

Graciela Gris Scenario

Facilitator's Guide

Abuse and Neglect Prevention
Training

Home Health and Personal Care Services
Neglect of a Patient



This training project is sponsored by the Wisconsin Department of Health and Family Services in partnership with the University of Wisconsin-Oshkosh Center for Career Development. The project is funded by a federal grant from the Centers for Medicare and Medicaid Services.

The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, and personal care worker agencies.

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Facilitator Notes – Opening the Scenario

Opening Section: 10 minutes

Facilitator says¹:

Welcome to the Graciela Gris Scenario. Each of you has chosen a life to lead in this session. Please read through the starter descriptions in your binder. In a few minutes, I will ask you to briefly introduce your life to everyone, describing your values and relationships to others.

[Give participants approximately 3 minutes to read through their life starter information.]

Before each of you introduces yourselves, let me provide a brief description of the scenario and walk you through the Learning Points we'll focus on.

[Read the Summary of the Scenario to the group. Review learning points for the scenario. Refer to Learning Points poster.]

Summary of the Scenario

Graciela Gris is a 60-year-old woman with Multiple Sclerosis (MS). Her ability to move is compromised. She lives alone and receives assistance from two home health service agencies. Some days, both the personal care worker and home health aide are at Graciela's home at the same time. This occurs when Peggy, the personal care worker, comes in for about 30 minutes to assist with cares. Two people are needed to transfer Graciela to the bathtub. Peggy has noticed that Halle, the home health aide, seems to lack patience with Graciela and her inability to move quickly. Peggy suspects that some care basics have been neglected, like assisting Graciela with her stretching exercises. She also suspects that Halle does not always make sure Graciela has taken her medication. She always seems to be in a rush when she is working with Graciela.

¹ Please note that we do not expect you to read these sections verbatim. This is only a guide to what you'll tell the group.

Scenario Learning Points

As a result of this session, participants will:	Participants will demonstrate this by:
1. Recognize the signs of neglect by a caregiver	<ul style="list-style-type: none"> • Identifying red flags of possible abuse/neglect • Identifying signs that the patient may need reassessment of Care Plan
2. Understand appropriate intervention strategies when observing possible misconduct by caregivers outside your agency	<ul style="list-style-type: none"> • Discussing ways to intervene and assist other caregivers • Identifying appropriate responses to protect the patient • Practicing ways to empower a patient to report inadequate or abusive care and assure the patient's safety and on-going care if she does report
3. Understand duty to report poor care or mistreatment in any situation	<ul style="list-style-type: none"> • Acknowledging the need to report in this case • Identifying how to make a report • Demonstrating the need to know the patient's Care Plan and to report when there are signs that the medical care is not adequate for any reason

[Ask participants to go around the group and introduce themselves, in character, using their starter page. Start with the resident.]

Facilitator says:

Here's how we'll go about conducting the session:

- You can identify the scenes you will be in by looking at the bottom of your starter page.
- You don't have to memorize your lines. Before each scene, you'll be given a few minutes to look over your lines.
- I'll call for each scene by number and color, so you'll know when it's your turn to participate. I'll also give you some stage direction so you'll know where to stand or sit as you have your conversations. When you are not in a scene, simply relax and follow along.
- You'll be given an opportunity to get into the life you are leading during the warm-up.

Time Check: 70 minutes remaining

Facilitator Notes – Warm-Up

Warm up: 3 minutes

Facilitator says:

Let's get into our lives with a brief warm-up exercise. This is meant to give you an opportunity to get comfortable in your new lives.

Remember, these are casual chit chats – not about the situation. Everyone will be interacting in a warm-up exercise at the same time.

[Point out warm-up handout to each participant. Give them general stage direction. You may need to encourage them to start.]

Warm-Up

Graciela and Nicolas:

- Nicolas can talk about how nice the small party at Graciela's was over the weekend.
- Graciela talks about how kind it was that friends came and brought dinner and everyone relaxed and enjoyed each other's company. It almost felt like old times when you ran the clothing store and people always stopped by for dinner.

Peggy, Sierra, Sally, and Destiny:

- Your usual Monday morning staff meeting is about to begin. Check in with your coworkers on what they did over the weekend. Did you go to the movies, go watch your kid's ball game or just relax after a hard week?

Halle and Marty:

- You are both on the committee to plan the agency's summer picnic. Talk about what you need to plan: events, prizes, awards ceremony, food, beverages, location, etc.

Facilitator Notes – Scene One (Blue)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Nicolas, Graciela's neighbor, and the personal care worker, Peggy, happen to meet in the hallway of the apartment building.

Nicolas and Peggy, please walk over to the hallway outside of Graciela's apartment.

Scene One: Blue

Time: 1:00pm Monday

Participants: Nicolas and Peggy

Nick: Hello there.

Peggy: Hi!

Nick: Say, aren't you one of the aides who helps Graciela?

Peggy: Yes, I'm Peggy. *they shake hands*

Nick: I'm Nick Vecino. I live next door.

Peggy: Yes, I have seen you around. This is a great apartment building, and Graciela is such a sweet woman.

Nick: Yes, she is. She really livens up the place. Say, I have something that has been worrying me about Graciela for the past couple of days.

Peggy: Oh, what is it?

Nick: Well, the other day, I heard loud voices coming from Gracie's apartment. At first I thought it was the TV, but when I listened closer, I heard that other caregiver yelling at Gracie to hurry up.

Peggy: I see.

Nick: Yeah, I couldn't really hear anything else she said, but then a few minutes later I saw her rush out of here.

Peggy: Well, thanks for letting me know about it.

Nick: I'm worried about Gracie being left alone with that woman. Who is she anyway?

Peggy: I'm afraid I can't share any information about Graciela's care. That would violate confidentiality.

Nick: Well, I want to make sure Gracie is ok. At our party last weekend, she seemed to be in more pain than usual. Don't you people have medication for her?

Peggy: I'm committed to providing quality care for her, Nick.

Nick: Well, ok...but I think someone should talk to the other caregiver.

Peggy: Thanks for sharing the information with me, and it was nice to meet you.

Nick: You, too. Have a nice day and say "Hi" to Gracie for me.

Facilitator Notes – Scene Two (Green)

Time Check: 62 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

In this scene, Peggy goes inside to work with Graciela. She notices that Graciela is in pain and, looking at the pills in the bottle, it appears she hasn't received today's pain medication. Graciela is also not feeling well because she had her injection yesterday. Later, Halle enters the scene.

Graciela starts by sitting on her bed. Peggy, you are entering the room. Halle enters in a minute.

Scene Two: Green

Time: 1:10pm Monday

Participants: Graciela, Peggy, and Halle

Peggy: *knocks* Hi Graciela—it's me Peggy. May I come in?

Graciela: Yes, Peggy, please do.

Peggy: How are you feeling today?

Graciela: Oh, I'm having one of those days. I am feeling a little sick because of that shot I got yesterday, and I've got a terrible headache. On top of that I can barely move.

Peggy: I'm so sorry, Graciela. Can I get you something to drink or a pillow for your back?

Graciela: Yes, Peggy, a pillow would be nice.

Peggy: *places pillow behind her back* Here you are. How's that?

Graciela: That's good. Thank you.

Peggy: Where is Halle? Has she already been here?

Graciela: Not yet. She's been late a couple of times this week. I'm sure she's very busy.

Peggy: It looks like you haven't had your pain medication yet today.

Graciela: No, I don't think I have. I forget sometimes, and I don't want to take too much. Halle will give it to me when she gets here. I hope it's soon. I'm pretty uncomfortable.

Halle knocks.

Graciela: That must be her now. Halle?

Peggy: Going to the door. Hi, Halle. How are you?

Halle: Hello. Well, frankly I'm too busy today! Graciela, we better get you cleaned up, huh?

Graciela: Hello, Halle. Yes, I suppose so.

Halle: Well come on; let's get her going, Peggy.

Peggy: Right. Are we ready to lift Graciela to her wheelchair?

Halle: Yep. Come on Graciela, we need you to get moving!

Do not actually lift Graciela. As you pretend to lift her, Graciela moves to the wheelchair on her own.

Graciela: Can I please have my pain meds before my bath? I don't like to complain, but I'm worried about handling the pain.

Halle: I may be in a hurry, but you'll still get your meds, Graciela. It's my job, and I'll take care of it.

Graciela: I know you will, Halle. I'm just worried about my pain when I can't manage my meds on my own.

Halle gives Graciela her meds.

Peggy: I'm not the expert on Graciela's medication. I might misunderstand what should be happening. Is there anything I can do to help you with Graciela, Halle?

Halle: I need to get to another appointment at 2:30. I'm late because the agency has me booked so tight. Each patient needs more time and attention than I have to spare.

Peggy: I'm willing to do what I can to help both of you. I want to make sure that Graciela is taken care of.

Halle: I just get so stressed out when I have too many patients. And I really don't have time to help Graciela with her exercises today either.

Facilitator Notes – Scene Three (Yellow)

Time Check: 57 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

In Scene Three, Peggy goes to her supervisor Sierra, and reports her interaction with Graciela and Halle today. The two of them discuss what action, if any, should be taken. *(If the social worker is played, this person could also be in this scene.)*

Peggy and Sierra are sitting in Sierra's office.

Scene Three: Yellow

Time: 4:30pm Monday

Participants: Peggy, Sierra, and Sally

Peggy: I have something to talk to you about, Sierra. Do you have a minute?

Sierra: Of course, Peggy. Come in and have a seat.

Peggy: I was at Graciela's house today, you know. And I was bothered by the way her home health aide, Halle, was treating her.

Sierra: What was Halle doing?

Peggy: She came in about 30 minutes late, so Graciela got her pain meds late. Graciela was in a lot of pain. Then Halle snapped at Graciela, telling her that she needed to move faster. I just thought it wasn't right.

Sierra: Well, I have to agree with you.

Peggy: Plus, Graciela's neighbor told me that he heard Halle being impatient with Graciela a few days ago.

Sally: Have you said anything to Halle, Peggy?

- Peggy:** It's hard for me to talk to Halle, since she works for a different agency. She said her agency schedules her appointments too close together.
- Sierra:** It's everyone's job to ensure that Graciela is given the time and respect she needs to be comfortable and maintain her health.
- Peggy:** I don't know what medications Graciela should get or when she should get them!
- Sierra:** Peggy, you are right to be concerned. It's very serious when a patient is not given medications on time or the correct amount. Let's look at Graciela's Care Plan and what it says about medications.
- Sally:** Halle's employer needs to identify the problem. It seems like Halle doesn't have enough time to do her job.
- Peggy:** Halle has more medical experience than I do, but I'm worried that she's not providing good care for Graciela. I don't know what I can do to improve the situation.
- Sierra:** I'm glad you brought this to our attention, Peggy. I'll share these concerns with Halle's supervisor so she can take action.
- Peggy:** I'm glad I came in, Sierra. Thanks!
- Sierra:** We'll talk again soon, Peggy.

Facilitator Notes – Debrief Scenes 1, 2, 3

Time Check: 50 minutes remaining

Debrief: 30 minutes

Participant Observation Time

Facilitator says:

Let's take a break from the action to give you time to reflect for a few minutes.

[Hand out Participant Observation Sheet to each person]

On your **Participant Observation Sheet**, take about 3 minutes to reflect and document your reaction, feelings, and thoughts.

You should work independently on this. We won't be asking you to hand this in. It is only for you to write down some of your thoughts about the situation. Your observations should be made from your *character's* point of view.

[After they've each written, begin the discussion]

Participant Observation Sheet

Name of Character: _____

Please answer the following questions from the perspective of your character in the scenario:

How do you feel about what has happened so far?

What are some of the **red flags** that things aren't right?

What do you wish would have happened?

Facilitator says:

Let's discuss the scenario starting first with how each of you is feeling about what is happening, then we'll move on to what could have happened differently in this situation. Please use your **Participant Observation Sheet** [hold up sheet] during this discussion and stay in your life.

[Always start by asking the patient how she feels first – we are here to serve the resident! Next, ask others about their feelings. After everyone shares feelings, move to Promising Practices discussion]

Facilitator asks:

[Only allow about a minute per person to explain their feelings]

- **Graciela**, how did this situation feel to you?
- **Peggy**, how did this feel to you?
- **Halle**, how did it feel to be so rushed?
- **Nick**, how do you feel about the care Graciela is receiving?
- **Sierra**, as Peggy's supervisor, what are your feelings about the situation?
- **Sally**, what are your feelings and concerns?
- **Marty**, you weren't in any of these scenes. As Halle's supervisor, what are your feelings about the situation?
- **Destiny**, as the recorder, do you have any feelings or reactions to the situation?

Facilitator says:

Before we discuss the *red flags* that occurred in this situation, let's take a look at these documents:

- Graciela's Individualized Service Plan
- "Caregiver Misconduct: *Definitions and Examples*"

[Hand out Caregiver Misconduct sheet to each person]

Graciela Gris, Individualized Care Plan

(excerpted)

Diagnosis:

- Secondary- progressive Multiple Sclerosis (MS)
- Muscle weakness in arms and legs
- Increasing problems with movement, walking, standing
- MS-affected coordination and balance issues

Medications:

- Avonex injection once a week. Side effects include: nausea and other flu-like symptoms (fatigue, chills, fever, muscle aches, and sweating)
- 2 Aleve pills each morning given 30 minutes before getting out of bed

Exercise:

- Stretching exercises daily

Nutrition:

- After her injection, Graciela often will only be able to eat soup and light foods
- No dietary restrictions

Safety:

- Graciela requires a two-person transfer
- She requires assistance with personal cares

Caregiver Misconduct: Definitions and Examples

Caregiver Misconduct means any of the following: abuse of a client, resident, or patient; neglect of a client, resident, or patient; or misappropriation (theft) of the property of a client, resident, or patient.

MISCONDUCT	SIMPLE DEFINITION*	POSSIBLE EXAMPLES
ABUSE	<p><i>An intentional act that:</i></p> <p>Contradicts a health care facility's policy/procedures AND Is not part of the care plan AND Is meant to cause harm.</p>	<ul style="list-style-type: none"> • Physical abuse – hitting, slapping, pinching, kicking, etc. • Sexual abuse – harassment, inappropriate touching, assault • Verbal abuse – threats of harm, intentionally frightening a client • Mental abuse – humiliation, harassment, intimidation with threats punishment or depriving care or possessions
NEGLECT	<p><i>A careless or negligent act that:</i></p> <p>Fails to follow facility procedure or care plan AND Causes or could cause pain, injury or death BUT Is not intended to cause harm.</p>	<ul style="list-style-type: none"> • Not using a gait belt as required or transferring a client alone • Failure to perform ROM exercises • Turning off a call light • Leaving a client wet or soiled • Skipping work in a client's home without notifying your employer • Disregarding hydration orders • Failure to deliver or administer medication
MISAPPROPRIATION	<p><i>An intentional act that:</i></p> <p>Is meant to permanently deprive a client of property OR Misuses a client's personal property AND Is done without the client's consent.</p>	<ul style="list-style-type: none"> • Theft of cash, checks, credit cards, jewelry, etc. • Misuse of property, e.g. using phone to make toll calls • Identity theft

These definitions apply to caregivers in health care facilities regulated by the Wisconsin Department of Health and Family Services.

A caregiver with a substantiated finding of abuse, neglect or misappropriation is listed on Wisconsin's Caregiver Misconduct Registry. Caregivers with findings may not work in certain facilities unless approved through the Rehabilitation Review process.

Promising Practices Discussion

[Facilitator can document key Promising Practices on tear sheets or white board during the discussion. If the recorder or documentation specialist is present, he/she may document as well.]

Facilitator says:

What *red flags* did you observe in the incident with Peggy, Halle, and Graciela? Does Halle's behavior meet any of the misconduct definitions that we just discussed?

Sample answers:

- Neighbor talking to the personal care worker
- Caregiver who is routinely late without calling the client to notify her
- Halle's tone of voice and things she said to Graciela
- Client is in pain
- Medications not given on time
- Aerobic and stretching exercises not initiated by Halle
- Client may be afraid to report the quality of care as she thinks it will change the type of service she receives

Facilitator says:

What do any of you wish had happened differently? What would you do if you were in this situation?

Sample Answers:

- Peggy should have advocated more for Graciela with Halle
- Halle should have apologized for being late and causing Graciela extra discomfort and pain
- Halle should have provided the pain medication immediately rather than rushing Graciela to the bathtub (Halle may have been trying to accommodate Peggy by first doing the work that included her, so she could be released to her next patient)

Facilitator says:

What could have been done to prevent the situation from happening?

Sample answers:

- Monitoring the quality of care provided by all caregivers by making drop-in visits to clients' homes
- Supervisors checking with caregivers about their workload and its impact on providing quality of care (emphasis on quality of care rather than quantity)
- ALL people who have contact with patients have and know the patient's Care Plan
- Increase the number of people who have contact with Graciela (family, friends, neighbors, etc.) to ensure she is getting quality care and discuss who Graciela should call if she is in pain, if a worker is late, or if she feels she is being neglected or abused
- Things done correctly: there was more than one worker involved with Graciela and she had an observant neighbor who was willing to talk with a caregiver

Facilitator says:

Why might it be difficult for Peggy, a personal care worker, to confront Halle, a home health worker, about Graciela?

Sample answers:

- Peggy does not know the medical Care Plan and what is expected of the other home health worker
- Peggy feels she is not a medical professional
- The caregivers are employed by two different agencies, so Peggy is not sure how to report
- Peggy is empathetic about Halle's work situation. She knows how difficult it can be to get to appointments on time, and she is late sometimes too
- Is there a hierarchy issue here between these workers?

Facilitator says:

How can care providers empower Graciela to report inadequate care? What if she is afraid she will not receive in-home care after reporting?

Sample answers:

- The patient should be educated about her rights and taught that she can talk to others when she does not get the services she needs
- The patient has family, friends, or others who check on her and would report if Graciela is not able to do so herself
- The patient is assured that *quality of care* is the agency's first priority. The agency will guarantee continued quality care if a report is made (client would be given a different care provider during an investigation)

Facilitator says:

What can workers do to intervene or help other workers who may not be following the Care Plan? What are some appropriate intervention strategies for Peggy if she goes back tomorrow and works with Halle?

Sample answers:

- Get the facts by talking to other caregiver and asking questions
- Be supportive of the other caregiver, but make it clear that the care of the patient is the most important issue
- Offer suggestions on how to improve the situation
- Encourage the neighbor to make a formal report
- Make a report (see that question below)

Facilitator says:

Should Peggy report this situation to anyone? How? What should Sierra do with the report in this case (especially with two agencies involved)?

Sample answers:

- Yes, make a report even if the caregiver thinks the situation has been taken care of or will not occur again
- Be willing to report/intervene even if the issue is not your responsibility or area of expertise
- Report immediately to supervisor – this may mean calling while still at the patient's home
- Sierra should report to her supervisor and to the administrator of Halle's agency
- Halle's supervisor should report the allegation to the Office of Caregiver Quality in the Division of Quality Assurance (Sierra may file with that office as well)

Facilitator says:

Let's review two handouts on effective communication and discuss specific language Peggy and Halle can use to resolve this situation.

[Hand out "How to Communicate Assertively and Respectfully" and "Giving Feedback"]

How to Communicate Assertively and Respectfully

Assertiveness is the ability to honestly express your opinions, feelings, attitudes, and rights in a way that respects the rights of others.

Many of us are taught that we should always concede or defer to others. We learn that it is selfish to consider *our* needs above those of others and if someone does something we don't like, we should just be quiet and stay away from that person in the future. However, **assertive communication** is important because it helps us avoid:

- **Resentment.** Anger at others for manipulating or taking advantage of me.
- **Frustration.** How could I be such a wimp? Why did I let them walk all over me?
- **Anxiety and Avoidance.** If you begin to avoid situations or people that you know will make you uncomfortable, you may miss out on fun activities, job opportunities, relationships, and lots of other good stuff.

When planning your assertive behavior, remember that the other person is used to you behaving in a certain way and may be confused when you change your communication style. Tell the other person up front what you're trying to do. Choose a peaceful moment for this:

"I need to tell you something and I'd like you to hear me out before you comment. I've noticed lately that after we work on a project together, I find myself feeling frustrated and overwhelmed. I've been thinking about it and I've realized that I tend to go along with your ideas without insisting on consideration of my ideas as well, because I'm afraid of upsetting you. From now on, I'm going to try something different. When I start to feel frustrated, I'm going to ask that we stop before making a final decision and be sure we've considered all of our options. I know that will be a change for you, but I think it's fair and I know I'll do a better job and feel better about myself if I can tell you my ideas."

Assertive communication with others has three important components:

1. ***empathy/validation***: Try to say something that shows your understanding of the other person's feelings. This shows the other person that you're not trying to pick a fight and it takes the wind out of their sails. For example:

"I know that you get anxious when you're ready to go and I'm not ..."

2. ***statement of problem***: This piece describes your difficulty or dissatisfaction with the situation and tells why you need something to change. For example:

"... but when you do that, I get all flustered and take even more time. By the time we get in the car, we're mad at each other and not much in the mood to have a good time."

3. ***statement of what you want***: This is a specific request for a specific change in the other person's behavior. For example:

"From now on, let's be sure we know what time we want to leave, and if you're ready before I am, will you please just go to another room and read the paper or watch TV?"

How to be effectively assertive:

- Use assertive body language. Face the other person, stand or sit straight, don't use dismissive gestures, be sure you have a pleasant, but serious, facial expression, keep your voice calm and soft, not whiney or abrasive.
- Use "I" statements. Focus on the problem you're having, not on accusing or blaming the other person. **Example:** *"I'd like to tell my stories without interruption."* instead of *"You're always interrupting my stories!"*
- Use facts, not judgments. **Example:** *"Your punctuation needs work and your formatting is inconsistent"* instead of *"This is sloppy work."* or *"Did you know that shirt has some spots?"* instead of *"You're not going out looking like THAT, are you?"*
- Express ownership of your thoughts, feelings, and opinions. **Example:** *"I get angry when he breaks his promises."* instead of *"He makes me angry."* or *"I believe the best policy is to..."* instead of *"The only sensible thing is to ..."*
- Make clear, direct requests. Don't invite the person to say "no." **Example:** *"Will you please ... ?"* instead of *"Would you mind ... ?"*

Adapted from Vivian Barnette, PhD, <http://www.uiowa.edu/~ucs/asertcom.html>

Giving Feedback

1. Establish a climate of trust where feedback is welcome. Feedback should be given in the spirit of caring and concern.
2. Time your feedback well. Don't give it during stressful times, when either party is rushed or may be interrupted, or when either party is angry. In many situations, you may want to say, "I have some feedback for you. Is this a good time to talk?"
3. Feedback (positive and negative) is most useful if given as soon after an event or behavior as is practical.
4. Feedback should be offered in a private setting without interruption.
5. Be as specific as possible, using non-judgmental language. Provide concrete examples. Example: "I noticed that when you addressed the mother's concerns about how her child may have acquired pneumonia, she appeared relieved and less likely to blame herself."
6. Avoid overloading the learner with feedback. Select the highest-priority issues to start with. Time and space are needed for integrating feedback.
7. If you need to give feedback about a particular incident or conflict, be sure to have all the facts and/or all sides of the story.
8. Be supportive when giving feedback. The learner will be better able to hear your feedback and integrate it if he or she feels you are supportive rather than indifferent or critical.
9. Make negative feedback into constructive challenges. Ask the other person to help you identify changes that can improve the situation. Encourage the caregiver to be part of a problem-solving team when more than one caregiver is involved.

Facilitator says:

How can Peggy speak openly with Halle about her concerns?
What are some intervention strategies Peggy can use when she comes back tomorrow and works with Halle?

[Responses can be posted on a flip chart or white board]

Facilitator says:

How can Halle speak assertively with her supervisor about scheduling and traveling problems, so she won't be late or have to feel so rushed with patients?

[Responses can be posted on a flip chart or white board]

Facilitator says:

Before we move onto the last scene, let's compare the Learning Points to the questions and answers we just discussed.

[Review Learning Points on poster]

Facilitator Notes – Scene Four (Pink)

Time check: 20 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Now let's explore how good communication between both agencies and caregivers can result in better care for Graciela.

The next day at Graciela's house, Peggy talks to Halle about what happened the day before. Peggy suggests that she and her supervisor, Sierra, could meet with Halle and her supervisor, Marty, to ensure that Graciela gets the time and attention she needs. After Halle agrees, Peggy contacts Sierra, who calls Marty and schedules a meeting for the following afternoon.

Peggy, Halle, Marty, and Sally, please have a seat in Sierra's office.

Scene Four: Pink

Time: 4:30pm Wednesday

Participants: Peggy, Halle, Sierra, Sally, and Marty

Sierra: Good afternoon, everyone. Thanks for making time for this meeting.

Marty: It's nice to meet you all. I understand we share a client named Graciela Gris.

Sally: I'm glad we're getting together to review her Care Plan.

Peggy: It's important to me to share some concerns that I have about Graciela getting the care she needs.

Halle: I agree. I think Graciela's condition has gotten worse.

Marty: Because MS is a progressive condition, it's not unusual that her abilities would decrease over time.

Peggy: *to Marty* It seems like Halle just doesn't have enough time to work with Graciela. *to Halle* And you've seemed really rushed during our last few appointments.

Halle: My schedule is a little tight.

Sierra: Maybe we need to schedule more time for both Peggy and Halle.

Marty: Halle, what do you think? Are you able to do everything needed in the time scheduled?

Halle: Well, it's getting to be quite a stretch.

Peggy: It's so important that Graciela's cares happen every day, like double checking on her meds and coaching her through her exercises.

Marty: Well, Healthy at Home is devoted to excellent care, but we also have to be as efficient as possible. We have such a long waiting list! But Halle, why didn't you tell me that you need more time scheduled for Graciela?

Halle: Well... I didn't want you to think that I couldn't do the job, Marty. I mean, I'm a good home health aide, but I just don't think I can keep up this pace.

Marty: You are a good home health aide, Halle. How about this? I just hired another caregiver and her schedule isn't quite full yet. I can assign her one of your other patients, so you can have more time with Graciela. Would that help?

Halle: I really think that would help, Marty. I could use an extra hour and a half to spread across my day.

Marty: And let's take a closer look at your schedule. Maybe we can rearrange the visits to reduce your travel time.

Halle: That would be great!

Sierra: In the meantime, I think we need to reassess Graciela's meds. Her pain level seems to be increasing, according to Peggy.

Sally: Perhaps I could do a home visit just to check in on Graciela. I'm concerned that she hasn't felt free to let us know that she needs more care.

Peggy: I could share some of the non-medical cares with Halle, if that would help!

Halle: Thanks, Peggy.

Marty: I'm glad you got us all together, Sierra. Let's do this on a regular basis with all of our shared clients.

Sierra: Good idea. We're all busy, but teaming up might really save us some time and serve our patients better in the long run.

Facilitator Notes – Debrief Scene Four and Scenario Wrap-Up

Time Check: 15 minutes remaining

Facilitator says:

Let's talk about how the last scene of the scenario felt.

- **Graciela**, did that last scene offer you hope? How do you think what happened in Scene 4 would change your care?
- **Halle**, how did you feel about this outcome?
- **Peggy**, are you glad you went to Sierra? Why?
- **Sierra** (and **Sally**), how do you encourage staff like Peggy to come to you?
- **Marty**, Halle was afraid you would think he was inefficient if he complained about his schedule. After the meeting, how did you feel about that?
- **Destiny**, what did you observe in this second version?

Wrap-up discussion

Time check: 3 minutes remaining

[Review the Learning Points, thank participants for their participation, and tell them what they will be doing next]

If you have an extra 10 minutes,
Facilitator says prior to wrap-up:

Other things to consider:

- What can you do to best advocate for your clients and patients?
- What supports do you need from other staff members to better advocate for providing the best care?
- **What if** Peggy told Graciela she was going to report her concerns to her supervisor and Graciela begged her NOT to, saying she's worried that she won't get another caregiver if she complains, and she needs Halle to come daily.

Summary of the Scenario

Graciela Gris is a 60-year-old woman with Multiple Sclerosis (MS). Her ability to move is compromised. She lives alone and receives assistance from two home health service agencies. Some days, both the personal care worker and home health aide are at Graciela's home at the same time. This occurs when Peggy, the personal care worker, comes in for about 30 minutes to assist with cares. Two people are needed to transfer Graciela to the bathtub. Peggy has noticed that Halle, the home health aide, seems to lack patience with Graciela and her inability to move quickly. Peggy suspects that some care basics have been neglected, like assisting Graciela with her stretching exercises. She also suspects that Halle does not always make sure Graciela has taken her medication. She always seems to be in a rush when she is working with Graciela.

Lives

Lives depicted:

- **Graciela Gris**, a patient with Multiple Sclerosis
- **Peggy Collins**, a personal care worker for Silver Lake Cares
- **Halle Hart**, a home health aide for Healthy at Home
- **Nicolas Vecino**, Graciela's next door neighbor
- **Sierra Smith**, Peggy's supervisor
- **Marty Fisher**, Halle's supervisor

Optional lives:

- **Sally Worth**, Silver Lake Cares social worker
- **Destiny Mirar**, Documentation Specialist

Who is in each scene:

- **Scene One** (on Blue paper): Peggy and Nicolas
- **Scene Two** (Green): Peggy, Graciela, and Halle
- **Scene Three** (Yellow): Peggy, Sierra, and Sally
- **Scene Four** (Pink): Peggy, Halle, Sierra, Marty, and Sally

Color of the Scenario: Gray

Materials needed

Props:

- Pillow
- Wheelchair
- Books and newspaper
- Pill bottles
- Graciela's Care Plan

Theme posters:

- Station Poster
- Learning Points
- Prevent, Protect, Promote
- Know the Client and Their Needs
- Scenario Setting

Handouts:

- “Caregiver Misconduct: *Definitions and Examples*”
- “How to Communicate Assertively and Respectfully”
- “Giving Feedback”
- Participant Observation Sheet
- Recorder Forms

Handouts in Experiential Training Handbook:

These handouts are optional, but are recommended for the best possible outcome to experiential training. They can be found in the Appendix of the Experiential Training Handbook at <http://dhfs.wisconsin.gov/caregiver/training/trgIndex.HTM>. The Handbook has important information and tips on how to conduct the training.

- “Caregiver Misconduct: *Definitions and Examples*”
- “What You Should Know About Reporting”
- Professional Action Plan
- Participant Evaluation

Graciela Gris, age 60

Starter page

- You have had Multiple Sclerosis (MS) for about 10 years. On good days, you can move around your apartment pretty well. On bad days, you can barely move without help from your home health providers.
- You receive services from both a Home Health Agency and Personal Care Worker Agency.
- You used to own and operate a clothing store and it is very important to you to remain independent. You live in an independent living complex.
- You have no children and no close connections with family, but you do have friends who visit regularly. Your friends call you Gracie.

You value:

- Improving your strength and mobility with daily exercises
- Keeping a positive attitude
- Fighting this disease

Props: Wheelchair, pillow, newspaper, pill bottles

Scenes you are in: Two (Green)

Peggy Collins, age 24

Starter page

- You are a personal care worker for Silver Lake Cares.
- One of your patients is Graciela Gris. Graciela is a very nice woman and she enjoys talking to you when you come over.
- You feel bad for Graciela because she has MS. Sometimes, when it is bad, she can't even get out of bed.
- Halle is Graciela's home health worker. You go to Graciela's house to help Halle get Graciela into the bathtub. Halle works for a different agency than you.

You value:

- A good working relationship with other caregivers
- Developing a caring relationship with your in-home clients
- Doing quality work
- Being an advocate for those in your care and doing what needs to be done to protect them

Props: None

Scenes you are in: All

Halle Hart, age 32

Starter page

- You are a home health aide for the agency Healthy at Home. You have worked there for three years.
- One of your patients is Graciela Gris. Graciela is a nice woman, but she can be frustrating to work with because she talks a lot and moves very slowly.
- You have a lot to get done when you care for Graciela: exercises, giving medications, a weekly injection, and bathing. Unfortunately you only have two hours to work with her daily.
- It is difficult to get everything done in the time that you are allotted. Each day is booked solid, and you are usually running late by the time you get to Graciela.

You value:

- Quality care for all of your patients
- Doing your job as efficiently as possible
- Making enough money to support your family

Props: Graciela's Care Plan

Scenes you are in: Two (Green) and Four (Pink)

Sierra Smith, age 42

Starter page

- You are an RN and supervisor at Silver Lake Cares, a personal care agency. You are Peggy's supervisor.
- There are many challenges facing your staff, including time constraints, physical demands, and emotional challenges.
- You encourage your staff members to come to you if there is ever a question or concern about the care of one of their clients.
- Your personal care workers are expected to report any change in a client's condition and to communicate with you regularly about each client's progress.

You value:

- Encouraging personal care workers to advocate for clients
- Open communication with all of your staff members
- Providing support for all of your workers
- Promoting teamwork among all care providers

Props: Graciela's Care Plan

Scenes you are in: Three (Yellow) and Four (Pink)

Nicolas Vecino, age 68

Starter page

- You live next door to Graciela Gris.
- You are retired from the post office, and you and your wife enjoy living in this independent complex.
- You like to keep an eye on your neighbors and visitors.
- Gracie is a friend of yours and you want to protect her.

You value:

- Your relationships with your neighbors
- Protecting your friends
- Helping others

Props: None

Scenes you are in: One (Blue)

Sally Worth, age 60

Starter page

- You are a social worker at Silver Lake Cares. You work with Sierra Smith and Peggy Collins.
- You provide support for clients of Silver Lake Cares.
- You are a resource specialist and counselor for the people served by your agency's personal care workers. You also provide resources to the care workers directly.
- There are many challenges facing your staff members: time constraints, physical demands, and work that can be emotionally draining.
- You encourage open communication among caregivers and their supervisors.

You value:

- Providing community resources to clients and their families
- Open communication with all of your staff members
- Providing support for all of your workers
- Promoting teamwork among all care providers

Props: None

Scenes you are in: Three (Yellow) and Four (Pink)

Marty Fisher, age 57

Starter page

- You are a scheduler and supervisor for Healthy at Home: a home health agency providing medically necessary services to patients in their homes.
- You have a background in health care and worked as an LPN in a hospital setting for 30 years.
- Healthy at Home is a thriving business. Because more elderly and disabled patients want to stay in their homes nowadays, you have a waiting list of people in need of services.
- You like to schedule as many patients as possible each week while trying to ensure that your home health aides have enough time for their patients.

You value:

- Providing superior service and support to your patients
- Having weekends off to spend with your family (after spending 30 years working every possible shift!)
- Your ability to hire good people

Props: None

Scenes you are in: Four (Pink)

Destiny Mirar, Documentation Specialist

You are the documentation specialist. You will need to pay close attention to the activity in this scenario. Your job is to observe all the scenes and report on the following topics:

General observations worth noting and reporting:

Identify potential *red flags* of harm to the patient:

What could staff have done to prevent the situation from happening?

Evidence of efforts to protect Graciela in this situation:

Evidence of ways to promote Graciela's dignity and respect:

Evidence of ways to promote staff members' dignity and respect:

Materials Checklist

The documents on the following pages will be printed full-scale for this Scenario.

Graciela Gris Scenario Suggested Materials Checklist

Scenario Props:

- ___ 3 gray tablecloths
- ___ Wheelchair
- ___ Pillow
- ___ Books and newspaper
- ___ Pill bottles
- ___ Graciela's Care Plan

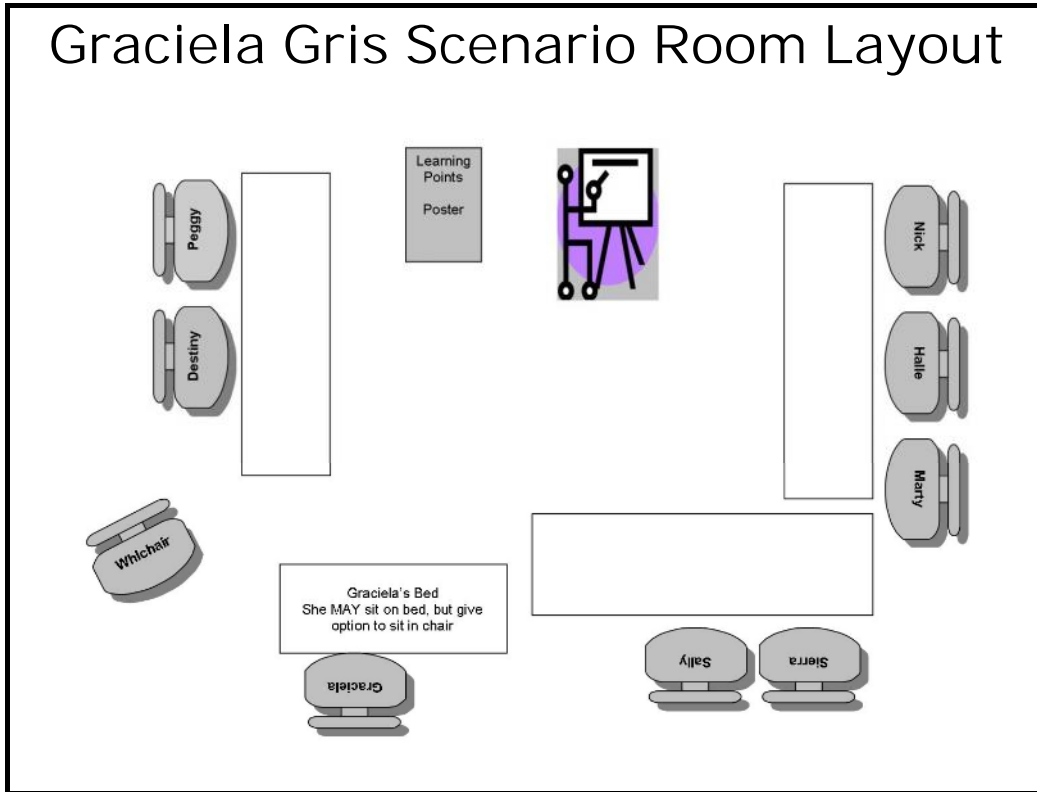
Handouts:

- ___ "Caregiver Misconduct: Definitions and Examples"
- ___ "How to Communicate Assertively and Respectfully"
- ___ "Giving Feedback"
- ___ Participant Observation Sheet
- ___ Recorder forms

Facilitator Supplies:

- ___ 1 Facilitator's Guide
- ___ 8 Life Binders
- ___ Pencils for participants
- ___ Flip chart or Whiteboard with markers
- ___ Timer with battery
- ___ 9 Name Badges
- ___ Scenario Setting posters
- ___ Support Posters
- ___ Scenario Layout sheet
- ___ Learning Points poster
- ___ Station poster

Room Layout and Name Badges



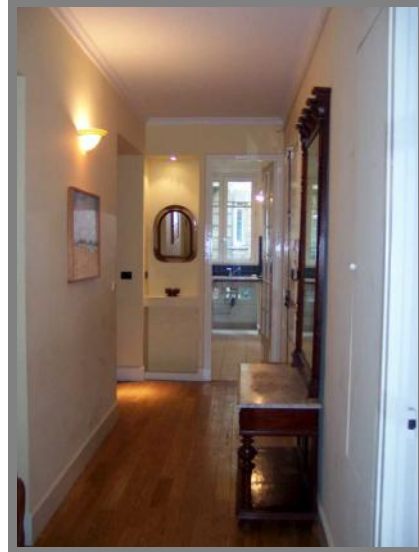
Scenario Setting Name Badges

Facilitator	Graciela Patient	Peggy Personal Care Worker
Halle Home Health Aide	Nicolas Graciela's neighbor	Sierra Peggy's supervisor
Marty Halle's supervisor	Sally Social Worker	Destiny Documentation Specialist

Scenario Setting Posters



Nick's apartment door



Hallway to Graciela's



Graciela's apartment



Silver Lake Cares Office



Sierra's office

Support Posters

Prevent...	<i>abuse and neglect</i>
Protect...	<i>vulnerable people</i>
Promote...	<i>respect of clients and caregivers</i>

KNOW the client



their needs

their service plan

Learning Points and Station Poster



Learning Points Poster

GRACIELA GRIS

LEARNING POINTS

- ☑ Recognize the signs of neglect by a caregiver
- ☑ Understand appropriate intervention strategies when observing possible misconduct by caregivers outside your agency
- ☑ Understand duty to report poor care or mistreatment in any situation

caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity

Station Poster for Main Meeting Area

Graciela Gris



Neglect of a patient

Home Health and Personal Care Worker Agency