as well.
 - Food, drink and mealtime preferences: Identify favourite foods and drinks along with any specifics to enhance mealtimes (e.g., small portions, skips breakfast, evening snack, adaptive dishes/cutlery, etc.).

About My Past

- **Where I grew up/lived:** Specific cities/towns, areas, or regions of the world where the person has lived. Consider including details related to their upbringing, favourite places lived, and/or socioeconomic factors.
- **Who I spent my time with:** Significant relationship(s) that the person has had throughout their life, including the roles and dynamics within each one (e.g., blood relatives, chosen family, friends, romantic partners, previous pets).
- **How I spent my time:** Key roles of importance throughout the person's life and those that occupied the majority of their time such as jobs/careers, parenthood, hobbies/interests, and life passions.



- **My high points in life:** Most enjoyable events, achievements, and experiences of the person’s life. Consider “mountain-top” or “bucket list” moments. Provide dates and their significance if applicable.
- **My low points in life:** Difficult times experienced throughout the person’s life. Be sure to follow your organization’s guidelines pertaining to the documentation of sensitive content. Consider removing sensitive content from this section when displaying a completed version of the tool and instead, indicate where additional details related to this topic can be located (e.g., in the person’s chart).

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My Social, Emotional & Environmental Preferences

List the person’s social, emotional, and environmental likes and dislikes using the designated ‘likes’ and ‘dislikes’ columns. Consider organizing the information using the SEE acronym (i.e., Social, Emotional, then Environmental) or list items by degree of importance to the person (i.e., most important items at the top).

- **Social** (*hobbies, interests, meaningful activities, communication styles, interaction/group size preferences, etc.*): Prioritize the inclusion of hobbies/interests that can be supported in their current setting (e.g., games, sports, music, television/movies, physical activities, art/creative activities, cooking/baking). Include social mannerisms, tendencies, and customs. Consider incorporating communication styles including non-verbal communication tendencies (e.g., gestures, communication boards, facial expressions, sign language).
- **Emotional** (*sources of comfort/discomfort, affection, reassurance, safety, motivation, joy, stress, grief, fear, etc.*): Preferences related to emotional connections within friendships and romantic relationships. For romantic relationships, consider listing key details related to sexuality and intimacy (e.g., greets partner with a hug/kiss, likes to cuddle in bed). Consider the inclusion of key phrases/actions that may assist in moments of distress.
- **Environmental** (*sensory preferences and use of sensory aids; considerations for personal space, placement of objects, etc.*): Preferences and sensitivities related to vision, sound, taste, touch, temperature, and smell.

Other Things You Should Know

- Make note of any other significant information about the person.

Expressed Consent

- **I consent to:** Check this box if consent has been obtained to post the tool and indicate where it will be displayed. Consider removal of personal identifiers (e.g. DOB) and sensitive information prior to posting the tool to protect the individual’s identity. If consent has not been obtained to post the tool, store the document in the person’s chart according to organizational policies and procedures.
- **Consent obtained from:** Identify the person consenting to the use of the information collected on this tool by checking the appropriate box (i.e., Individual whom the tool describes or substitute decision maker [SDM]). Print this person’s full name in the box below and obtain their signature in the box on the left. Alternatively, if unable to acquire a signature, indicate who obtained verbal consent (i.e., the healthcare provider) and include their name and signature in the box on the right.

Form Completed by:

- Identify the contact details of the healthcare provider who facilitated the completion of My Personhood Summary®.

Contact the BSO Provincial Coordinating Office

1-855-276-6313

provincialbso@nbrhc.on.ca

www.brainxchange.ca/BSO