

The Power of Health Promotion and Partnering

“Doreen”

(pink)

Background

You are a client with the CCAC. Interviewer is a staff member who has been newly assigned to work with you. The Personal Support Worker, with whom you have been working, at your request has called the interviewer directly to let her/him know some important things about you and some of her concerns about how you are coping. The interviewer after this phone call and review of your client record has asked to come and visit you.

“Doreen”

Demographics

- 78 years old
- widow (2 years)
- recently moved to a seniors apartment in the nearby city/town

Medical Info

- 5 year history of borderline diabetes - managed through a diabetic diet
- lost 10 pounds in the past 4 months
- has developed a pressure ulcer (wound) on back of right heel

Mobility

- has weakness in legs and has recently fallen twice (no injuries)
- has a walker---but often does not use it
- inactive a fair amount of time, sitting in a recliner chair

Current Services

- personal support once per week
- nursing for wound care
- CCAC client for 1 month

Part 1 - Building Trust and Meaning

(pink)

“Doreen”

This is your first meeting with the Interviewer. The Interviewer in real life could be a service provider or case manager. Together, you review your personal facts and health history.

Share the following information if you are asked questions that address them. Make up any facts as needed to make the story flow.

Family

- your husband died suddenly 2 years ago
- you have a wonderful relationship with your 2 children who live nearby
- your children help with errands and housecleaning

The Move

- You very reluctantly moved here from a farm because...
 - you could foresee your children’s involvement in your care increasing
 - your children are very busy with their own lives/families
 - you do not drive

Social/Interests

- your farm was next to a village
- there, you lived beside the Variety Store and Community Centre - you’re a “people watcher” and enjoyed watching folks come and go
- you had many friends that you visited on a daily basis – all were within walking distance
- you loved to work in your flower garden
- you were active in your church
- you were a member of a theatre arts group

Diet/Health

- for most of your life, your health was good
- borderline diabetes found during a routine check 5 years ago
- you love to eat and prepare healthy food even though you like sweets now and then
- developed a wound due to poor circulation and have become weak in your legs

Part 1

Feedback Form

(pink)

“Doreen”

How did you feel about Interviewer in this interaction? What did Interviewer say/do that made you feel this way?

Did Interviewer learn your story? (compare what you told Interviewer vs. your fact sheet)

What did Interviewer do well?

Is there anything Interviewer might do differently?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?

Interviewer

(yellow)

Background

“Doreen” is a client with the CCAC. You are a staff member who has been newly assigned to work with her. The Personal Support Worker called you directly to let you know some important things about this lady and some of her concerns about how she is coping. After this phone call, a discussion with the nurse and a review of the client record you have collected the following information.

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Part 1 – Building Trust and Meaning

(yellow)

Interviewer

This is your first meeting with “Doreen”. You have reviewed her background information. If you are a case manager, introduce yourself using your current role as you would to any client. If you are a CCAC Support Staff put yourself as much as possible in the role of a health care worker who interviews clients. The Interviewer in real life could be a service provider or case manager.

It may help for you to also think about one of your family members who are probably receiving CCAC support and the kinds of things you would want an interviewer to know about them to facilitate their care.

Your goal in this first interaction is to get to know “Doreen”, learn her story and develop trust. As much as possible, be “you” in this role.

Think of some questions you will ask. Hint – try to use open-ended questions. These are questions that cannot be answered with a yes/no - they are helpful to try to get someone to talk. (Example: Closed Question: What is your OHIP number? Open- Ended: What sort of things do you like to do?)

Part 1

Feedback Form

(yellow)

Interviewer

What did you learn about “Doreen”?

How was this interaction for you?

What did you say/do that helped open up the dialogue?

What did you say/do that may have shut down the dialogue?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?

Observer

(blue)

Background

“Doreen” is a client with the CCAC. Interviewer is a staff member who has been newly assigned to work with her. Interviewer has collected the following information through direct communication with the personal support worker, nurse and a client record review. The Interviewer in real life could be a service provider or case manager.

“Doreen”

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Current Services

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Part 1 – Building Trust and Meaning

(blue)

Observer

Observe Interviewer's active listening skills and use of questions and statements.

What did Interviewer say/do to help open up the dialogue?

What did Interviewer say/do that may have shut down the dialogue?

After experiencing this interaction is there any learning that you think the Interviewer/Doreen could transfer to their current position/role at SW CCAC?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?

Part 2

(pink)

“Doreen”

Both a) and b) occur in the same role play...they flow into each other. Read both parts to prepare.

a) Connecting and Caring

A few weeks have passed. Interviewer has visited you several times. Remember the Interviewer in real life could be a service provider or case manager.

Today when Interviewer visits, you are very discouraged and depressed. You have not been making regular meals and are not hungry anymore.

Unload your negative feelings...express anger at Interviewer, the CCAC, and all of the in-home services that you receive. The reasons you give on the surface are:

- someone forgot to call you that they were changing their visit with you
- you feel your wound is not healing and that you are getting weaker

If Interviewer uses active listening and open-ended questions, reveal the deeper reasons for your anger...

- you are stuck in an apartment facing a huge tree—that is all you can see
- you cannot easily start a garden on a very shaded and cold balcony
- you cannot easily go out due to the wound on your heel and your weakness
- you hate using your walker because you look like a cripple
- you do not know anyone or know of any clubs or churches nearby

While you are venting, you really don't want Interviewer to do anything other than to listen to you.

b) Mutual Knowing, Action Planning, and Creating Solutions Together

When you feel that you have been able to share and have been listened to a) you shift into discussing options that would help your situation. Let the Interviewer initiate this conversation.

Some things you would be open to exploring:

- a move within the building so you can watch people come and go
- finding out about interest groups in the building or in the local area
- learning about places where you could walk
- learning about transportation services

- learning more about the limits of a diabetic diet
- find others in the building that enjoy preparing food and you could have some meals together
- having more control over your own care by directing it yourself, phone calls, scheduling etc.

Part 2

(pink)

Feedback Form

“Doreen”

When you were expressing your anger and frustration, how did you feel about the Interviewer’s response? Why?

Did you feel like a partner when you were exploring ideas for improving your situation? Was a broad scope of ideas explored (i.e. broader than wound care and strengthening/physical health issues)?

Whose knowledge was used in the decision-making? Who assumed the status of decision maker? Who established authority in the decision-making? Whose autonomy was exercised in the care planning? Who took control? Was power shared?

Overall, what did Interviewer do well? What might Interviewer do differently?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?

Part 2

(yellow)

Interviewer

Both a) and b) occur in the same role play...they flow into each other. Read both parts to prepare.

a) Connecting and Caring

A few weeks have passed and you have visited “Doreen” several times. You feel you have established some trust in your relationship. Remember the Interviewer in real life can either be a service provider or case manager.

Today she is upset. Work with her to understand her anger...listen carefully to find out what is going on...when “Doreen” is ready... move onto to b)...

Refer to the “Guided Conversations – Process Guide” to assist you with your interaction.

b) Mutual Knowing, Action Planning and Creating New Opportunities Together.

You sense an opportunity in the discussion to explore ways for “Doreen” to improve her situation.

After you understand her anger, ask her if she would like to talk about ways she might improve her life and health. Encourage “Doreen” to come up with her own ideas. Together, agree on a plan.

Hint: How might “Doreen’s” interests and strengths help her situation?

How did you feel when the anger and frustration was expressed?

What was your approach when faced with this frustration?

How did you know you were ready to shift to mutual action planning?

How did you try to engage “Doreen” as a partner in action planning?

How broad in scope were the ideas you explored? (i.e. focus on physical health, other issues?)

Whose knowledge was used in the decision-making? Who assumed the status of decision maker? Who established authority in the decision-making? Whose autonomy was exercised in the care planning? Who took control? Was power shared?

Overall, what did you do well in this exchange? What might you do differently?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?

Part 2

(blue)

Observer

Both a) and b) occur in the same role play...they flow into each other.

a) Connecting and Caring

The first part of this exchange may involve some anger and frustration from “Doreen”. Her real anger is due to the fact she is lonely and isolated in her apartment, unlike the life she lived in the past.

How did Interviewer react to the anger and frustration? i.e., Did the Interviewer seem defensive or open?

b) Mutual Knowing, Action Planning, Creating Solutions Together

Later in the dialogue the conversation will shift to action planning. Interviewer should be trying to encourage “Doreen” to identify things she might do to help her situation.

How interactive did this seem?

How broad was the nature of the ideas explored? (i.e. was the focus on wound care and strengthening/physical issues or were other ideas explored?)

Whose knowledge was used in the decision-making? Who assumed the status of decision maker? Who established authority in the decision-making? Whose autonomy was exercised in the care planning? Who took control? Was power shared?

Overall, what did Interviewer do well? What might Interviewer do differently?

After experiencing this interaction is there any learning that you can transfer to your current position/role at SW CCAC?