FACILITATOR INSTRUCTIONAL MODULE 1

Facilitator Guide

FIM 1:

Person-centered Care - Minimizes the Risk of Abuse

FIMS

Facilitator Instructional Modules: Adult Abuse and Neglect Prevention

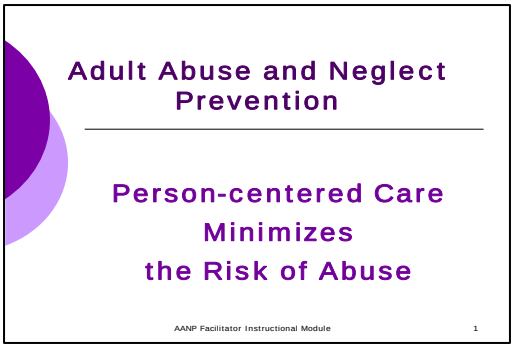
A WEAM program

AANP

2007

FIM 1: Person-centered Care

Minimizes the risk of Abuse



Learning Objectives:

By the end of this module, participants will be able to:

- Define the elements of person-centered care in an abuse-free environment

Introduction:

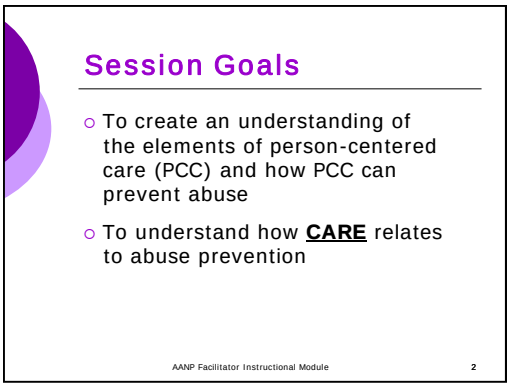
This module introduces the concept of person-centered care (PCC) and how abuse can be prevented by instituting the goals of PCC into everyday work and life. The goal of this training is not only to prevent abuse from occurring but also to transform institutions and organizations from being task-focused and treatment-oriented to being relationship-focused and care-oriented. Person-centered care is a philosophy that puts the client at the center of everything done as caregivers. In the past, many health care organizations have been policy-centered or treatment-centered. This module explores what person-centered care is and how it applies to the work of a direct access staff. This is the first module in a series of twelve adult abuse and neglect prevention modules focusing on ways to prevent abuse from occurring on three levels – as individuals (preventing ourselves from abusing); by co-workers and supervisors (preventing others from abusing); and as an organization (creating an abuse-free environment). Simply put, abuse prevention is about care. We want to create an organization that focuses on care. We want individuals focused on care. In order to develop our capacity to provide great care, we need to know ourselves and each other and develop positive relationships with co-workers, supervisors, and clients.

Preparation:

Arrange the room so each participant can see the trainer and other participants

Instructions:

Warmly welcome participants to the session, and say the title.



Learning Techniques

This module uses several learning techniques: team brainstorming, role play, self reflection, and group processing.

Outline

The module is 60 minutes. It is divided into four parts:

- Group warm-up activity
- Person-centered Care introduction and discussion
- Relationships as the basis of person-centered care
- Wrap-up

Time:

5 minutes for the title page welcome and review of the session goals

Supplies:

3 index cards for each participant

"Ideal Caregiver" worksheet

"Goals of Person-Centered Care" worksheet

Flip chart and markers

LCD projector and computer

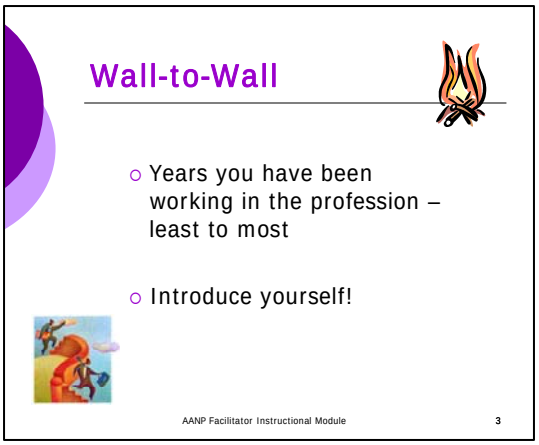
Screen or wall space

PowerPoint slides

A colorful blow-up beach ball

Instructions:

Review the session goals with the participants. Answer any questions that are raised at this time.



Time:

15 minutes for the group warm up, which includes slides 3 - 11

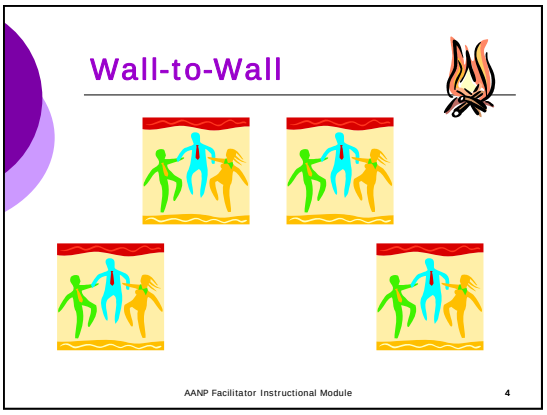
Note:

This module begins with a group warm-up. A group warm-up is like an icebreaker. It is an opportunity for participants to get to know each other, get comfortable sharing with one another, and to get acquainted with active participation in the session. Prior to the warm-up make sure you have located adequate space for the participants to stand in a u-shaped line.

Instructions:

Explain that a group warm-up, like an icebreaker, is an opportunity to get to know each other. Instruct the participants to stand and line up in a "u-shaped" line according to the number of years they have been working in health care/long-term care (this is total number of years, not just with this organization or doing this job), or have been caring for others as a profession. (Least number of years on one end to the most years on the other end.) Participants must talk with each other to establish the correct order.

Notes:

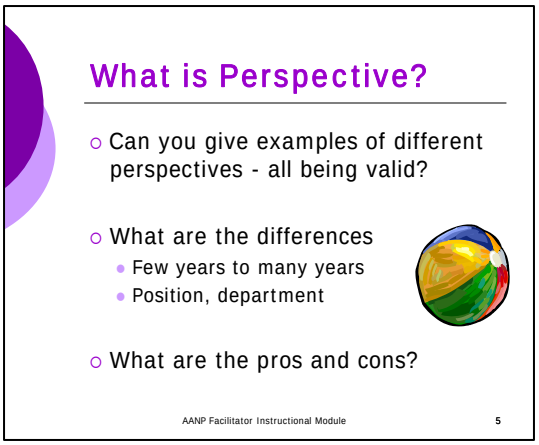


Instructions:

After the line (u-shape) has been formed, begin with the least amount of years and instruct the participants to tell the group their name, where they work, what they do, and the number of years they have been working.

Note:

It may be helpful to write the instructions – name, where you work, what you do, and the number of years you have been working in health care on a flip chart that all participants can see. You may also request that someone in the group add the number of years the participants have been in health care and report the total number to the entire group at the end of the introductions. You may then reference the vast amount of experience and perspective in the room.



Instructions:

After everyone has introduced themselves, ask the participants to think about the word perspective. What does perspective mean? Hopefully, a few will share their "meaning," and it will include things such as the way they look at things, how they perceive or experience certain situations.

Trainer Tip:

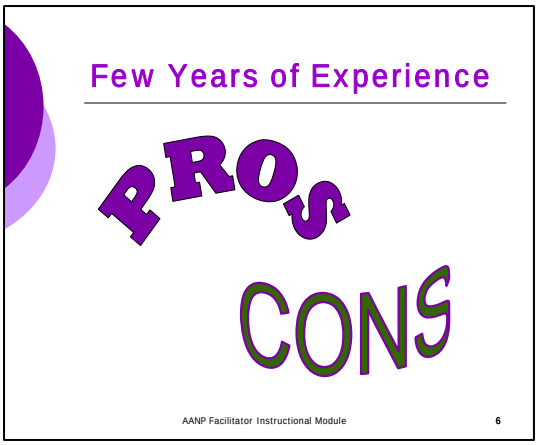
Example of valid perspective – when you hold up a beach ball with stripes and look at it, you see one or two colors on your side of the ball. If you ask a person across from you to tell you what color the beach ball is, they will likely say a different color because they see another side of the ball. Your view or perspective is different than their view or perspective. Both are valid, both are true, but they are different.

Ask the class if the participants on one end of our years of experience continuum may have a different perspective than on the other end of the continuum. Elicit responses to what might be different.

Instructions:

Ask the participants to give you some of the pros (positives) of having *fewer* years in long-term care/health care. If participants have difficulty giving answers, you may prompt them with one of the following:

- People offer a fresh perspective because of their limited experience.
- People have different experiences outside of health care from which to draw.

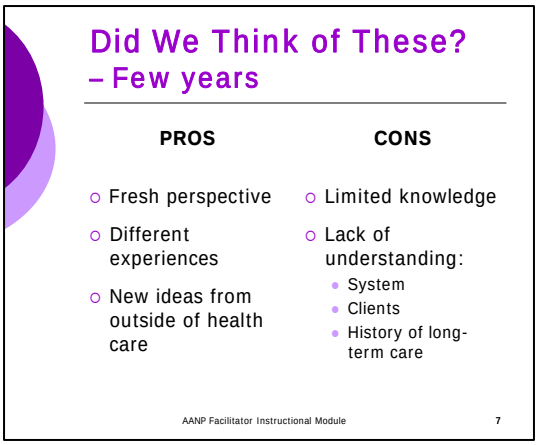


Next, ask the participants to give you some of the cons (negatives) of having *fewer* years in long-term care/health care. If participants have difficulty giving answers, you may prompt them with one of the following:

- People have less experience, and so may lack insight as to why things are done the way they are or know how to respond in certain situations.
- People may not fully understand the system, the clients, and the history of long-term care.

Once participants have contributed, go to the next slide to see if they have included those responses.

Notes:



Instructions:

Quickly review the items listed. Highlight only those the group missed.

Instructions:

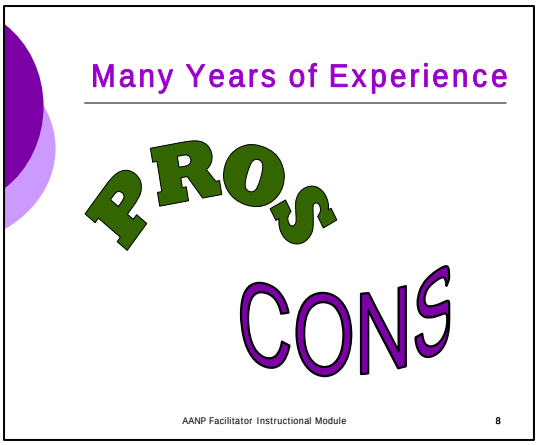
Ask the participants to give you some of the pros (positives) of having *many* years in long-term care/health care. If participants have difficulty giving answers, you may prompt them with one of the following:

- People have many years of experience from which to draw.
- People have greater understanding of client needs and client behaviors.

Ask the participants to give you some of the cons (negatives) of having *many* years in long-term care/health care. If participants have difficulty giving answers, you may prompt them with one of the following:

- People are at risk of being stuck in the old ways of doing things.
- People may have little tolerance for new ideas or for new staff learning the ropes.

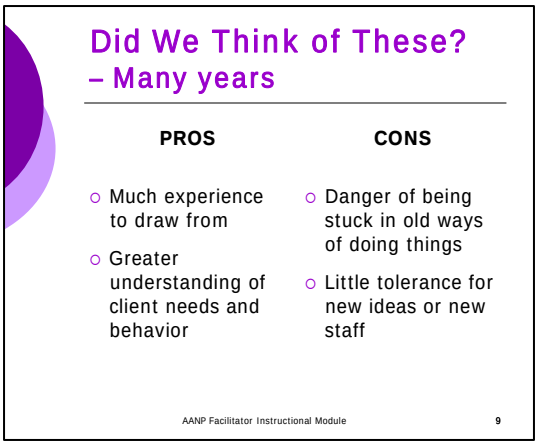
Once participants have contributed, go to the next slide to see if they have included those responses.

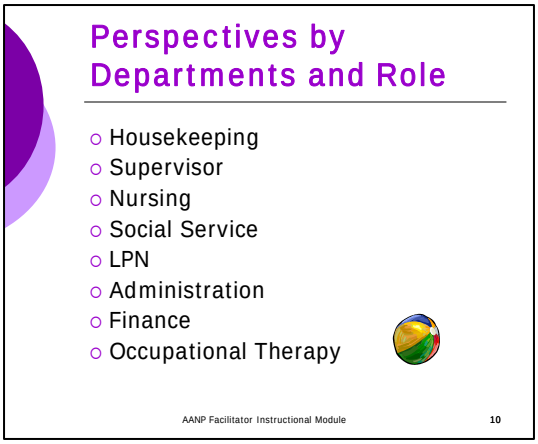


Notes:

Instructions:

Quickly review the items listed. Highlight only those the group missed.





Instructions:

Ask the participants if perspective changes given different roles.

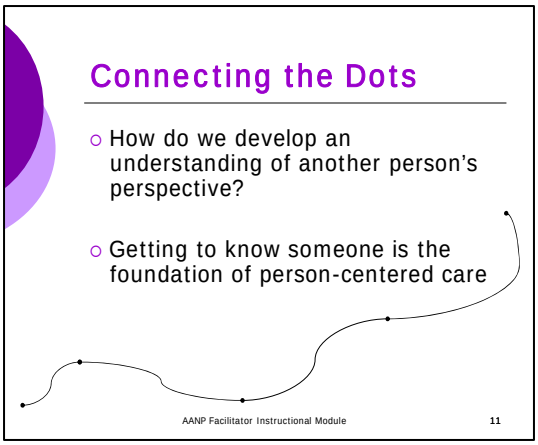
Explain that we would also see differences if we arranged ourselves by position (housekeeper, dietary, nursing, etc.). Make the point that our perspectives are different because our interactions with the clients are different. We can use everyone's different experiences to gain a better overall understanding of our clients and how best to care for them. Everyone's perspective is valuable.

Thank the participants for standing and discussing. Instruct them to take their seats.

Instructions:

Ask the audience how we learn another person's perspective. If participants have difficulty giving answers, you may prompt them with one of the following:

- We get to know them
- We ask them
- We talk to other people (if the person we're talking to has trouble communicating)



Explain that this "getting to know someone" is the foundation of person-centered care.

Notes:

Time:

10 minutes for slides 12 – 14

Note:

These are the goals of relationship-based person-centered care developed by Ortigara and Foster.

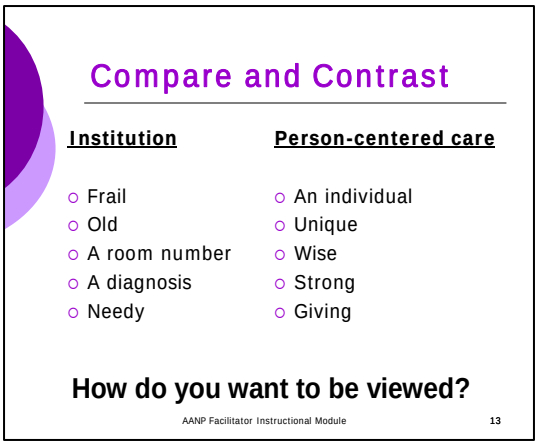
Instructions:

Highlight the goals of person-centered care as listed on the slide and in their handouts. Give examples from your own experience or draw on these.

- To see the person as a unique individual *(special, one of a kind, with an individual history and background)*
- To respect skills and abilities *(things he or she is able to do, stories he or she tells you)*
- To support the person to be successful and maintain independence *(need for some amount of control and decision making)*
- To help the person meet needs for attachment, inclusion, occupation, and comfort *(to feel like he or she belongs, has a purpose, are in a relationship with others)*
- To support the person as a member of a community *(the community may be the long-term care home or the larger community – church group, rotary club, etc.)*

NOTE:

This slide is a "fade in." You will have to click on the mouse to bring up each bullet point in each column *after* participants have had a chance to respond to your questions.



INSTRUCTIONS:

Ask the participants to tell you how we view our clients through an Institutional Model. (You may refer to it as the Medical Model or the Traditional Model as you think appropriate for your audience.) Show the examples on the slide after discussion to see if they were covered.

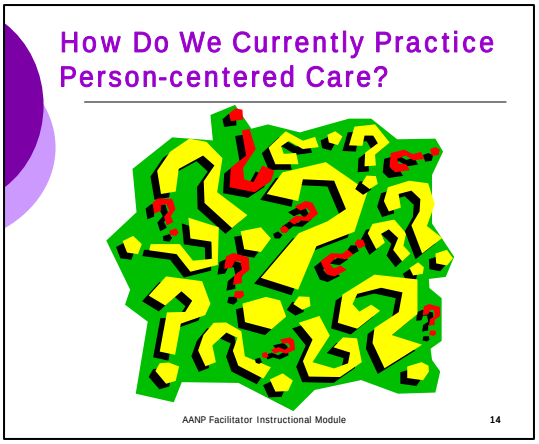
Ask the participants to tell you how we view our clients: If we look at them through a Person-centered Care (PCC) Model. Show the examples on the slide after discussion to see if they were covered.

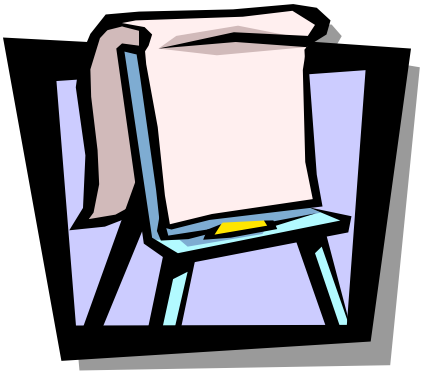
Ask the participants how they would prefer to be viewed, from a PCC perspective or an Institutional perspective? Invite one or two responses. Highlight that PCC is what we all want for our loved ones and ourselves.

INSTRUCTIONS:

Ask the audience the question, "how do we currently practice person-centered care?" Write down 5 - 10 answers on the flip chart. If participants are having difficulty coming up with responses, suggest the following or other examples that are appropriate to your organization:

- Many staff take the time to get to know their clients' history.
- We are implementing permanent assignments.
- We are letting clients wake up when they would like to.





Time:

10 minutes for slides 15 - 17

Instructions:

Ask participants to listen while you read the following script

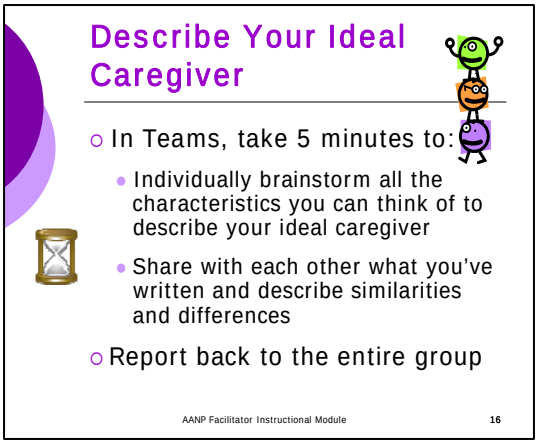
"Tomorrow on your way home from work, you get into a terrible car accident. You survive, but will need surgery, a hospital stay, and eventually long-term care. You are now in the hospital, lying in bed while hospital personnel come in and out taking care of you. You know what lies ahead: 24-hour nursing care. You understand that some nursing care providers are good and some are not. You begin thinking about those who will take care of you. What will the staff be like? What kind of care will they give? As you contemplate those questions, you wonder what it would be like to create your own caregiver. What kind of person(s) would you want caring for you?"

Explain that care can be provided in whatever role a person has. Aides, volunteers, housekeepers, dietary staff, occupational and physical therapy, maintenance, laundry, administrators, activities, nurses, etc – all direct access staff are in the business of care because care is much more than merely meeting someone's physical needs or providing treatment for them.

Instructions:

Break participants into groups of 3 – 4. Give each participant a worksheet entitled, "My Ideal Caregiver."

Instruct them to take two minutes to write down on their worksheets what their ideal caregiver(s) would be like. Ask them to think about the *characteristics* of that person: What would he/she do? How would he/she treat you? What would he/she focus on? Etc. How might a laundry worker be an ideal caregiver? How about someone from dietary? The point of these questions is to not only engage the nursing staff but all staff in all varieties of health care settings.



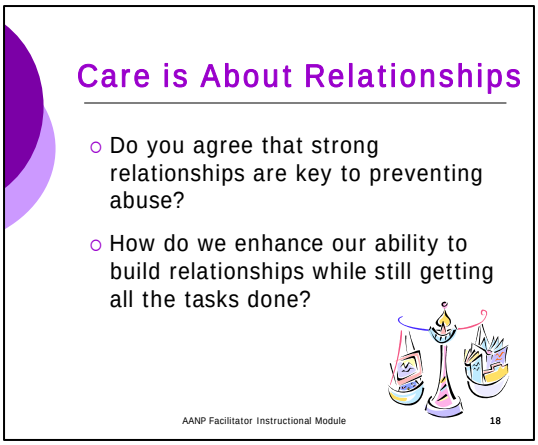
After two minutes, ask the groups to share with each other their individual ideas.

After three more minutes, invite volunteers to share their lists. Get one idea at a time from each group to encourage more sharing.

Instructions:

Close with comments that focus on the importance of **care**. Care is what people want, from all those with whom they interact, no matter their position or title. We believe that generally people get up in the morning to do good things, but sometimes things happen that challenge people and make care more difficult.

Care is abuse prevention**.** Abuse prevention is about focusing our attention on **care**. That's why we say: "Abuse Prevention: It's about care." It is our number one defense against abuse. Being a "caring" person or a "caring" organization does not remove the risk of abuse, but it does provide strong opposition against abusive tendencies.



Time:

10 minutes for slides 18 - 23

Instructions:

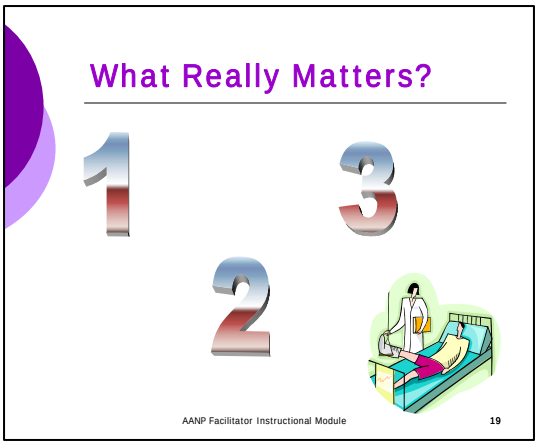
Explain that there is no doubt that tasks are important in health care. Medications need to be passed, therapies conducted, meals prepared and served, activities of daily living assisted, etc. But, what matters most is **relationships**. If an organization wants to be abuse-free, it must begin by focusing on relationships. Relationships between the client and the staff, among staff members, and between families and the staff are key to protecting against abuse.

Ask the participants the questions: "Do you agree that strong relationships are key to preventing abuse?" "How do we enhance our ability to build relationships while still getting all the tasks done?" Invite one or two responses for each question.

Notes:

Note:

The purpose of the three card exercise is to illustrate the importance of relationships. Ninety percent of the time individuals will keep, as their last card, a relationship. Whether each participant's last card says family, spouse, faith, a pet, etc., they all represent relationships.



Instructions:

Distribute three index cards to each participant. Ask them to list the three things in their life that mean the most to them (people, ideas, activities, roles, etc.), **one item per card**. Give them a minute to complete filling out their cards.

Instructions:

When participants have completed their cards, in a humorous way, inform them that you have some bad news, "You have fallen and broken a hip and must depend on the care of others in a facility or at home. Because of your injury, you are unable to manage all of the things that are meaningful to you. It will not be possible for you to keep all three of the things you chose." Everyone must give you one of their cards.

Walk around the room collecting one card from each individual. Shuffle the cards and read through them aloud. Ask the participants how it felt to give these things up. Invite one or two answers.

Instructions:

Explain that, "Unfortunately, your situation is more difficult or long-term enough that you have to give up managing even more of the things that are meaningful to you." Participants need to give up another card to you. Walk around the room collecting another card from each individual. Shuffle the cards and read through them aloud. Again, ask the participants how it felt to give up something else so meaningful. Invite one or two answers.

Instructions:

Explain that you are not going to take their last card. Go around the room and have each person share what their last card says. Let people pass if they are shy about sharing their card. Point out that in most cases, their last, most precious choice is some kind of relationship. It may be a relationship with a spouse, family, friends, or pets, or it may be their faith (their relationship with that faith).

Tell them that while you are being humorous with this example, the situation is not so far removed from what many of their clients experience. Often, the need to enter long-term care is unexpected due to injury or health crisis; often clients do not have much choice or input about the circumstances of their lives. And, relationships change. For instance, the family of the person needing care may still be around, but that relationship is very different. Their beliefs and faith stay with them, but often they must be practiced in very different ways. If the client is homebound, they may face isolation and loneliness.

Instructions:

Facilitate a brief discussion of the many relationships that clients lose when they enter long-term care – not just the "big" ones, (spouse, etc.) but the many incidental relationships throughout their day – mailman, neighbor, bank teller, etc. It is important for us to understand the losses experienced by our clients and the deep need they have to belong.

Ask participants, "How can we help clients feel like they belong?" Invite a few responses.

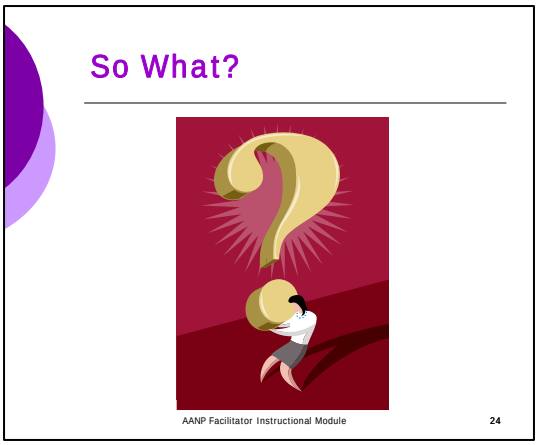
Explain that the role of the direct access staff is to help that person feel like they do belong.

Ask how we get to know the clients as individuals, and care for them as individuals. Explain that creating an abuse-free environment involves the valuing of each individual. Reference back to the discussion of person-centered care. It is important to acknowledge a person's unique contributions and strengths, as well as the individual needs of the person.

Notes:

Time:

10 minutes for slides 24 – 25 including a written evaluation (if applicable).

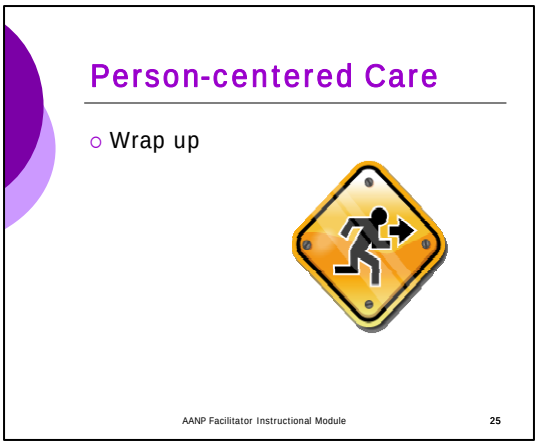


Instructions:

Ask participants, how the exercises, "My Ideal Caregiver" and "What Really Matters" have changed their thinking about the people their organization cares for. Invite a few responses.

Invite the participants to think about the potential losses the clients they care for have experienced. Does it change their perspectives about the clients? Invite a few responses.

Wrap up the discussion by asking participants to think about how, when we consider what we look for in a good caregiver and understand how important relationships are to all of us, we can have a new perspective about the care we give to others. Are we giving care in a way that shows how much we value each person's uniqueness and needs? It is through relationships that we come to understand ourselves, our co-workers, and our clients better. With strong relationships, we are better able to understand others' perspectives, preferences, and needs and are therefore better able to care for them.



Instructions:

Review the goals of person-centered care

- To see the person as a unique individual
- To respect skills and abilities
- To support the person to be successful and maintain independence
- To help the person meet needs for attachment, inclusion, occupation, and comfort
- To support the person as a member of a community

Ask participants to go around the room offering one thing they will take away from this program that will help them prevent abuse and neglect.

Thank them for actively participating in the activities of the session.

Acknowledgements

- These materials were produced by BEAM in cooperation with Michigan State University and the Michigan Office of Services to the Aging through the Michigan Department of Community Health Grant No. *11-P-93042/5-01 awarded by the Centers for Medicare & Medicaid Services.

- Continuing education credits may be available for nurses and other disciplines. Please contact your licensing body or the contact below for more information. At this time, credit may be available only to individuals participating in sessions utilizing an approved AANP Specialized Trainer. For more information, contact Cathy Macomber at macombe2@charter.net.

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