Engaging Staff in Individualizing Care

Facilitator Instructions for Starter Exercise
Consistent Assignment

WHAT: This short personalized exercise is a conversation starter as you involve staff in considering how to implement and strengthen consistent assignment within your organization. The exercise gives staff a personal understanding of what it feels like to receive care. As staff reflect on their own experience, they better understand what residents feel and see how the change will benefit residents. Then they can think through how to make it happen.

WHY: Change is hard. Successful change requires discussion about why and how. Use this discussion to find out how the staff closest to the resident, who will implement a new approach, think it will work best. Have on-going discussions as the change evolves.

HOW: This guide includes discussion prompters to use after the personalized experience first to draw out staff's experience and reflections, and then to hear their ideas on how to do it. Allow time for each discussion. Hear from everyone. Ask for responses from quieter people. It may be tempting to brush off staff members who are openly skeptical, but putting into play major changes requires that concerns be welcomed as a contribution to the effort's success; get to the root of the concern, and note it as an area to keep an eye on.

RESOURCES: Toolkit Tip Sheet and Video Clip on Consistent Assignment

Entire Toolkit and Webinar Series available at www.PioneerNetwork.net

Preparation: Review tip sheet and video clip on Consistent Assignment

Time: 15 - 30 minutes, depending on discussion time

Material:

Straws, pitchers of water, and cups for each participant distributed prior to exercise

Goal:

To provide a personal experience of receiving care so staff can understand the residents' experience and the importance to residents of consistent assignment.

Process:

Instruct the group as follows:

∞ In a go-round, ask people to count off 1, 2 so that everyone is either a 1 or a 2. Tell them that the "1's" are now nursing home residents who have no use of their arms or hands, and the "2's" are now CNAs. Every "1" – nursing home resident needs a CNA. CNAs decide which resident they will take care of. If there is an odd number, one CNA will have 2 residents.

∞ Have CNAs help their resident drink the entire cup of water.

∞ Then reverse roles so that everyone has the experience of being helped to drink.

Probe so staff can reflect on their personal experience.
Ask the group:

What did it feel like to be helped to drink?

Some will describe how difficult it was. Others will say that their caregiver made them feel comfortable. Probe their answers. For example, if someone says, "it was humiliating," ask, "why, what was humiliating about it?" If someone says, "my caregiver made me feel okay," ask, "what was it s/he did that made you feel okay?" If it comes up that a resident was "non-compliant," talk about why a resident might say "no;" because they are afraid it will spill, not thirsty, need control – all feelings staff just discussed.

Explain:
Being helped with activities of daily life that we are accustomed to doing for ourselves is hard for many reasons, among them:
∞ We are used to taking care of ourselves.

∞ When someone else is doing what we would do for ourselves we don't have control over whether it is done right or to our liking.

∞ It's hard to have someone else in our intimate space. Point out that being helped to drink isn't even the most intimate caregiving that most residents experience every day.

Connect their experience with the change.
Ask:

What is the difference for a resident in having the same caregiver's day in and day out versus having new caregivers?

Draw out of their comments the benefits of giving care in the context of caring relationships where staff know residents' preferences, such as if you like your water with ice or without, and know body language, and cues. Explore how this allows trust and comfort in an experience otherwise, by nature, uncomfortable.

Begin the discussion on how to make it happen.
Ask:

Where would we start?

What would we need to make this work?