

Keys to Professional Caregiving



caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

FACILITATOR GUIDE

DHS/DQA/OCQ

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Learning Points

Let's review the main learning points.

Key #1: Identifying Your Communication Style

- Improving communication skills, both verbal and non-verbal
- Identifying your personal communication style and the style of others
- Communicating successfully with other styles
- Understanding communication challenges with clients and family members
- Adapting communication skills for a more successful team

Key #2: Using Your Communication Style Effectively

- Which style is most effective? Assertive? Passive? Aggressive?
- Exploring One Conversation—3 Different Ways

Key #3: Observing Professional Boundaries

- Defining professional boundaries
- Making sure relationships with clients are “therapeutic”
- Learning how professional boundaries affect your success as a caregiver

Key #4: 5 Steps to Professional Success

- Putting your best foot forward – professional demeanor
- Understanding the rules of the road – work rules
- Staying on track – teamwork and professional relationships
- Remember your destination – customer service and good care
- Celebrate your journey – life-long learning, professional affiliations

Key #1: Identifying Your Communication Style

As a caregiver, you work as part of a team. And that team is made up of four general groups of people:

- Clients/residents
- Co-workers
- Supervisors
- Family members of clients and residents

[Refer participants to Learning Points for Key #1]



Recognizing your own communication style and the styles of others on your team can lead to more success as a caregiver, reduce conflict and frustration, help prevent abuse and neglect of those in your care and increase job satisfaction.

Communicating with others successfully is critical to the goal of your team:
providing safe, quality care to clients and residents

Verbal and Non-Verbal Communication

When we think of the word “communication” most of us think of verbal communication. However, unspoken communication also affects how others perceive us. Truly, a picture can be worth a thousand words!

It’s important to consider both verbal and non-verbal communication to better understand how both words AND actions send messages to others. We’ve all heard of “first impressions.” Most of us draw impressions of others without even thinking about it. Often, these judgments are made within the first few seconds of meeting a person.

Our first impressions are most often based on unspoken communication, the signals that others send either consciously or unconsciously. While these first impressions can be completely off-base and even unfair, they are often hard to change.

What are some of the ways that a person may communicate without saying a word?

[Invite responses from the audience. Note them on a flip chart or white board. Suggested responses: body language, posture, facial expressions, mannerisms, clothing, make-up, hairstyle, personal hygiene.]

Take a look at some photos of people. Think about your first impressions of the people or the situation.

[Show PowerPoint Slides 3, 4, 5 and 6. Ask people what each is communicating. Point out that their opinions are based on some of the silent communication methods they just identified above. If you are not using the PowerPoint slide show, you may choose some photos on your own.]

It's important to be aware of nonverbal messages, so we can avoid sending unintentional messages.

T.E.A.M. Talk: Communicating with Style



Communication styles have been studied for thousands of years. The ancient Greeks characterized peoples' styles using designations of body fluids! In more modern times, many serious students of the subject agree that there are primarily four basic communication styles. Of course, we are all a combination of the four styles and the style we use at any one time may vary depending on the situation.

Conflict among team members often occurs because of a difference in style, not a difference in content. In other words:

It's not **what** we say, but **how** we say it!

In this training, each of the four communication styles is represented by the letters in T.E.A.M.

T=Thinker **E**=Engager **A**=Adventurer **M**=Mover

Which T.E.A.M style best expresses the way you communicate? Let's find out!

Activity: T.E.A.M. Talk Cards

[Distribute the Team cards.]

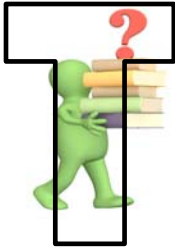
T.E.A.M. Talk
Cards
Handouts

Each person has four cards, each one representing a different communication style. Look at each of the cards and sort them in the order in which they seem most like you (on top) to least like you (on the bottom). Don't spend too much time; let your first impressions be your guide.

[Give the group 2 or 3 minutes to sort the cards. Ask people to identify their predominant style. If you have a smaller group, it's likely that each style may not be represented.]

Let's learn a bit more about each of the four styles by reviewing each one in more detail.

Thinkers thrive on information.



Thinkers seek facts to understand a situation. They value analysis, and like to plan before moving into action. They may be uncomfortable with impulsive decisions. Thinkers play by the rules and respect accuracy and accountability in themselves and others.

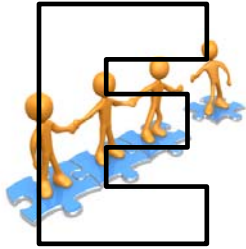
The **Thinker** might:

- Use longer, more complex sentences
- Like to review written materials, especially in advance of any decision or meeting
- Consider the consequences of the team's decisions
- Ask lots of questions to clarify or get more information
- Show an understated demeanor and speak in an unemotional tone
- Question change – unless there are facts to support it!

[Describe the Thinker's approach at the grocery store. Thinkers will arrive at the grocery store with a list of items organized by aisle. They might bring a calculator along to figure out the best bargains or total the final cost. They might be more apt to look over their receipt for errors than a Mover who just wants to get the task done.]

Describe the Thinker's approach at a team meeting. A Thinker prefers to get an agenda and any meeting materials ahead of time to think both over in advance. S/he pays attention to detail and may ask for more information to get a better understanding of the topics.]

Engagers thrive on personal connections.



Engagers value relationships and thrive on positive attention from others. They like to be regarded as people who make connections. They tend to be concerned with how a decision will affect all people involved.

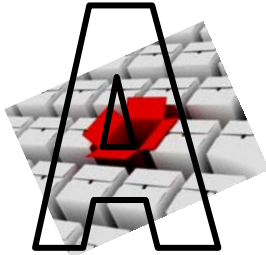
The **Engager** might:

- Begin the conversation with personal inquiries (“How are you?” “How was your weekend?” “How’s your family?”)
- Speak in terms of feelings (“Here is how I feel about the situation. How do you feel?”)
- Show a range of emotions
- Ask questions about how other people might feel or be affected
- Express concern about change – how will it affect everyone?

[Describe the Engager’s approach at the grocery store. Engagers might know many of the staff at the grocery store and make sure to greet and ask about each one. They might ask about or take the time to check out any specials. They are happy to see an acquaintance and may stop to chat.]

Describe the Engager’s approach at a team meeting. Engagers want to make sure everyone is involved and on board with ideas. They value input and want to hear everyone’s point of view. They are sensitive to other people’s thoughts and feelings.]

Adventurers thrive on excitement.



Adventurers tire of boring explanations, and find lectures very painful. They like to move quickly, and tend to do their work in a flurry of activity. They value creativity, freedom and flexibility. Adventurers tend to be very creative in their communication and rely on their intuition.

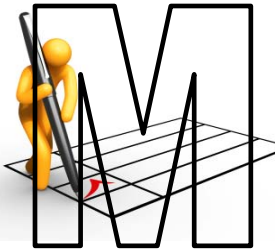
The **Adventurer** might:

- Tell stories or give examples to support their point
- Use dramatic gestures
- Speak rapidly
- Use humor to make a point
- Use exaggeration (“I’m starving!”)
- Offer new ideas and approaches—think “outside the box”
- Embrace change – it can be “interesting”

[Describe the Adventurer’s approach at the grocery store. Adventurers might go to the store without a list, pick up whatever strikes their fancy, and crisscross aisles to pick up things they forgot. They like to look for new or unusual items to try out and might enjoy cooking creatively.]

Describe the Adventurer’s approach at a team meeting. The Adventurer likes to have options and resist rules without explanation. Adventurers may offer ideas that seem “out-of-the-box” to others but offer creativity. They like to have fun at a meeting.]

Movers thrive on quick results.



Movers make decisions easily and may become impatient with people who can't make up their minds. They often focus on the big picture. They are very goal-oriented and can be competitive. Movers value time, action and getting the job done.

The **Mover** might:

- Use short, direct sentences
- Ask closed questions (requiring “yes” or “no” answers)
- Use words that tell you to get to the point (“What’s your point?” “Let’s move ahead.”)
- Show impatience with long-winded explanations
- Multi-task while speaking with you
- Welcome change—if it will improve efficiency!

[Describe the Mover’s approach at the grocery store. Movers see grocery shopping as a time-consuming chore. They want to get in and get out. They go directly to what’s on their list, don’t do much impulse shopping, and use the express lines or self-serve checkouts to avoid waiting in line.]

[Describe the Mover’s approach at a team meeting. Movers want to have an agenda, address each item and not “waste” time on details. Movers like action item charts where each task is assigned to a person with a deadline. They want to stay on topic and not stray to personal stories, etc.]

Activity: Analyzing the T.E.A.M. Talk Styles

[Prior to the training, post four large sheets of paper or flip charts in different “style stations” around the room. Write a communication style at the top of each paper and list a column for “strengths” and a column for “limitations.” For example:

Engager	
Strengths	Limitations

While every member of your team brings value to the group, it's helpful to analyze how each style affects teams differently. Let's try an activity designed to explore both the strengths and limitations of your own style.

[Direct participants to the station of the top style they chose earlier. Encourage them to take their style cards and participant materials with them. Ask each group to appoint a recorder and a reporter. With very small groups you may have no one or just one person at a style station. If you have just one person representing a style, join that person yourself to support them in the process.]

Since we now understand the basic characteristics of each style, we'll use that knowledge to consider the following questions:

What strengths does each style bring to the team?

[To elaborate, how might some of the traits have a positive influence on the team? If you notice a group having trouble getting started, offer one example: E.g. an Engager might

ensure that everyone has input; a Mover might keep the group on task; a Thinker might bring up important details; an Adventurer might contribute an original, unique idea.]

How could each style limit the team?

[To elaborate, how might some of the traits limit the team? Can some traits be “too much of a good thing”? If you notice a group having trouble getting started, offer one example: E.g. an Engager might focus too much on everyone’s feelings, sidetracking progress; a Mover might be impatient with others; a Thinker might get bogged down in “what-ifs”; an Adventurer might lose interest, get bored with details or offer “off the wall” ideas (rather than outside the box ideas).

Give each group 5 minutes or so to list their thoughts. Ask each group to report out to the larger group when they’re done. Direct participants back to their seats. If a style(s) is not represented, ask the group in general to answer the same questions from their seats while a volunteer recorder documents the groups’ thoughts at the style station. They should refer to their participant guides and style cards to form responses.

NOTE: To avoid conflict, following the steps above prevents a participant of one style from commenting on the style of another participant. Because your audience will be comprised mainly of caregivers, expect that a large percentage will self-identify as Engagers with smaller numbers spread across the other 3 categories.]

Avoiding Stereotypes



Because the four communication styles are very simple and straightforward, it is sometimes tempting to stereotype a person based on the limitations of his/her dominant style.

We may say things like:

“Thinkers can’t see the forest for the trees!”

“Engagers are over-emotional do-gooders!”

“Adventurers are flighty and unreliable!”

“Movers are bossy know-it-alls!”

In order to have effective teams, it’s helpful to focus on the strengths instead.

[Ask participants to look at the statements above and suggest examples that focus on strengths instead of the limitations. For example, Thinkers don’t miss the details. Movers get the job done. Adventurers give us great ideas. Engagers make sure everyone feels part of the team. Jot some suggestions on a flip chart.]

It’s important to understand that we are a blend of all four styles, and it takes a combination of styles to make an effective team. While under stress, we may show more of our limitations than our strengths. Sometimes we behave differently in certain situations. For instance, someone might show Thinker traits at work, gathering information before making a decision, but may demonstrate Mover traits with children at home. This is perfectly normal.

Also, style is never an excuse for bad behavior. Someone who is a dominant Adventurer shouldn’t show up late for a meeting and say, “Get over it, I’m an Adventurer! Time is relative!” A Mover shouldn’t tell everyone what to do and then say, “I’m a Mover. It’s my way or the highway!”

Reducing Conflict with Others



While it's quite natural for us to focus on our own strengths and minimize our limitations, it might be helpful to find some "middle ground" that takes our communication to the most effective level.

The Golden Rule says that you should do unto others as you would have them do unto you. In other words, treat others as YOU would like to be treated. The Platinum Rule®, coined by Dr. Tony Alessandra, suggests that you should do unto others as THEY would have you do unto them. In other words, treat others as THEY would like to be treated.

Understanding others' styles gives you a chance to improve your communication and reduce conflict. But the most important key to successful communication is recognizing your own strengths and limitations. Reducing limitations allows others to appreciate those fabulous strengths!

Communicating with Other T.E.A.M Talk Styles

Showing respect in your communication with other team members is crucial to the success of the team, and ultimately, the care of your clients and residents. Translate your message into a "universal" style using these tips:

Communication Tip	Example
Listen	<ul style="list-style-type: none"> • Give your full attention • Make eye contact • Refrain from interrupting
Understand	<ul style="list-style-type: none"> • Ask questions to clarify • Respect others' perspectives
State preference, purpose	<ul style="list-style-type: none"> • Say what you think • State why you think it • Explain the outcome you expect
Outline a problem, suggest a solution	<ul style="list-style-type: none"> • Avoid accusations • Propose a solution to the problem

Confirm agreements/plans	<ul style="list-style-type: none"> • Restate matters in your own words. “This is what I’m hearing...”
Respect the needs of others	<ul style="list-style-type: none"> • Include statements/questions such as “Do you want to think this over first?” or “I know this will take some time”
Express appreciation	<ul style="list-style-type: none"> • Don’t just think nice thoughts, say them out loud!
Agree to disagree	<ul style="list-style-type: none"> • Smile and accept the differences all bring to work

[Ask participants to take a private moment to consider and circle the tips they might use more often.]

Improving Communication with Clients

Clients are an important member of your caregiving team. Some clients are able to make their own decisions and have no cognitive impairments. These clients may clearly show an identifiable communication style. Other clients, however, may have cognitive disabilities or disorders as a result of conditions such as mental illness, Alzheimer’s disease or other dementia, autism spectrum disorder, deafness, blindness, brain injury, etc.

Persons with cognitive disorders and other emotional or behavioral disabilities may not demonstrate an identifiable communication style. But knowing your own style will help you communicate with those clients. For example, Movers may have a tendency to rush and may cause anxiety in clients, while Engagers may be intimidated by a client who acts out aggressively and fail to perform necessary cares.

Tips for Improving Communication with Your Clients

[Ask participants to review the list—don't read it to them. Ask if they see any tips that they have used in the past or find meaningful. Perhaps they might offer other tips as well. If you are not getting a response, choose a few of the tips and mention them briefly.]

- Think about how your client may interpret your style.
- Remember that a client's communication style may be due to illness or disability. Don't take it personally.
- Resist the urge to push forward with a resistive client. Clients have the right to have choices.
- Refrain from arguing with clients with cognitive impairments—they may not be able to process your point, even if it's a good one.
- Watch for non-verbal communication if the ability to speak is diminished. Concentrate on body language and facial expressions instead.
- Always consider re-approaching a client who is uncooperative or upset at a later time.
- Practice empathy—try to put yourself in your client's place.
- Know your client's care plan so that you are fully aware of their physical and emotional condition. A thorough care plan also will provide good tips for communication.
- Use simple language and short sentences. If assisting a client, simplify steps and list them one at a time.
- Repeat words and sentences as needed. You can't assume that a client understands your words, even if the client understood them yesterday.
- Project a calm and friendly approach. A client may sense a tense or hurried approach and become more resistive.
- Make sure that your client can hear you. Don't automatically write it off as dementia. Ensure that an assessment has been done.
- Always ask yourself: Are my actions geared to my client's needs or my own?

Improving Communication with Family Members



Like other members of your team, family members demonstrate communication styles as well. However, it may be more difficult for family members to communicate successfully because of the strong emotions many experience over the illness or disability of a loved one. What are some of the feelings that may cloud family members' ability to communicate?

- Grief – feeling sad about the loved one's declining health
- Stress – assuming additional responsibilities or financial burdens at home due to the absence of the client
- Guilt – being unable to continue to care for the loved one at home
- Anger – feeling upset about being left alone or blaming the loved one for becoming ill

In these instances, it may be best to focus on the universal communication techniques that we discussed earlier. And above all – don't take it personally.

Activity: Using T.E.A.M. Talk Styles to Reduce Conflict

An important element of successful teams is reducing conflict. Let's apply what we've learned by working on some examples of communication conflicts. Can you identify each character's communication style and think of ways to improve their interaction?

[Depending on the group size, break the large group into small ones, assign one person to each example or have the entire group review each example together. Direct the participants to the examples on the following pages. Tell participants they may use their style cards and the communication chart as guides. If they are working in groups, ask one person to make notes for reporting back to the rest of the class.]

Read each example before asking for feedback. Here's the answer key, but there is room for different interpretations:

Example #1 = Engager and Mover

Example #2 = Mover and Thinker

Example #3 = Adventurer and Thinker

Example #4 = Thinker and Engager; note that the question is different for this example, asking why it might be difficult to identify the family member's style. This gives an opportunity to focus on emotions that affect communication style.]

Example #1: Janet and Marcia

Janet is a CNA who works at Constant Cares CBRF. Janet senses that several of the residents seem to be uncomfortable around Marcia, another CNA. Marcia is very efficient and quick in her movements with residents. She has a “no-nonsense” approach. Janet feels that Marcia orders residents around and seems impatient with them most of the time. Marcia is all about getting the job done. CBRF managers see Marcia as a high achiever. She was named employee-of-the-month a couple months ago.

Janet would like to bring up the residents’ feelings at the next team meeting, but she thinks Marcia will probably just dismiss any suggestions she might have. Janet feels very connected with the residents and wants to help everyone feel more comfortable. But she’s not sure she can risk confronting Marcia at the team meeting. After all, they have to work together, and she doesn’t want to hurt Marcia’s feelings.

What communications styles do Janet and Marcia show? Why do you think so?

Style (Thinker, Engager, Adventurer, Mover)	Why?
Janet	
Marcia	

How could Janet best approach Marcia?

Example #2: Mario and Toni

Mario is a resident care technician at the Northern Pines Residential Facility for People with Developmental Disabilities and has been working on a project with Toni for two weeks. They are reorganizing the recreation area and have a small budget to add more activities for residents. Mario and Toni have sketched out some different ways to rearrange the room. They also made a list of some new games and art supplies they want to buy.

Mario has told Toni which room arrangement he thinks is best and wants to move forward. Toni thinks each option has pros and cons and wants to think about them a while longer. She also wants to shop more to get the best price on their purchases. Mario realizes that the deadline is next week and says to Toni, “We have a deadline to meet—I don’t know why you can’t make up your mind!”

What communications styles do Mario and Toni show? Why do you think so?

Style (Thinker, Engager, Adventurer, Mover)	Why?
Mario	
Toni	

How can Mario better communicate his concerns to Toni?

Example #3: Keisha and Steve

Keisha is a social worker at Hawk Haven CBRF. Elma is a new resident who seems very lonely. She tells Keisha that she really misses her dog. Keisha thinks it would really perk up Elma’s spirits if her pet could live with her at the CBRF.

Keisha is so excited about the idea that she rushes to talk to Steve, the administrator. Steve is on his way to a meeting and is a bit rushed. Steve says that there are too many things to think about to allow Elma’s dog to be in her room—health codes, infection control, having to feed the dog, etc. He thinks it’s just not worth it. Keisha thinks Steve is overly cautious and can’t think “outside the box.”

What communications styles do Keisha and Steve show? Why do you think so?

Style (Thinker, Engager, Adventurer, Mover)	Why?
Keisha	
Steve	

How can Keisha and Steve communicate better?

Example #4: Michael and Mrs. Lee

Michael is an LPN at Olsen Care Center. One of the residents, Carl Lee, is an 85 year-old man with moderate dementia. Recently, Michael has noticed that Mr. Lee’s dementia seems to be progressing.

One day, Mrs. Lee arrives for a visit with her husband. She has also noticed changes in Carl and says to Michael, “Carl didn’t even recognize me when I came to visit yesterday. Are you people giving him his medication? And I noticed he didn’t touch his lunch yesterday—the food here is terrible. My husband’s going to starve to death!” As Michael tries to explain that he’s reported the changes in Carl’s conditions according to the rules, Mrs. Lee waves her arms at Michael and refuses to listen.

Michael is very frustrated with Mrs. Lee. Doesn’t she understand the facts about dementia? Can’t she see that Michael is doing what he’s supposed to do? On the other hand, Mrs. Lee doesn’t want to hear about policies and procedures. She just wants her husband to get well.

What communications styles do Michael and Mrs. Lee show? Why might it be difficult to identify Mrs. Lee’s style?

Style (Thinker, Engager, Adventurer, Mover)	Why?
Michael	
Mrs. Lee	

How could Michael best approach Mrs. Lee?

Why It's Important to Understand Communication Style



Recognizing that the people on your team have different communication styles helps focus on the message instead of the personality. Each of us deserves the right to be heard and the opportunity to express our thoughts and opinions.

When we treat team members with respect and listen to the content of their communication, rather than the context, the goals of a team are much more likely to be met.

As we've learned, each communication style has strengths and limitations. This training provides an opportunity for all of us to maximize our strengths and be more aware of our limitations.

Take a moment to think about some positive outcomes that may result from understanding communication style.

[Participants have space to write responses in their participant guides. After 2-3 minutes, ask participants to volunteer some responses. You might write some responses on a flip chart.

Sample answers may include:

- Reduce conflict*
- Recognize and respect others' styles*
- Understand the perspective of others*
- Project a more professional image*
- Provide a higher level of care for clients*
- Improve relationships with co-workers*
- Gain positive recognition from supervisors*

NOTE: If you are using the power point, show this slide after you have given participants time to write some responses.]

Wrap-Up

Let's review the main learning points.

- Improving communication skills, both verbal and non-verbal
- Identifying your personal communication style and the style of others
- Communicating successfully with other styles
- Understanding communication challenges with clients and family members
- Adapting communication skills for a more successful team

[Briefly refer back to areas of the training when reviewing the bullet points. For example, review the four T.E.A.M. Talk communication styles by name with a few words about each.]

Key #2: Using Your Communication Style Effectively



Now that you understand the different communication styles, let's talk about how to use your style most effectively.

[Point out Learning Point #2.]

Being able to communicate effectively with others does not come naturally for most people. Most of us need to learn how to be assertive communicators, rather than passive or aggressive.

- Assertiveness is about standing up for yourself, but also about respecting the opinions and needs of others.
- When we communicate assertively, we are clear about our opinions and wishes in relating to others, but we are also open to their opinions and wishes.

About the Three Different Styles – Passive, Aggressive, Assertive

Let's discuss the characteristics of each style.

Passive

Characteristics of a person with a passive interpersonal style may include:

- easily intimidated by others
- believe that his/her rights and opinions are not as important as those of other people
- avoids eye contact
- appears shy and has difficulty saying "no" when asked to do a favor
- overly-courteous and might do just about anything to avoid a fight, argument or disagreement

- gets angry when someone violates her rights, but isn't likely to stand up for herself directly
- feels put down, taken advantage of, or abused
- feels depressed or anxious due to fear of others getting angry or feeling like a "doormat"
- develops a passive-aggressive approach, i.e., won't stand up to someone directly, but talks about them behind their back or sabotages the outcome
- intimidated by authority and has a hard time dealing with supervisors
- at high risk for being used or taken advantage of
- rarely gets what she wants or needs

NOTE: It is important to note that in some situations in which there is potential danger, it is appropriate to behave passively in order to protect yourself.

Aggressive

Someone with an aggressive interpersonal style behaves very differently than the person with a passive style.

Some characteristics of a person using an aggressive interpersonal style may include:

- Believes that her rights, opinions and needs are more important than those of others (her way or the highway)
- Violates others' rights and boundaries in an effort to get what she wants
- Sends the message: "I matter more than you do, so get out of my way"
- Uses a loud tone of voice, violates personal space, generally "in your face"
- Is demanding, angry, and hostile in getting to her goal
- Exaggerates the facts
- Ignores others' feelings and rights
- Alienates others through her hostile style or gets into arguments
- Often does not get her needs met because she offends others or makes them angry

Assertive

The assertive style is the middle ground between being passive and aggressive.

Some characteristics of a person who uses an assertive interpersonal style may include:

- Believes in her own opinion and right to be heard (self-respect)
- Respects the opinions and needs of others (empathy)
- Uses a calm tone of voice
- Makes eye contact and respects the personal space of others
- Avoids labels and judgments
- Asks rather than demands
- Values herself and values others equally
- Is neither a “doormat” (passive) or a “steamroller”(aggressive)
- Uses “I” statements to get the message across
- Does not exaggerate the situation
- Sticks to the facts
- Often get their needs met because they are respectful of others

Making Assertive Statements

Here’s a great formula that puts it all together:

“When you [their behavior], I feel [your feelings].”

When used with factual statements, rather than judgments or labels, this formula provides a direct, non-attacking, more responsible way of letting people know how their behavior affects you. For example:

“When you *raise your voice*, I feel *threatened*.”

[Ask participants if they have another example.]

A more advanced variation of this formula includes the results of their behavior (again, put into factual terms), and looks like this:

“When you [their behavior], then [results of their behavior],
and I feel [how you feel].”

Here is one example:

“When you arrive late, I have to wait, and I feel frustrated.”

An assertive person may also need to tell the person what they want:

“When you arrive late, I have to wait, and I feel frustrated. Can I count on you be on time tomorrow?”

[Ask participants if they have another example.]

Why Assertiveness Is Important

Can you think of some reasons why it may be better for you to use an assertive communication style, rather than passive or aggressive?

[Write answers on flip chart. Participants have space to write in their guide.]

Sample answers:

- *Others are more likely to listen to you*
- *Others admire your sense of self-respect*
- *You’re more likely to get what you want*
- *Others see you as an honest person*
- *Co-workers see you as cooperative and caring*
- *Managers see you in a positive light*
- *Clients think of you as a professional*
- *You appear to be a fair person*
- *You seem thoughtful and caring*
- *Others are less likely to take advantage of you*
- *People welcome you into their environment*
- *You feel better about yourself and release stress*
- *You won’t be angry with yourself for not speaking up*
- *Others understand you more clearly]*

When communicating assertively...**Do:**

- Express feelings honestly – take ownership of your feelings
- Be realistic, respectful and honest
- Express preferences and priorities
- Choose your response carefully, especially when emotions are high

Don't:

- Depersonalize feelings or deny ownership
- Say "You make me mad"
- Exaggerate, minimize, or use sarcasm
- Agree just to be sociable or agree unwillingly

The following are assertive body language descriptors:

Posture: Erect but relaxed, shoulders straight

Facial Expression and gestures: Relaxed, thoughtful, caring, genuine smile

Voice: Firm, pleasant, smooth, even-flowing, comfortable delivery

Activity: One Conversation, Three Styles

[A script of three styles of the same conversation follows this page. You may recruit “actors” to play the roles or you may opt to download the short video clip from the caregiver training website. The video is recommended.]

Let’s take a look at a situation in which two people have a conversation that demonstrates each of the 3 styles.

[Tell participants that you’ll set the stage for them before they observe the three different approaches.]

Sara is a caregiver in a small group home for persons with moderate developmental disabilities. Sara works the third shift, from 10 pm to 6 am, so that she can be home during the day with her 3 year-old daughter and get her 7 year-old son off to school. Another caregiver named Audrey relieves Sara each morning. Sara can’t leave the facility until another staff person is there.

It’s Thursday at 6:15 am, and Audrey is late for the third time this week. Sara knows that Audrey has a new boyfriend, and Sara suspects that Audrey is out late every night with him. Sara is upset because she needs to get home to her family. Sara also thinks Audrey is taking advantage of her.

At this point, Audrey breezes into the group home with a big smile on her face.

[Start the video.]

PASSIVE EXAMPLE:

Audrey: Good morning, Sara. It's a lovely morning, isn't it? How did everything go last night?

Sara: It was pretty quiet. Gary got up a couple of times—I think he's excited about today being his birthday.

Audrey: I'm sure we'll have a great party for him today—I'm picking up his cake after everyone goes to the activity center.

Sara: (looking down at her feet) Um, Audrey, you know, it's almost 6:20.

Audrey: Oh, I guess I am a teensy bit late. Sorry about that! I had a fabulous time on my date last night!

Sara: Well...that's ok. I'm glad you had a good time.

Audrey: See you later.

Sara walks outside to her car.

Sara: (muttering to herself) That Audrey! I hate it that she takes advantage of me like that. I'm sick of working overtime just because she has a boyfriend. Maybe I should get a different job. I hope I can get Mark to school on time! Ohhh, my whole day is already ruined!

[Pause the video. You might say, "Let's look at another way the conversation could have gone." Resume the video.]

AGGRESSIVE EXAMPLE:

Audrey: Good morning, Sara! It's a lovely day isn't it?

Sara: (with arms crossed) I don't see anything good about it! You're late again for the 3rd time this week:

Audrey: I guess I am a teensy bit late. Sorry about that!

Sara: You are so irresponsible! It's not my fault you're out all night with your new boyfriend. And all you do is jabber about him all the time. You don't even care about this job!

Audrey: That's not all I talk about! Besides, what's 5 or 10 minutes to you? All you have to do is go home and sleep!

Sara: You're making me really mad! You have no idea what it takes to work here all night and work at home all day! I'm going to call the boss and let him know that you're always late. I hope you get fired!

Audrey: Well then, how about I tell the boss about you being asleep when I came to work last week?

Sara: Go right ahead. See if I care!

(Sara stalks away.)

[Pause the video. You might say, "Finally, let's look at the third option for the conversation." Resume the video.]

ASSERTIVE EXAMPLE:

Audrey: Good morning, Sara. It's a lovely morning, isn't it? How did everything go last night?

Sara: It was pretty quiet. Gary got up a couple of times—I think he's excited about today being his birthday.

Audrey: I'm sure we'll have a great party for him today—I'm picking up his cake after everyone goes to the activity center.

Sara: Before I leave I need to talk to you about something.

Audrey: Oh, what about?

Sara: I feel really stressed when I can't leave here on time. When I'm late, I don't have enough time to get my son up and ready for school. He's missed the school bus a couple of times lately.

Audrey: I guess I have been a teensy bit late a couple of times. Sorry about that.

Sara: Thanks for understanding my situation. Can I count on you to be on time?

Audrey: No problem. I had no idea you were on such a tight schedule!

Sara: See you tomorrow, Audrey. Enjoy the birthday party!

[Stop the video.]

Discussion Questions

- How were you able to identify the style in each version?
- Which version will have the best outcome for Sara? Why do you think so?
- Why did Audrey have such a different reaction in all three of the versions?

[Write participants' responses on flip chart. They have room in their participant guide to take notes.]

Wrap-Up

[Review the following:

- *Learning Point #2: Using Your Communication Style Effectively*
- *Assertive, Passive, Aggressive Styles*
- *How communicating assertively can improve relationships with co-workers, clients and supervisors]*

Key #3: Observing Professional Boundaries



We've talked about understanding communication styles and learned how to communicate assertively with those around us. Next we're going to talk about some guidelines for maintaining a positive and helpful relationship with your clients or residents. These guidelines are called professional boundaries.

[Point out Learning Point #3: Observing Professional Boundaries]

The caregiver has a powerful role in the relationship between caregiver and client. This power comes from:

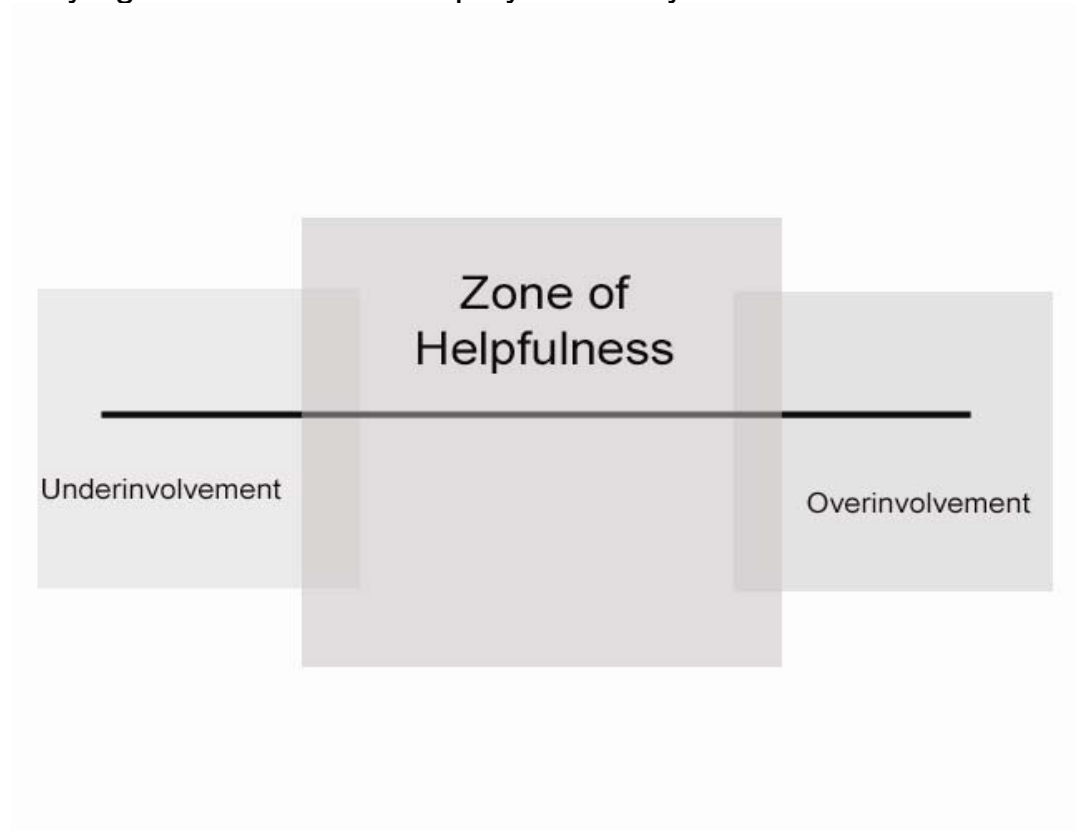
- 1) Control over the services provided to the client
- 2) Access to private knowledge about the client

It's important not to let the balance of power slide heavily onto the caregiver's side of the relationship. Maintaining professional boundaries helps the caregiver maintain a helpful or "**therapeutic**" relationship with the client.

A good question to ask yourself: Are my actions more about my needs than about the needs of my client? If so, you may be crossing a professional boundary.

Zone of Helpfulness

This graphic depicts the idea of maintaining a therapeutic or helpful relationship with your client, neither over-involved or under-involved. Staying within the zone helps you to stay “in bounds.”



[Point out the boundary graphic in the participant guide. Reinforce the idea of staying in the zone of “helpfulness” or maintaining a therapeutic relationship, not a social one.]

Professional Boundaries

*[Direct participants to the “**Professional Boundaries for Caregivers**” handout. Briefly review each boundary type along with the comments/definition for each. Point out tips for “staying in bounds” in the right column for participants to look over later.]*

**Professional
Boundaries
Handout**

Professional Boundaries for Caregivers

Type of Boundary Crossing	Staying In-bounds
<p>Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.</p>	<ul style="list-style-type: none"> • Use caution when talking to a client about your personal life • Do not share information because you need to talk, or to help you feel better • Remember that your relationship with your client must be therapeutic, not social
<p>Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.</p>	<ul style="list-style-type: none"> • Be aware that a client's behavior is the result of a disease or disorder • Know the client's care plan! • If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later • Note that the client may think their action is the best way to solve a problem or fill a need • Ask yourself if there is a way to problem solve and help the client communicate or react differently
<p>Nicknames/Endearments: Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.</p>	<ul style="list-style-type: none"> • Avoid using terms like honey and sweetie • Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss • Remember that the way you address a client indicates your level of professionalism

<p>Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.</p>	<ul style="list-style-type: none"> • Use touch only when it will serve a good purpose for the client • Ask your client if he/she is comfortable with your touch • Be aware that a client may react differently to touch than you intend • When using touch, be sure it is serving the client's needs and not your own
<p>Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.</p>	<ul style="list-style-type: none"> • Clients may be frightened or confused by loud voices or fast talk • Good personal hygiene is a top priority due to close proximity to clients • Professional attire sends the message that you are serious about your job • Off-color jokes, racial slurs, profanity are never appropriate • Body language and facial expressions speak volumes to clients
<p>Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.</p>	<ul style="list-style-type: none"> • Follow your facility's policy on gifts • Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries • It's ok to tell clients that you are not allowed to accept gifts, tips • To protect yourself, report offers of unusual or large gifts to your supervisor
<p>Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.</p>	<ul style="list-style-type: none"> • Focus on the needs of those in your care, rather than personalities • Don't confuse the needs of the client with your own needs • Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client • Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor

<p>Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.</p>	<ul style="list-style-type: none"> • While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction • Do not tell sexually oriented jokes or stories. It may send the wrong message to your client • Discourage flirting or suggestive behavior by your client • If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away
<p>Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few other members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.</p>	<ul style="list-style-type: none"> • Do not keep personal or health-related secrets with a client • Remember that your role is to accurately report any changes in your client's condition

Getting Back In-Bounds



Have you ever crossed or thought about crossing any professional boundaries? Have you observed others step over that line? What should a caregiver do if s/he believes s/he may be stepping over a boundary?

- Talk to a trusted colleague
- Talk to your supervisor or manager
- Consider a re-assignment
- Explain to clients that you are unable to behave in certain ways due to professional guidelines (e.g. accept gifts, keep secrets, etc.)
- To protect yourself, draw a line between your work life and your private life

Why Professional Boundaries Are Important

Can you think of some reasons why maintaining professional boundaries is important for caregivers?

[Ask the group for some reasons. Document answers on a flip chart. If needed, offer some of the following examples:

- *Assures a therapeutic relationship with clients, rather than a social relationship*
- *Avoid burnout*
- *Avoid legal trouble*
- *Caregivers maintain a helpful relationship, not too personal and not too aloof*
- *Caregivers avoid emotional entanglements*
- *Caregivers treat all clients fairly*
- *May reduce allegations of caregiver misconduct*
- *The caregiver is seen as a professional*
- *Supervisors see the caregiver as competent]*

Activity: Explore Boundary Crossings

Using what you've learned about professional boundaries so far, we're going to explore some examples of boundary crossings. Please select your handout titled "**Examples of Boundary Crossings.**"

**Examples of
Boundary
Crossings
Handout**

[Have large group break into small groups. Assign each group a different scenario. Point out the scenario in their handout. If you have a small audience, you may assign each person a scenario.]

Please choose one person to take notes about your discussion and report back to the larger group at the end of your discussion. When you look at the examples, please discuss:

- What observations can you make about this situation?
- How could the caregiver's actions affect the client?
- How could the situation affect the caregiver?

You'll have about 10 minutes for discussion. You can begin now.

[Before asking each group to report back, read the scenario to the whole group—point out the scenario in their participant guide also. The facilitator version of the Examples of Boundary Crossing Handout contains possible discussion points. Bring these discussion points up if the group doesn't.]

Examples of Boundary Crossings

Sharing Personal Information

Polly is a 28 year-old home health aide with two children. Bess, a 90-year old widow, is one of Polly's patients. Polly is going through a divorce and seems to be on an emotional roller coaster lately. Polly feels better when she can talk about her situation. Recently, she has begun to share her experiences with Bess, including details of her ex-husband's infidelity, his failure to pay child support, her dire financial situation, and her children's unhappiness. Bess seems to be a sympathetic "ear" for Polly and listens attentively when Polly shares her experiences.

[Possible Discussion Points:

- Polly is treating Bess as a friend.*
- Polly's focus on her own problems may result in neglecting some of Bess's cares.*
- Bess may worry about Polly's situation.*
- Bess may try to help Polly by offering money, food or other necessities.*
- Polly's detailed accounts may offend Bess.*
- Bess might complain to Polly's boss.]*

Not Seeing Behavior as Symptomatic

Carlos, a 40 year-old CNA in a nursing home, often provides cares for Jerry, a 72 year-old resident with Alzheimer's disease. Carlos has come to Jerry's room to assist him to the dining room for supper.

CNA Carlos says to Jerry, "It's dinnertime. Are you ready to go?" Jerry smiles at Carlos and says, "Ready." But then Jerry returns to watching TV. Carlos brings Jerry's walker to him, but Jerry continues to stare at the TV.

After several attempts to get Jerry up, Carlos becomes angry. He walks out of Jerry's room, muttering to himself, "The heck with Jerry, he can just go hungry tonight. I hate it when he ignores me like that! He knows it's dinnertime. He's just trying to annoy me!"

[Possible Discussion Points:

- Carlos is assuming that Jerry understood his words and intentions.*
- Jerry may be experiencing aphasia, the inability to understand written or spoken words.*
- Although Jerry repeated the word "ready," he doesn't recall what it means.*
- Carlos' conduct could result in Jerry being neglected, going hungry.*
- Carlos did not consider the possibility that Jerry's response was a symptom of his illness.*
- Carlos' impatience affected the quality of Jerry's care.*
- Jerry senses Carlos' frustration and becomes agitated.]*

Using Nicknames/Endearments

Edward Maxwell is an 85 year-old resident of a nursing home. Professor Maxwell taught American History at the UW-Stout for many years and after retirement traveled widely with his wife. However, he is no longer able to care for himself and must rely on nursing home staff to assist him with eating, toileting, bathing, etc.

A new CNA, Melanie, age 19, enters Professor Maxwell's room and says, "Good morning, Sweetie. Are we ready for our bath?" Professor Maxwell says to Melanie in a gruff voice, "I'm not having a bath today, young lady. Get out of my room!" Melanie leaves, wondering why it's her bad luck to get stuck with such a crabby old man!

[Possible Discussion Points:

- Melanie reminds Edward of his students, who always addressed him as Professor, not Sweetie!*
- Edward is offended by Melanie's overly familiar manner.*
- Melanie's question may seem condescending or demeaning to Edward.*
- Melanie's use of an endearment diminishes her professionalism in Edward's eyes.*
- Edward resents having to rely on strangers for personal cares.*
- Melanie meant her endearment to convey her caring nature—it had just the opposite effect.*
- In Edward's day, calling someone "sweetie" intended something more, as in "sweetheart."]*

Touch

Michael is a 30 year-old caregiver in a CBRF. Marla is a 25 year-old woman with cerebral palsy and a cognitive disability. Unknown to Michael, Marla was assaulted several years ago by a former boyfriend.

One day, Michael walks into the kitchen and sees Marla, crying softly over her breakfast. Michael bends down and places his arm around Marla who suddenly begins to scream and cry harder. She shrinks away from Michael and looks at him with fear in her eyes. The owner of the CBRF comes out of his office and wants to know what Michael has “done” to Marla.

[Possible Discussion Points:

- Michael didn’t stop to consider how Marla might react to his touch.*
- Michael intended his touch to be comforting.*
- Although Marla knew Michael and liked him, his touch startled her.*
- Marla was reminded of her rough treatment by an abusive male in her life.*
- Marla may have thought Michael was making a sexual advance.*
- Caregivers must be aware that clients might perceive an intimate gesture as a sexual advance.*
- Michael never intended to startle or injure Marla, but his uninvited touch was mistaken for something else.*
- Although Michael did not intend to harm Marla, it may create questions in his boss’s mind.]*

Professional Demeanor

Susie is a 22 year-old CNA at a nursing home in a small town. She is from a large family with four older brothers and a younger sister. As a child, Susie developed an aggressive and loud manner in order to stand up to her older siblings. But her loud voice and “salty” language have now landed Susie in trouble with her supervisor. In the last few months, three different residents have complained that Susie is being verbally abusive to them. Susie can’t understand it—she always gets her cares done on time and even helps out others. She really cares about the residents, but she doesn’t see any reason to pretend to be something she’s not!

[Possible Discussion Points:

- Susie has applied her personal demeanor to her professional life.*
- She has failed to see herself as others see her.*
- Residents feel threatened by her loud voice and aggressive mannerisms.*
- Susie’s youth and inexperience may contribute to her lack of professional demeanor.*
- Susie doesn’t realize that some people are offended by her profanity.*
- Susie’s demeanor has protected her in her personal life. It’s hard to put on a different face.*
- Susie’s demeanor may result in her losing her job or being charged with caregiver misconduct.]*

Accepting Gifts/Favors/Tips

Heidi is a 40 year-old personal care worker who travels to the homes of several clients each week. One of her clients is Marion, a 79 year-old single woman. Marion has no children but enjoys the company of her niece, Darla, on holidays.

Marion seems very lonely to Heidi. It's clear that Marion looks forward to the caregiver's visits. For the past few months, Marion has been insisting that Heidi take gifts from her. It started with a few small things, like a candle that Heidi admired. Now, Marion is offering Heidi her dining room table and chairs. Marion jokes that if Heidi doesn't take them, she will think that Heidi doesn't love her anymore. Heidi finally agrees to take the table and chairs, justifying that the furniture will get more use at her house.

[Possible Discussion Points:

- Marion might feel that she needs to give Heidi gifts in order to keep her.*
- By accepting the gifts, there may be a perception that a patient can buy better quality of care.*
- Marion's other caregivers may feel resentment if they don't receive gifts.*
- Heidi has allowed the relationship to become personal by accepting gifts.*
- What happens when Marion's niece Darla comes for Christmas? Will she think that Heidi is trying to take advantage of her aunt?*
- Every facility has a gift policy—Heidi doesn't seem to know it!*
- Heidi should have told her supervisor the first time Marion offered a gift.*
- Heidi's supervisor might fire Heidi for taking unauthorized gifts, against the agency's policy.*
- Heidi was not prepared to decline Marion's offer gracefully.]*

Over-Involvement

Kia is a 25-year old hospice aide. About six months ago, she began to care for a terminally ill patient, Harry, in his home. Harry's wife, Brenda, is such a trooper and both of their children and grandchildren visit frequently. Kia admires Harry and his family—they seem like such a nice, loving group. Last month, Harry insisted on inviting Kia to a family birthday party at Harry and Brenda's home. Kia felt flattered that Harry invited her—she's feeling a little like family. Not only did Kia attend the party, but she stopped by on her day off to help Brenda prepare the meal and do a little vacuuming. Brenda asked Kia to pick up the birthday cake before the party, which Kia was happy to do.

Last week, Harry took a turn for the worse and Kia knows the end is very near. Although Kia has 5 years experience in caring for hospice patients, she finds herself very depressed at the thought of Harry's death. She will miss Harry and his family very much.

[Possible Discussion Points:

- Kia allowed the family to see her as more than a caregiver.*
- Kia was attracted to the family and welcomed their interest in her.*
- Maybe this loving family fills a need in Kia.*
- Because Kia will no longer serve the family after Harry dies, it may cause Brenda and other family members to feel additional feelings of loss and pain.*
- Brenda also seemed to be taking advantage of Kia (picking up the cake.)*
- Kia might miss important medical signs because the prospect of Harry dying causes her pain.*
- Kia has lost her therapeutic relationship and crossed into a personal relationship.*
- As a hospice aide, Kia cannot afford to mourn for each client as if they were family.]*

Sexual Attraction/Relationships

Sheila is a 32 year-old CNA who works in a CBRF that serves clients undergoing rehabilitation for addiction to controlled substances. One of the CBRF residents is Ray, a 25 year-old man with an addiction to prescription pain killers. Lately, Sheila finds herself “dressing up” more for work than usual. She is spending more time with Ray than other residents. Ray enjoys jogging, so Sheila has begun to stay after work to jog with him. Sheila says to herself that she’s being supportive of Ray. He seems to appreciate Sheila’s efforts, and Sheila has begun to touch or hug Ray more often. He’s asked her if she would like to go have pizza next week, just the two of them.

Yesterday, one of the other residents asked Sheila if she was “going steady” with Ray. Sheila’s supervisor overheard the comment and now Sheila is worried that her supervisor will misunderstand her relationship with Ray.

[Possible Discussion Points:

- It is never ok to have a romantic/sexual relationship with a client under any circumstances.*
- Sheila’s focus on Ray may leave other clients neglected.*
- Sheila’s change in dress indicates that she is crossing a boundary.*
- Staying after work, extending her hours indicates that she is becoming over-involved.*
- Increased and unnecessary touch can be an indicator of sexual attraction.*
- Ray seems to reciprocate Sheila’s feelings.*
- Ray’s rehab could be negatively affected if Sheila quits her job or is no longer interested in Ray.*
- The focus has shifted from a helping professional relationship to a personal one.*
- Sheila is in denial about the relationship, e.g. being worried that her supervisor will “misunderstand.”*
- Sheila could lose her job or be charged with caregiver misconduct.*
- Residents and patients in certain long-term care settings cannot legally consent to sexual contact.]*

Keeping Secrets

Gloria is a 78-year old woman with Alzheimer's-related dementia and hypertension who receives services from a home health agency. During a recent home visit, the agency RN supervisor noted that Gloria's dementia is progressing to a point where she may soon need full-time skilled nursing care. Gloria is very upset at the prospect of leaving her home and refuses to consider a different living arrangement.

Yesterday, one of Gloria's home health aides, David, arrived at Gloria's home and discovered a burned dish towel in the kitchen sink. When David asked Gloria what happened, she says she turned on the stove and that someone must have left the dish towel on the burner. David also notices that Gloria has forgotten to take her medication again. Gloria begs David not to tell anyone about the towel or the meds. David isn't sure what to do. He wants to respect Gloria's rights and maintain patient confidentiality, and he doesn't blame her for wanting to stay at home.

[Possible Discussion Points:

- Patient confidentiality does not include failing to report changes in a client's condition.*
- David's sympathetic view of Gloria's situation could result in harm to Gloria.*
- If David reports Gloria's situation accurately, the agency can suggest some safety measures (a marked pill box, disconnecting the stove—using the microwave instead.)*
- It's hard to make decisions that will make the patient unhappy.*
- If Gloria is hurt or has a stroke, e.g., David will feel guilty.*
- David could be charged with caregiver neglect for failing to report.]*

Wrap-Up

[Review the following:

- Learning Point #3: Observing Professional Boundaries*
- Why it's important to the participant (what's in it for them)*
- What to do if the caregiver feels they might have crossed a boundary]*

Key #4: Five Steps to Professional Success



While Observing Professional Boundaries (Key #3) outlines appropriate interactions with residents, clients and others in your care, this module focuses on tips for interacting with colleagues, managers and other non-residents.

What are some qualities you think of when you imagine a “professional person?”

[Give participants a minute or two to jot some thoughts in the space provided in the participant guide. Ask participants for ideas. Suggested responses include:

- Appearance – professional attire, good hygiene*
- Body language—makes eye contact, good posture, smiling*
- Positive attitude*
- Stays on task – doesn’t socialize too much*
- Knows the job*
- Follows the rules*
- Works well with others*
- Puts residents first*
- Doesn’t gossip]*

Step #1: Put Your Best Foot Forward



Professionalism is most often measured in four basic ways:

- Appearance (How you look)
- Communication (What you say)
- Performance (What you do)
- Attitude (How you approach your work)

Let's look at some tips to make sure that you are succeeding in each area:

Appearance

First impressions are usually made on the unspoken signals you send. As a caregiver, consider some ways that you can convey professionalism without saying a word:

- **Clothing.** Choose clothes that fit the job. Many caregivers wear uniforms, so that can help make choices easier. Appropriate clothing choices say, "I understand the focus is on the job, not on me." Clean and crisp attire sends the message that you are organized, competent, and well-prepared to do your work.
- **Hygiene.** The nature of your job requires very close contact with residents and clients, co-workers, etc. so good personal hygiene is a must. Good practices include oral hygiene, daily showers, using deodorant and fresh clothing. Clean hands and short, plain fingernails are two specific ways that caregivers send a message that hygiene is important to them.
- **Body Art.** Different generations and cultures view body art and body jewelry differently. While it's great to express yourself, it's best to underplay that aspect of your personality when at work.
- **Perfume/Fragrance:** Although fragrance isn't visible, those around you will "see you coming" if your perfume is overwhelming. And some are allergic to certain fragrances. Save the perfume for personal time.

Communication



A famous quote suggests that you should never miss an opportunity to say nothing! While we can't work in silence, it's important to think about how our words send signals about our professional demeanor. What are some tips for positive communication?

- **Manners.** In today's busy workplace, it's easy to forget courtesies like saying please and thank you. How much more likely are you to respond to a request when these simple words are included?
- **Compliments.** When you see it, say it. Never miss an opportunity to acknowledge others' accomplishments or good deeds.
- **Tone of Voice.** A big complaint in small work spaces is the volume and tone of a co-worker's voice. Be aware that a loud, angry voice may annoy or frighten others and sends the wrong message about your professionalism.
- **Grammar.** A tune sung off-key focuses on the singer instead of the song. In other words, using poor grammar may cause the listener to focus on how you speak and disregard what you're trying to say. If your grammar is significantly different from those around you, consider modifying it to convey a more professional image. If you recognize that grammar isn't your strong suit, how about improving it through on-line courses or websites or textbooks?
- **Jokes/Profanity.** Off-color jokes and the use of profanity may diminish your professionalism more than any other single action. While jokes or conversations sprinkled with swear words may be perfectly acceptable in your personal world, they are a huge roadblock on your road to professional communication.

Performance

Actions speak louder than words. While your words are important, it's your actions that are the final measure of your professionalism.

- **Work Hard.** Being seen as a hard worker is admirable. And employers treasure employees who can get the job done. But how do you prepare yourself to consistently work hard every day? Here are some suggestions for performing your job in the most focused way possible:
 1. Identify Your Job Responsibilities. It really is all about the work. Focus on the tasks associated with those responsibilities.
 2. Do Your Best. Acknowledge that “your best” may vary from day to day. But at the end of the day, can you say you did your best, tried your hardest? If not, take that as a lesson learned for tomorrow, but not as a punishment that you impose on yourself for events already past.
 3. Ask for Help. If you feel that your duties can't humanly be completed in your work day, talk to your supervisor. Ask your supervisor to job-shadow to suggest different approaches. Demonstrating your situation is usually more effective than complaining about it.
 4. Avoid distractions. If you have identified your responsibilities in #1, it's easier to recognize and avoid distractions. Activities that detract from your hard work include excessive chatting with co-workers, focusing on relationships with co-workers instead of customers, allowing too much of your personal life to creep in through phone calls, e-mails, text messages, communications with co-workers, etc.
- **Be Reliable.** The hardest worker in the world can't make up for excessive absenteeism and tardiness. The nature of your job as a caregiver makes reliability more important than many other positions. Your job won't wait until tomorrow—your services are needed today. Planning ahead for the “what-ifs” in your life that affect your attendance/timeliness can reduce stress and maintain your reliability. What if your daycare provider is unavailable? Do you have a back-up? What if your car breaks down? Do you have another way to get to work?

Attitude

These days, when a person is said to have an “attitude,” it usually means bad attitude. Maintaining a good attitude is critical to any worker’s success. A clever quote by Zig Ziglar says it all:

“It’s your attitude, not your aptitude, that determines your altitude.”

In other words, a positive attitude can mean more than ability in terms of job success. Employers believe they can always teach skills, but it’s much harder to teach “attitude.”

A positive attitude is a good habit that is contagious. Did you ever notice how hard it is to stay grumpy when you’re approached by a smiling colleague? With a little practice, you too can view matters from the sunny side of the street. Here’s how:

- **Choose Your Attitude.** You have the power to choose your attitude. If you choose the positive approach, your day just got a little easier!
- **Count Your Blessings -- Literally.** Go through a mental checklist of all the good and positive things in your life. This exercise helps put negative things into perspective.
- **Banish the Negative.** While you can’t always avoid negativity in the workplace, you can decide never to contribute to it.
- **Keep Moving Forward.** Everyone has an off day or a bad experience. Learn from the past but focus on the future.
- **Don’t Take Things Personally.** What others say and do is a reflection of them, not you.

Your attitude affects the way you see yourself and the way others see you. When you choose an optimistic and positive approach to life, both you and your career will benefit.

Step #2: Know the Rules of the Road



There are many rules to keep in mind on your road to professional success, especially when you are a caregiver. Knowing those rules can help you avoid roadblocks and smooth your journey.

Work Rules

Every business has work rules, and abiding by those rules is part of a contract with your employer when you accept a job. Work rules are usually presented and explained during new worker orientations.

It's in your best interest to thoroughly understand the rules at your workplace for several good reasons:

- You want to know what's expected of you
- You don't want to unknowingly break any rules
- You want to be seen as a valuable employee

Here's an example of someone who didn't know the rules:

Mary is 19 years old and has been working at ABC Assisted Living for the last 6 months. It's her first full-time job and she loves helping residents. Her supervisor has complimented her on her hard work and positive attitude.

Yesterday Mary was fired. "I can't believe you're firing me! What did I do wrong?" she asked her boss. The boss reminded Mary that she had been warned twice in the past about being late. "We went over all the work rules in the employee handbook when you started your job, Mary. Here's your signature stating you understood them."

Mary was angry and embarrassed. She hadn't paid much attention to the work rules; it seemed like a bunch of legal mumbo-jumbo. As she left the facility for the last time, she muttered to herself: "Who wants to work here anyway? They don't even appreciate all I did for them!"

Even though Mary was doing a good job, the facility felt it was equally important that Mary get to work on time. Understanding and abiding by the work rules are critical to your success as a professional.

Care Plans

They may be called care plans or individual action plans or given some other name at a care facility. Whatever the name, care plans outline your job duties with each individual resident or client. It's in your best interest, and the interest of the resident, to know the care plans completely.

Advantages to knowing individual care plans include:

- Understanding the resident's history and needs
- Providing the best quality of life possible for the resident
- Making your job easier by understanding successful approaches to use with the resident
- Providing you with an outline of your specific job duties

The most successful care plans include input from doctors, nurses, social work staff, the resident, the resident's family and you—the direct caregiver! Be proactive in participating in the care plan process. Not only will it result in more positive outcomes for those in your care, you will be seen as the professional you really are!

The Caregiver Law

Caregiver Misconduct
Definitions Handout



Caregivers in Wisconsin are held to very high standards of conduct. A 1998 law outlines “caregiver misconduct” and imposes penalties on caregivers who commit prohibited acts against clients and residents in long-term care facilities.

The caregiver law is an important set of rules for caregivers. A person found to have violated these rules can be barred from working as a caregiver in Wisconsin. Let’s take a look at the “plain English” definitions of caregiver misconduct.

[Review the handout, focusing on neglect, which is the most misunderstood. Review examples in the right hand column—many caregivers are surprised that these actions can be considered caregiver misconduct.]

Caregiver Misconduct – Simplified Definitions

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, saying things to intentionally frighten a client Emotional abuse – humiliation, harassment, intimidation with threats of 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 when 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 Department of Health 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.

Reporting Misconduct

Under Wisconsin law:

- A *caregiver* must report a suspected incident of misconduct immediately to a supervisor
- A *long-term care facility* must investigate and report to the State Division of Quality Assurance under certain conditions

Activity: Reporting Challenges

One of the toughest challenges a caregiver may ever face is reporting suspected misconduct by a co-worker. What are some of the reasons a caregiver might hesitate to report an incident to a supervisor?

[Ask participants to offer reasons. Record them on a flip chart. The following responses were offered by a group of Wisconsin caregivers. You may offer one or two to spark the conversation:]

- *Fear of retaliation from the accused caregiver or other caregivers*
- *Being seen as a trouble maker*
- *Doesn't want to get involved*
- *Believes they should keep problems "in house"*
- *Feels it's stressful/risky to report*
- *Will upset consumer/family*
- *Doesn't have enough proof*
- *Is a new employee and doesn't want to "rock the boat"*
- *Consumer asks caregiver not to report*
- *Unsure if incident meets the definition of misconduct*
- *Thinks the situation might correct itself*
- *Doesn't think facility will follow through on the report*
- *Doesn't hear back from managers if they have reported in the past*
- *Doesn't trust her memory to get details accurate*
- *Might not be believed*
- *The person they need to report is a friend (or someone they must continue to work with)*
- *Fears loss of job (if someone thinks they made up the story)]*

What could supervisors or managers do to make it easier for caregivers to report suspected misconduct?

[Ask participants to offer solutions. Record them on a flip chart and pass them along to supervisors for follow-up. The following responses were offered by a group of Wisconsin caregivers. You may offer one or two to spark the conversation:]

- Provide education and training*
- Reinforce trust between staff and management through team building, acknowledging reports and treating reports confidentially*
- Have an “open door” policy to encourage communication*
- Reassure staff that reporting is welcome—support the reporter*
- Be sensitive to relationships (e.g. reporter vs. accused)*
- Encourage reporting anything that just doesn’t feel right (trust your gut)*
- Show appreciation (for reporting)*
- Have a clear reporting hierarchy*
- Post contact info (for reporting)*
- Let the reporter know that his/her report was received at the appropriate level and is being investigated]*

Both the caregiver and the facility have a legal responsibility to report suspected caregiver misconduct. While it may be the hardest thing you ever have to do, your responsibility to your clients and residents must come first.

When caregivers and facilities talk openly about the requirement to report, there is no unspoken expectation that witnesses to caregiver misconduct will remain silent.

Step #3: Don't Travel Alone!



Few travel the road to professional success by themselves. And what a boring trip it would be! Along the way, colleagues, supervisors, clients and many others will offer challenges, lessons, frustrations, and rewards to your life's experience as a caregiver. Let's talk about two major areas that are essential for successful professional relationships:

Teamwork

Employers often say they are looking for “team players.” But what does that mean exactly? Here are some qualities used to describe people who work well within a team:

Shows Dependability. Gets work done and does his or her fair share. Follows through on job duties—a person you can count on all the time.

Communicates Positively. Speaks up and states thoughts clearly and honestly but with respect for others and the work of the team. Asks for and respects the input of others.

Listens Actively. Considers ideas and opinions from other team members. Accepts criticism and disagreement without becoming defensive.

Participates Energetically. Good team players actively participate in the work of the team. They have a “can-do” attitude and volunteer for assignments. Their philosophy is, “While I'm here, I'll give it all I've got!”

Shares Information and Experiences. Good team members “spread the wealth” by sharing information to keep others informed. They develop good relationships with other members to encourage open communication. Some people see knowledge as power and hoard information. Not this team member!

Cooperates and Supports Partners. This team member believes in working with others to get the job done and works this way naturally. Good team players figure out ways to get along with co-workers who have different styles and views in order to get the job done.

Accepts Change. Good team players see change as an opportunity for growth, not a threat to the status quo.

Shows Flexible Thinking. This team member can live with different points of view and compromise when necessary. Flexible thinkers stay away from rigid thoughts and move forward to get the job done.

Shows commitment to the team. Strong team players value their work, the team and the team's commitment to meet its goals. They give and expect good effort.

Solves Problems. This member approaches problems with solutions in mind. They don't dwell on a problem, or place blame. Problem solvers are always looking forward in a positive way to defeat problems and improve the team's work.

Team players display many different characteristics and styles. It isn't always the outgoing, talkative person who works best on a team. Sometimes it's the quiet person who seems to always offer sensible approaches and follows through on his/her efforts.

The best indicator of teamwork is demonstrated by the person who sees his or her individual work as part of a greater effort. The commitment is about winning—but not in the sports sense. In the caregiver world, teamwork means using the best contributions of the whole team to accomplish a goal. In this case, the goal is providing exceptional care and treatment to clients and residents while enjoying the support of other members of the team.

Activity: Memory Game Team Building Exercise

Many of you have probably played this game in the past. Today we're going to use it to focus on the positive power of a team.

[Show the Memory Game Power Point slide to participants. Allow about 30 seconds to look at the objects and then turn the slide off. Allow a minute or so for them to write down all the objects they can remember. They should not consult with others at this point. Turn the slide back on and ask participants to jot down the number they remembered.]

Next, ask the participants to break into teams. Tell them you're going to add more objects to the next slide. Give them 2 or 3 minutes to discuss how the team should approach viewing the slide to remember the most objects. Then proceed as you did before.

NOTE: If you're not using Power Point, you may place common objects on a table or tray, or paste images of objects on poster board.]

Look back at the qualities of good teamwork that we talked about earlier. Did your team display any of these qualities? Which ones? Did your team have a better outcome (remember more objects) than when you worked alone?

[Ask participants to respond to the questions in the paragraph above. Jot them on a flip chart.]

Successful Professional Relationships

Positive relationships with co-workers and supervisors contribute directly to job satisfaction and performance. Remember the saying, “You can pick your friends, but you can’t pick your family?” The same holds true on the job; you usually can’t choose your co-workers. But you do have choices when it comes to fostering positive relationships in the workplace. And the attention you dedicate to those relationships will pay dividends to you, the workplace, and the residents and clients that you serve.

Listed below are some thoughts about ways to have successful relationships at work:

Friends vs. Colleagues. Working closely with others can blur the line between friendship and professional relationships. You have a personal life full of joy, hardships, successes, and challenges that you naturally want to share with someone. Although lifelong friendships sometimes start as professional relationships, don’t assume that every co-worker has your best interests at heart or wants to hear personal details. It can be especially tricky when a relationship with a colleague goes sour because you must still work with that person. Pay special attention if you are considering a romantic relationship with a co-worker.

Too Much Information. Personal information is just that—personal. In your professional life, it’s usually best to keep those intimate details to yourself. Sensitive topics include your sex life, problems with family members, romantic relationships, your health, your salary and your desire to find a different job.

Courtesy vs. Familiarity. In the workplace, courtesy and respect are keys to successful relationships. Behavior that is perfectly acceptable in more casual or personal relationships may be viewed negatively at work. For example, kidding around or teasing friends and family may be a time-honored way of communicating. But those same approaches may be misunderstood by co-workers.

Gossip and the Grapevine. Although both are informal ways to communicate, neither is based on reliable facts. Consider whether you

want to participate in a conversation that may prove hurtful or harmful to another. The underlying motivation to gossip maliciously usually stems from feelings of low self-esteem or jealousy of another. The person who gossips is trying to feel important or interesting at the expense of others.

Hot Button Issues. There are certain topics that people tend to feel very passionate about. For that reason alone, it's best to avoid them in your workplace conversations. Topping the list are religion and politics (particularly around election time). Even though you may be discussing either topic with a like-minded co-worker, someone overhearing your conversation may be offended or feel uncomfortable.

Getting Along with the Boss. Some people have trouble with authority or authority figures. But professionals find ways to get along with all types of personalities. Sometimes it helps to “walk a mile” in your supervisor’s shoes. You both have the same goal, but your supervisor must also be concerned about staffing levels, training, human resources, costs, building safety and other big picture items. Problem solving is part of your boss’s job, too. While it’s important to report problems, try to offer solutions. Pay attention to the rules and work with integrity. Most bosses couldn’t ask for more.

Dealing with Difficult Co-workers. With the many different personalities and styles found in the workplace, it’s inevitable that people will clash from time to time. Most of the time you can disregard or avoid minor incidents, but sometimes you will have to find the courage to face situations head on:

Think about how this assertive approach might work:

1. Talk to the person privately about their words or actions. Avoid exaggeration and be respectful. The statement might start out, “Jane, I enjoy hearing about your children, but when our conversations go on too long...”
2. Tell the person how you feel. “...I feel like I’m neglecting my responsibilities,” or “I’m worried the boss will think I’m wasting time.”
3. Ask for what you want. “Can I count on you to help me limit our personal conversations to lunch or breaks?”

Can you think of any other tips for establishing successful relationships at work?

[Give participants a couple of minutes to jot down some thoughts. This may provide an opportunity to describe approaches they have personally witnessed or admired. Ask participants to share tips they thought of and you may jot them on a flip chart.]

Step #4: Remember the Destination



Think of your path to professionalism as a means of reaching your destination or goal. Clearly, as a caregiver, the most important goal is providing high quality care to residents and clients.

There are many judges of quality care including supervisors, family members, state regulators and others. But the most important person in determining the quality of care is the person receiving it—the resident.

If we look at the resident as a *customer*, it may be easier to define quality care and service because we've all been customers ourselves. We usually think of *customer service* in terms of companies that sell goods or services.

Here are some types of entities that depend on strong customer service to attract and keep your business:

- Grocery, clothing, discount and appliance stores
- Utility, phone and cell phone, internet and cable TV companies
- On-line retailers, home shopping networks and catalog merchandisers

- Rental agencies, banks, insurance companies
- Health care providers, e.g. doctors, dentists, nurses, hospitals
- Elected officials. In this case, the customers are the voters!

Activity: Customer Service

Think about a negative or frustrating situation in which you were the customer. Write down two or three things the customer service representative did to make your experience unsatisfactory.

[Give participants 2 or 3 minutes to think about their experience and write examples on the space provided in their participant guide. Then ask them to offer examples to the group. Write their responses on a flip chart or whiteboard.

Sample responses might include:

- *Didn't acknowledge my frustration*
- *Acted like I was a bother*
- *Ignored me*
- *Talked to a co-worker while helping me*
- *Made me wait too long*
- *Didn't know how to solve my problem*
- *Rushed through the process*
- *Was rude or grouchy*
- *Seemed distracted]*

Next, think about a positive or satisfying situation in which you were the customer. Write down two or three things the customer service representative did to make your experience satisfying.

[Give participants 2 or 3 minutes to think about their experience and write examples. Then ask them to offer examples to the group. Write their responses on a second flip chart or whiteboard. Sample responses might include:

- Apologized*
- Cared about solving my problem*
- Focused on me*
- Appreciated my business-said thank you*
- Responded promptly*
- Was polite*
- Was efficient-knew their job*
- Was friendly]*

Take a look at the two charts. What do you think are the most important qualities a caregiver should demonstrate to make their services a satisfactory experience for their customers (residents and clients)?

[Ask participants to select positive responses or offer alternatives to poor examples, record their responses on a flip chart or simply check the responses provided earlier.]

When we are able to empathize with clients and residents by comparing our own experiences in a similar situation, it seems much easier to reach our destination or goal of providing quality care.

Step #5: Celebrate Your Journey



A caregiver was overhead saying, “This is the toughest job I’ve ever loved!” Caregivers have demanding jobs and provide critical, life-supporting services to fragile people every day. There is no more honorable task than serving those who need us most.

As you follow the steps to reach your professional goals, take the time to celebrate your accomplishments and look forward to higher levels of achievement. Here are some ways to support yourself and your colleagues along the way:

Stay Connected

In the last few years, more resources for direct caregivers are available on the internet. For example:

Wisconsin Direct Caregiver Alliance

Supports caregivers through education, leadership development, and a variety of networking opportunities which will enhance the professional visibility of caregivers and improve quality of care in Wisconsin’s long term care system.

<http://www.wicaregivers.com/Index.html>

Wisconsin Long-Term Care Workforce Alliance

A coalition of public and private organizations and individuals that recognize the critical and indispensable role direct caregivers play in meeting the long term care needs of older persons and persons with disabilities in Wisconsin. The purpose of the Alliance is to develop and implement statewide community based strategies to improve the recognition, retention and recruitment of the long term care workforce.

<http://www.wiworkforcealliance.com/index.htm>

Keep Learning

There are many opportunities for life-long learning:

- **Did you always mean to go back to school?** Whether it means getting a G.E.D. or a Ph.D., explore that next step of formal education.
- **Learn a new skill for your own enjoyment.** Take a cooking class; learn to skate or how to knit. Craft stores, community centers, technical colleges and public school systems offer a variety of free or inexpensive classes.
- **Enrich your professional knowledge base.** Find resources that will improve your professional skills. For example, caregivers are seeing more residents in later stages of dementia or Alzheimer's disease. To learn more about these conditions, start with the Alzheimer's Association website for information and resources at www.alz.org.
- **Suggest training topics.** Most long-term care facilities are required to provide ongoing training to staff. Identify a need and suggest it to your boss.
- **Interested in pursuing a career path?** Find out what it takes to move up the ladder. Health care job opportunities will grow steadily in the coming decades as America ages. Wisconsin has excellent technical college and public university systems. For more information, try <http://www.witechcolleges.com/> or <http://www.wisconsin.edu/>

Inspire Your Workplace

We all know that breaks in our routines are welcome in the working world. After checking with your boss, plan some activities that might help strengthen your team, make work fun or provide a respite from daily stressors. Here are some ideas others have used to brighten their days:

- Spiff up your break room, your locker or other employee space. It doesn't have to cost a penny. Replace those year-old magazines with newer ones from home or friends; ask a few co-workers to contribute a coffee mug to replace the stained and chipped collection;

look for free, colorful posters to replace the tattered versions on your walls.

- Establish a lending library of used books, CDs, movies, etc. Don't contribute anything you expect to get back, however. There won't be a "librarian" on duty.
- Bring a food treat on a day no one expects it or plan a pot-luck where everyone brings a dish to pass.
- Dress up or decorate for holidays.
- Exchange unwanted items with co-workers. Use a small bulletin board in an employee area to post items that someone else might need: used furniture or small appliances, children's or baby items, uniforms, etc.
- Plan a "compliment" day. Use tickets, poker chips or pennies. Staff make a special effort to "pay compliments" to co-workers by handing them a token and offering a word of praise. If you wish, provide a small prize to the person who earns the most compliments that day.

As you can see, celebrating your journey requires extra effort on your part, but can provide great rewards to you, your colleagues and those in your care.

As you travel along the path to professional success, keep in mind the 5 steps we just reviewed. And most of all -- enjoy the trip!

Wrap-Up

[Final suggested remarks:

- Review the 5 steps*
- Thank participants for coming*
- Ask them to fill out the evaluation (optional)*
- Pass out attendance certificates (optional)]*

Resources

Goleman, D. "Working with Emotional Intelligence"

Neilson, S., Thaelke, S. "Conflict Resolution through Winning Colors®"

UCLA WRC-Effective Communication:
www.thecenter.ucla.edu/assertmid.html

UW-Eau Claire Counseling Services
www.uwec.edu/Counsel/pubs/assertivecommunication.htm

National Council of State Boards of Nursing, "Professional Boundaries"
www.ncsbn.org

Alberta Association of Registered Nurses, "Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship"
www.nurses.ab.ca

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All project materials may be downloaded and re-printed from the internet at www.dhs.wisconsin.gov/caregiver/training/trgIndex.HTM.

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