

Supportive
Care of the
Dying

A Coalition
for Compassionate Care

Person to Person: Making Connections That Heal

Facilitator and Student Guide

by

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and

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Supportive Care of the Dying: A Coalition for Compassionate Care
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The Human Touch

'Tis the human touch in this world that counts,
The touch of your hand and mine,
Which means far more to the fainting heart
Than shelter and bread and wine;
For shelter is gone when the night is o'er,
And bread lasts only a day,
But the touch of the hand and the sound of the voice
Sing on in the soul alway

Spencer Michael Free



INTRODUCTION

Are you one of those professionals who feel stress and loss at not having enough time to form a connection with patients and families? In a recent research study “Living and Healing During Life-Threatening Illness,” professionals often mourned the loss of time allotted to building relationships with patients and families. They also describe this loss of relationships as a source of stress. On the other hand, patients and families who participated in “Living and Healing During Life-Threatening Illness” indicated that a compassionate health professional who “connects” makes a difference for the patient and family and may even lead to a decrease in their suffering. People feel respected, valued, and heard.

We have all known professionals who seem to “connect” well with almost every patient. They have the same time pressures and work expectations, but they seem to have special skills. Almost all of their patients and families describe them as “very caring” or “really listening” and being there for them. Are they able to do this because of a NATURAL ABILITY or because of LEARNED STRATEGIES that they use successfully? We have discovered in our research that those professionals seem to have mastered the COMPETENCIES of connecting and caring. These competencies can be learned or improved upon. However, professionals who demonstrate excellence in caring often will state that “I didn’t do much except I always _____,” These excellent skills are so much a part of the professionals’ behaviors that they find it difficult to specifically describe their processes of connecting.

HOW CAN THESE STRATEGIES BE TAUGHT?

How can these strategies be taught to others to increase their competencies in forming connections? One method of making overt the skills and strategies or patterns of interactions which a person uses to accomplish outcomes is “modeling.” Modeling is described by Robert Dilts (1994) as a process of making overt what an excellent practitioner does to achieve their outcomes for the purpose of making it available to teach and learn. Modeling is about understanding human excellence and transferring it to another person. It is taking complex strategies and breaking them into small enough pieces to teach (Dilts, 1994). Modeling requires assessing the aspects of the environment in which the strategy occurs, the behaviors which occur, the capabilities of the person, the beliefs and values of the person, and the identity or mission of the person. Understanding all of these aspects is necessary in order to recreate excellence in actions of another person. Even further, it is necessary to understand the strategy or mental processes the person uses in order to achieve excellence. This can be understood through careful interviewing and studying of persons who achieve excellence. Asking specific questions helps the person make overt their strategies for achieving excellence.

The following questions were used successfully in a research study designed to help nurses describe specifically the environment, their behaviors, capabilities, beliefs and values, and identity as they carried out their practice.

Think about a recent shift you worked and answer the following questions.

1. If I had to stand in for you, what would I have to do to think and behave as you do when you work with your patients during your shift?
2. What would I be thinking, feeling, and doing?

Specifically, how would you be breathing, what would your facial expression be, where would you be in the patient room, what would you be listening for, what would you be looking for, what would you be feeling? Tell me as much as you can about you in those interactions.
3. What are your specific goals during the interactions with patients?

Using the above questions we interviewed nurses with well-developed competencies in forming connections. Regardless of their practice specialty, nurses with high levels of competencies in this area exhibited similar strategies or beliefs/values, behaviors, capabilities, identity, and goals when providing care. Nurses who were described as using their well-developed competencies used the **FORGE** Approach in their interactions.

F = Focus on the Person

Make eye contact
Smile
Stand as close as possible
Use touch as talks
Reflect the patient's own words

O= Open to the person's needs and priorities

Attend to patient's verbal and non-verbal cues
Modify the approach based on patient responses
Use flexible approaches to care

R = Respect for the person

Knock for permission to enter patient's space
Use patient preferred name
Protect privacy

G = Goals are comfort and trust

Prioritize making patient comfortable
Monitor tone of voice for relaxation and calming response
Find out from them their needs
Anticipate needs

E = Educating about the experience

Inform about care continually
Link care to other team members

Additionally, these nurses described their goals as simply to connect with the patient and to let them know they can be trusted to hear, to take care of needs, and to be there when called. They contract for the patient to call them when needed and emphasize that no request is too small. They stop by to see the patient even when they are not called. They focus on getting to know the person and his or her goals. They focus on ONE PERSON at a time, regardless of the busyness of their work. All of these behaviors come together to create the environment and relationship where the patient and nurse experience the connection.

On further exploration with other practitioners, we discovered that these strategies were not unique to the profession. Other professionals with well developed competencies in forming connections, exhibited similar skills and strategies regardless of their professional training.

THE CHALLENGE

If we know all of this, why have we not helped professionals further develop their competencies in forming caring connections? The answer lies in our beliefs about whether or not people can improve their ability to connect to another or learn the skills to be more caring. If we believe that they can learn new skills, then we are faced with the challenge of learning how to teach the competencies. In addition, how do we maximize the possibility for retention of what we teach?

Michael Grinder (1999), a well known educator states that people retain what they learn as follows:

- 3% hearing only (cognitive)
- 10% hears & models behaviorally (behavioral)
- 40% hears, models and role plays behaviorally (behavioral)
- 50% hears, models, role plays & feedback
- 80% hears, models, role plays, feedback, behavioral coaching & practice

Not many of us have been taught using the 80% strategy as we seek to improve our skills. We may not have been aware of or seen the benefit of the extra steps, we may have thought what we were doing was OK, and we may not have had the coaches present to assist us. However, in order to retain and integrate enhanced skills and competencies in caring behaviors, it is important to incorporate all of the above strategies in our teaching – learning processes.

WHAT'S IN IT FOR ME?

Why should we do this work? With our time pressures in health care, it is important to be efficient in our interactions and to focus our interventions more closely to the patient's goals. By doing this we can first of all derive personal satisfaction from feeling like we really connected with our patients and families. We can be even more successful in working with patients and families with less stress. Patients, who feel you are really listening or really care about them, are more likely to describe fully their needs in less time. They trust you. Secondly, they are likely to be less demanding of your attention because they have the feedback that you care and have heard their needs.

SPECIFICALLY, HOW DO WE TEACH CARING COMPETENCIES?

1. Identify excellent practitioners.
2. Interview them so they are overtly aware of what they do and why.
3. Have interactions modeled and described by them.
4. Interview patients to determine how things went.
5. Set up exercises demonstrating very successful interactions.
6. Have the learner experience the exercises as both care provider and "patient." Provide feedback during the exercises.
7. Develop a method to have excellent professionals provide feedback within the work environment.
9. BE PATIENT

TOOLS:

You probably already have excellent role models within your work environment, however they may not have thought about what they do or why. We have prepared videotapes of excellent interactions and this instructional workbook for your use. We challenge you and your team to take this on and watch for amazing results.

Results may include:

- ◆ Less work life stress
- ◆ Improvement in effectiveness and efficiency in your work
- ◆ Higher patient and family satisfaction ratings.

One physician participant in our project said "It's like medicine, there are skills to be learned and ways to teach them. All of us have some ability, we just need to work at improving our skills."

OVERVIEW OF VIDEO

The video titled: "*Person to Person: Making Connections that Heal*" features unrehearsed interactions with a real patient, a nurse, and a chaplain. Neither of the professionals had met the patient before the filming. They were asked to interact with this patient the way they usually do. Notice specifically what the health professional does to establish and maintain connection. Notice also the response of the patient.

Following the interactions, Betti Hoepfner, co-investigator for the study and experienced counselor, interviews both the professionals and the patient. Notice the patient's general response to the interview questions. She describes her feelings about the nurse being very easy to talk to and really caring. She describes the reassurance she received from the chaplain and that she "felt good" during the interview. She also describes the chaplain as showing concern and being very caring. She has difficulty, however, in specifying the behaviors that lead to her sense of being cared for. This is a common response for many patients.

During the interview with the nurse and chaplain, they describe in more detail their interactions with the patient. They state specifically what they did and why they did it. The nurse says she "likes taking care of patients" and says it is important to have contact with the patients as close as they want it to be. The Chaplain says she relies on prayer and God to guide her interactions. As the interview continued, she specifically described strategies she used to provide support for the ill person. Listen for the nurse and chaplain's description of aspects of the environment in which the strategy occurs, their specific behaviors, capabilities, beliefs and values, and identity or mission.

FACILITATOR GUIDE

Following are materials to be used by facilitators or coaches as they create the environment that will help others improve specific abilities and competencies in forming connections that demonstrate caring during each and every interaction with patients and families.

STRUCTURE OF THE TRAINING SESSIONS

It is recommended that you plan on five sessions of up to 30 – 45 minutes each. These sessions should ideally be at least 3 days and up to a week apart to allow for practice time and feedback about effectiveness of the improved skill. Sessions can be structured as:

- 5 each of 30-45 minutes
- 2 each of 2 hours
- 1 each of 3 hours

Finally, you could schedule a single session and use the video followed by a discussion of the material. We do not recommend the latter option because we know it lacks the opportunity to reinforce the desired changes in strategies. We also invite you to modify the approach in the way that best meets your needs.

SEPARATE SESSIONS

Each session will have a similar structure and will reinforce the material from the prior session. One of the professional – patient interaction videotapes will be shown at each session. Participants will be asked to focus on different components of FORGE and Goals during each of the sessions. While you may prefer to use one of the modeled segments more than another, they may be used interchangeably.

If these approaches to training are new to you, we suggest that you practice the exercises with a friend or co-worker prior to conducting the sessions. Your comfort with the material will have a very positive impact on those who participate.

SESSION OUTLINES

Activity indicators

Each session is described in terms of a series of activities in which to engage your learners. The activity indicator icons serve as a “shorthand” to assist you in moving smoothly through each session.



Prepare flipcharts *prior* to the session using the wording indicated by **bold** type



Show indicated video segment



Have *blank* flip charts available to *record* participant responses. *Post* the flip charts around the room as you work.



Ask questions of participants, using questions you wrote on flip charts prior to the session



Ask indicated *questions* of the participants



Recommended *time* allowance



Have participants *write down* their personal strategies for achieving the indicated objective. Urge them to include strategies that may be *new to them* that they think might work.

PRACTICE

Have participants select a practice partner. Follow the appropriate **Interactive Practice Format** detailed below, using strategies that highlight the indicated objective. Have participants *change partners* each time you start a new practice exercise.

HOMEWORK

Ask participants to practice the indicated objective during the next week. Suggest they purposefully use strategies that they identified as successful. Ask them to note how much time the strategies take, how effective they are, and how they feel the interactions went. Ask them to compare this experience to a time when they might not have consciously applied the indicated objective.

FEEDBACK

Begin each new session by asking participants to give feedback about their **HOMEWORK**. Use flipcharts with indicated questions.

SESSION I F=Focus on the person

INTRODUCTION

Introduce the material: Use the introduction from this workbook to frame the sessions, modified in the way that is comfortable for you.



Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Instruct learners to focus on the *patient* and the *response of the patient* during the interactions.



Was the patient feeling connected to the professional during the interaction? What were the indicators? Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.
How much of the environment did the professional describe? Was the professional able to specifically identify behaviors, capabilities, beliefs and values, and identity or mission?



Record responses. Mark comments as A = Ability, B = Behavior, C = Capability, D = Identity or Mission, E = Environment



Allow 5 minutes for responses



Show *interview* of the professional (nurse or chaplain) you viewed earlier interacting with patient.



What were your indicators that the professional knew the patient was feeling connected to the professional during the interaction? Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.



Record responses. Specifically list verbal and nonverbal cues such as tone of voice, body position, facial expressions, eye contact, and touch.



Allow 5 minutes for responses

DISPLAY

FORGE: F= Focus on the person



Have participants *write down* their personal strategies for *focusing on the person*. Urge them to include strategies that may be *new to them* that they think might work.

SESSION I Continued

PRACTICE Have participants select a practice partner. Follow the **Interactive Practice Format**, using strategies that highlight *focusing on the person*

Interactive Practice Format: FORGE		
Round	Patient	Caregiver
Practice section 1 ⌚ 3 minutes	Interact as Patient. Note caregiver’s strategies and how he/she felt or responded.	Caregiver – begin conversation about anything and use strategies from personal list. Try new or refined strategies.
Feedback section 1 ⌚ 1 minute	Describe strategies and response to the strategies.	Note congruence with goals and strategies used.
Physically change places and reverse roles. Repeat above process.		
OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:		
Round	Caregiver	Patient
Practice section 2: Exchange strategy lists ⌚ 3 minutes	Caregiver – begin new conversation about anything and use strategies from other person’s personal list. Try new or refined strategies.	Interact as Patient. Note caregiver’s strategies and how he/she felt or responded. Were strategies successful?
Feedback section 2 ⌚ 1 minute	Describe strategies and response to the strategies.	Note congruence with goals and strategies used.
Physically change places and reverse roles. Repeat above process.		

? Ask participants:
What were the strategies you used successfully?
What new ones did you try?
Which ones felt most effective from the perspective of the responder?

HOMEWORK Ask participants to practice *focusing on the patient* during the next week. See **HOMEWORK**, page 8, for specific instructions.

SESSION II	O=Open to the person's needs and priorities
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DISPLAY 

FORGE: F = Focus on the person
O = Open to the person's needs and priorities

FEEDBACK



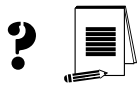
What strategies did you use to purposefully *focus on the person*?

How did you know they were effective?
 What were your insights?

Record responses



Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Instruct learners to focus on the *professional* and the *response of the patient* during the interactions.



What were your indicators that the professional was *open to the patient's needs and priorities*? Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.



Record responses



Allow 5 minutes for responses



Have participants *write down* their personal strategies for *remaining open to the person's needs and priorities*. Urge them to include strategies that may be *new to them* that they think might work.

PRACTICE

Have participants select a practice partner. Follow the **Interactive Practice Format** (see Session I, page 10) using strategies that highlight being *open to the person's needs and priorities*.

Ask participants:



What were the strategies you used successfully?
What new ones did you try?
Which ones felt most effective from the perspective of the responder?

HOMEWORK

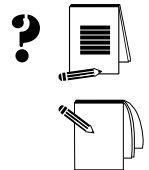
Ask participants to practice being *open to the person's needs and priorities* during the next week. See **HOMEWORK**, page 8, for specific instructions.

SESSION III R=Respect for the person

DISPLAY 

FORGE: F = Focus on the person
 O = Open to the person's needs and priorities
 R = Respect for the person

FEEDBACK



What strategies did you use to purposefully *be open to the person's needs and priorities?*

How did you know they were effective?
 What were your insights?

Record responses



Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Instruct learners to focus on the *professional* and the *response of the patient* during the interactions.



What were your indicators that the professional *was showing respect for the person?* Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.



Record responses



Allow 5 minutes for responses



Have participants *write down* their personal strategies for *showing respect for the person*. Urge them to include strategies that may be *new to them* that they think might work.

PRACTICE

Have participants select a practice partner. Follow the **Interactive Practice Format** (see Session I, page 10) using strategies that highlight *showing respect for the person*.

Ask participants:



What were the strategies you used successfully?
What new ones did you try?
Which ones felt most effective from the perspective of the responder?

HOMEWORK

Ask participants to practice *showing respect for the person* during the next week. See **HOMEWORK**, page 8, for specific instructions.

SESSION IV G=Goals are comfort and trust

DISPLAY

FORGE: F = Focus on the person
 O = Open to the person's needs and priorities
 R = Respect for the person
 G = Goals are comfort and trust

FEEDBACK



What strategies did you use to purposefully *show respect for the person*?

How did you know they were effective?
 What were your insights?

Record responses



Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Instruct learners to focus on the *professional* and the *response of the patient* during the interactions.



What were your indicators that the professional had a *goal of comfort and trust*? Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.



Record responses



Allow 5 minutes for responses



Have participants *write down* their personal strategies *when their goal is to achieve the patient's comfort and trust*. Urge them to include strategies that may be *new to them* that they think might work.

PRACTICE

Have participants select a practice partner. Follow the **Interactive Practice Format** (see Session I, page 10) using strategies that highlight achieving the *goal of comfort and trust*.

Ask participants:



What were the strategies you used successfully?
What new ones did you try?
Which ones felt most effective from the perspective of the responder?

HOMEWORK

Ask participants to practice strategies aimed at *achieving the patient's comfort and trust* during the next week. See **HOMEWORK**, page 8, for specific instructions.

SESSION V E=Educating about the experience

DISPLAY 

FORGE: F = Focus on the person
 O = Open to the person's needs and priorities
 R = Respect for the person
 G = Goals are comfort and trust
 E = Educating about the experience

FEEDBACK



What strategies did you use to purposefully demonstrate your *goal of comfort and trust*?

How did you know they were effective?
 What were your insights?

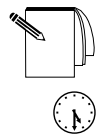
Record responses



Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Instruct learners to focus on the *professional* and the *response of the patient* during the interactions.



What were your indicators that the professional was *educating about the experience*? Specifically list verbal and nonverbal cues, such as tone of voice, body position, facial expressions, eye contact, and touch.



Record responses

Allow 5 minutes for responses



Have participants *write down* their personal strategies when they are *educating about the experience*. Urge them to include strategies that may be *new to them* that they think might work.

PRACTICE

Have participants select a practice partner. Follow the **Interactive Practice Format** (see Session I, page 10) using strategies that demonstrate *goal of comfort and trust*.



Ask participants:

What were the strategies you used successfully?
 What new ones did you try?
 Which ones felt most effective from the perspective of the responder?

SESSION V	Continued	Integrate Forge Learning
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Show either the nurse-patient *or* the chaplain-patient interaction, but not both. Show interviews of the patient and of the professional who interacted with the patient. Instruct learners to note specific verbal and nonverbal cues that the professional used to **FORGE** the relationship.

FORGE STRATEGIES	
Record strategies observed during the nurse-patient or chaplain-patient interaction	Record additional strategies reported by the patient and professional during their interviews

FACILITATOR

Have one or two audience volunteers describe how they would, “as an actor or actress, play the role of a professional who demonstrates excellence in caring.” Have them describe the environment, their behaviors, the capabilities they bring, their beliefs and values, and their identity or mission.

**FACILITATOR
SUMMARIZE**

Remind learners that patients may not always be aware of the specific strategies professionals use, so may not be able to give them specific feedback on their strategies. However, as the professional purposefully uses even more strategies than the patient can identify, so should they continue to use the variety of strategies that they are comfortable with. The more aware they are of their strategies and those of other professionals, the more they can continue to strengthen their skills. They will know their success by being open to the responses of the patients.

HOMEWORK

Practice focusing on the **FORGE** approach during the next week and provide feedback to your colleagues on strategies that you notice they do very well. Be specific as you describe the indicators you saw which told you their strategies were successful.

EVALUATION

If participants are not attending Session VI, ask them to complete evaluation materials.

SESSION VI Coaching others

This session is for those who are identified as appropriate peer coaches

DISPLAY 

Coaching defined: A process of providing positive feedback about a successful skill or approach and of suggesting additional strategies the person might consider using to be even more effective

DISPLAY 

COACH: C = COACHING for specific
O = Outcomes
A = Abilities
C = Competencies and
H = Higher skills

DISPLAY 

FORGE: F = Focus on the person
O = Open to the person's needs and priorities
R = Respect for the person
G = Goals are comfort and trust
E = Educating about the experience

BRAINSTORM



Brainstorm examples of excellent coaching the participants may have received during a process of development of more expert skills. They may need to focus on a sport or physical activity.

Record responses



List specific characteristics of successful coaching made overt from these recorded examples – e.g. occurred after the interaction, was specific, provided motivation to keep going, helped identify the evidence the person might see.



Have participants *write down* the personal strategies they plan to integrate from their prior FORGE work and COACHING strategy discussion. Have them include ones that they think might work and that may be new to them.

PRACTICE

Have participants select a practice partner. Follow the **Interactive Practice Format**, using strategies that highlight **COACHING another in FORGE**.

SESSION VI Continued

Interactive Practice Format: COACH

Round	Patient/Coach	Caregiver/Learner
Practice Section 1 ⌚ 3 minutes	Interact as Patient and Coach. Note caregiver's strategies and response to the strategies. Provide coaching about additional or refined FORGE strategies to try.	Caregiver – begin conversation about anything and use strategies from personal FORGE list. Try new or refined strategies.
Feedback Section 1 ⌚ 4 minutes	Interact again as Patient and Coach. Note Caregiver's strategies and response to the strategies. Provide feedback about the effectiveness of inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.	Respond to feedback and begin again. Provide feedback to coach about response to COACHING and its effectiveness. Describe the Coach's strategies and responses to the strategies.

Physically change places and reverse roles. Repeat above process.

OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:

Round	Caregiver/Learner	Patient/Coach
Practice Section 2: Exchange Strategy Lists ⌚ 3 minutes	Caregiver – begin conversation about anything and use strategies from partner's FORGE list. Try new or refined strategies.	Interact as Patient and Coach. Note caregiver's strategies and responses to the strategies. Provide coaching about additional FORGE strategies to try.
Feedback section 2 ⌚ 2 minutes	Respond to feedback and begin again. Provide feedback to Coach about response to COACHING and its effectiveness. Describe coaching strategies and response to the strategies.	Interact as Patient and Coach. Note caregiver's strategies and response to the strategies. Provide feedback about the inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.

Physically change places and reverse roles. Repeat above process.

SESSION VI Continued



Ask participants:

What coaching strategies were used successfully?

What new ones did you try?

Which ones felt most effective from the perspective of the responder?

Record responses. Be specific

BRAINSTORM

Brainstorm barriers to coaching within your context of care.

Brainstorm strategies to address the barriers.

Interactive Practice Format: BARRIERS to COACHING



Have participants select different practice partners

Round	Patient/Coach	Caregiver/Learner
Practice Section 1 ⌚ 3 minutes	Interact as Patient and Coach. Note caregiver's strategies and response to the strategies. Provide coaching about response to the strategies and additional or refined FORGE strategies to try.	Caregiver – begin conversation about anything and use strategies from personal FORGE list. Try new or refined strategies.
Feedback Section 1 ⌚ 4 minutes	Interact as Patient and Coach. Note Caregiver's strategies and response to the strategies. Provide feedback about the effectiveness of inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.	Respond to feedback and begin again. Set up barriers to effective COACHING from list. Provide feedback about response to COACHING and its effectiveness. Describe coaching strategies and responses to the strategies.

Physically change places and reverse roles. Repeat above process.

SESSION VI Continued

OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:

Round	Caregiver/Learner	Patient/Coach
Practice Section 2: Exchange Strategy Lists  3 minutes	Caregiver – begin conversation about anything and use strategies from partner’s FORGE list. Try new or refined strategies.	Interact as Patient and Coach. Note caregiver’s strategies and response to the strategies. Provide coaching about additional FORGE strategies to try.
Feedback section 2  4 minutes	Respond to feedback and begin again. Set up barriers to effective COACHING from list. Provide feedback about response to COACHING and its effectiveness. Describe the coach’s strategies and response to the strategies.	Interact as Patient and Coach. Note caregiver’s strategies and response to the strategies. Provide feedback about the inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.
Physically change places and reverse roles. Repeat above process.		

CONCLUSION Summarize COACHING definition and COACHING ACRONYM

EVALUATION Ask participants to complete evaluation materials

Appendix

Participant Feedback Sheet — Usefulness of Material and Sessions

Please circle your answer for each item on the scale.
NA is to be marked if you did not use the material or strategy.

1. The video was helpful

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

2. Group brainstorming and discussions were helpful

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

3. Practice exercises were helpful

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

4. I believe I received feedback that helped me increase my skills

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

5. The FORGE approach has increased my effectiveness in connecting to patients

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

6. The FORGE approach has helped to decrease my stress working with patients

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

7. I can apply my personal strategies even more effectively

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

8. I can coach others to increase our team's effectiveness

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

9. Please rate your own skills prior to this training

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

10. Please rate your own skills following this training

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

Comments:

Facilitator Feedback Sheet

In order to help us to continue to refine tools that even better meet your needs, it would be helpful to hear back from you.

1. How many different times have you used the material _____
2. Number of times you facilitated this material and sessions as:
 - ◆ Video with discussion _____
 - ◆ Five or Six 30 – 45 minute sessions _____
 - ◆ Two Longer sessions _____
 - ◆ Other (please specify) _____
3. You have used these materials with which of the following health care personnel
 - ◆ Volunteers _____
 - ◆ Nursing Assistants _____
 - ◆ Registered Nurses _____
 - ◆ Pastoral Care Staff _____
 - ◆ Student Nurses _____
 - ◆ Therapists (e.g. PT, OT, RT) _____
 - ◆ Other Health care personnel (please specify): _____
3. Please rate the effectiveness of these materials in helping you achieve the goals of your training sessions

NA Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

Comments:

Please return to: Sylvia McSkimming, PhD, RN
Providence Portland Medical Center, #2E:07
4805 NE Glisan
Portland, OR 97213

Exercise Cue Cards

The exercises may seem confusing if all instructions are given at once. Therefore we suggest the use of Cue Cards for the participants. These can be copied on sheets of paper and used by participants as they are participating. They repeat the information from the facilitator's exercise tables.

Session I Session II Session III Session IV Session V

Interactive Practice Format: FORGE	
First Practice	
<p>Patient</p> <p>Interact as Patient. Note caregiver's strategies and how he/she felt or responded.</p>	<p>Caregiver</p> <p>Caregiver – begin conversation about anything and use strategies from personal list. Try new or refined strategies.</p>
First Feedback	
<p>Patient</p> <p>Describe strategies and response to the strategies</p>	<p>Caregiver</p> <p>Note congruence with goals and strategies used</p>
<p>Physically change places and reverse roles. Repeat above process.</p>	

OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:

Second Practice	
<p>Caregiver</p> <p>Caregiver – begin new conversation about anything and use strategies from other person's personal list. Try new or refined strategies</p>	<p>Patient</p> <p>Interact as Patient. Note caregiver's strategies and how he/she felt or responded. Were strategies successful?</p>
Second Feedback	
<p>Describe strategies and response to the strategies.</p>	<p>Note congruence with goals and strategies used</p>
<p>Physically change places and reverse roles. Repeat above process.</p>	

Cue Cards

Session VI

Coaching

Interactive Practice Format: COACH	
First Practice	
<p style="text-align: center;">Patient/Coach</p> <p>Interact as Patient and Coach. Note caregiver’s strategies and response to the strategies. Provide coaching about additional or refined FORGE strategies to try.</p>	<p style="text-align: center;">Caregiver/Learner</p> <p>Caregiver – begin conversation about anything and use strategies from personal FORGE list. Try new or refined strategies.</p>
First Feedback	
<p style="text-align: center;">Patient/Coach</p> <p>Note Caregiver’s strategies and response to the strategies. Provide feedback about the effectiveness of inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.</p>	<p style="text-align: center;">Caregiver/Learner</p> <p>Respond to feedback and begin again. Provide feedback to coach about response to COACHING and its effectiveness. Describe the Coach’s strategies and responses to the strategies.</p>
<p>Physically change places and reverse roles. Repeat above process.</p>	

OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:

Second Practice	
<p style="text-align: center;">Caregiver/Learner</p> <p>Caregiver – begin new conversation about anything and use strategies from partner’s FORGE list. Try new or refined strategies.</p>	<p style="text-align: center;">Patient/Coach</p> <p>Interact as Patient and Coach. Note caregiver’s strategies and response to the strategies. Provide coaching about additional FORGE strategies to try.</p>
Second Feedback	
<p style="text-align: center;">Caregiver/Learner</p> <p>Respond to feedback and begin again. Provide feedback to Coach about response to COACHING and its effectiveness. Describe coaching strategies and response to the strategies.</p>	<p style="text-align: center;">Patient/Coach</p> <p>Note caregiver’s strategies and response to the strategies. Provide feedback about the inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.</p>
<p>Physically change places and reverse roles. Repeat above process.</p>	

Cue Cards

Session VI

Barriers to Coaching

Interactive Practice Format: BARRIERS to COACHING	
First Practice	
<p style="text-align: center;">Patient/Coach</p> <p>Interact as Patient and Coach. Note caregiver’s strategies and response to the strategies. Provide coaching about response to the strategies and additional or refined FORGE strategies to try.</p>	<p style="text-align: center;">Caregiver/Learner</p> <p>Caregiver – begin conversation about anything and use strategies from personal FORGE list. Try new or refined strategies.</p>
First Feedback	
<p style="text-align: center;">Patient/Coach</p> <p>Note Caregiver’s strategies and response to the strategies. Provide feedback about the effectiveness of inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.</p>	<p style="text-align: center;">Caregiver/Learner</p> <p>Respond to feedback and begin again. Set up barriers to effective COACHING from list. Provide feedback to coach about response to COACHING and its effectiveness. Describe coaching strategies and responses to the strategies.</p>
Physically change places and reverse roles. Repeat above process.	

OPTIONAL: If your participants are ready for a more advanced challenge, have them exchange their personal strategy lists and repeat the process as follows:

Second Practice	
<p style="text-align: center;">Caregiver/Learner</p> <p>Begin new conversation about anything and use strategies from partner’s FORGE list. Try new or refined strategies.</p>	<p style="text-align: center;">Patient/Coach</p> <p>Note caregiver’s strategies and response to the strategies. Provide coaching about additional FORGE strategies to try.</p>
Second Feedback	
<p style="text-align: center;">Caregiver/Learner</p> <p>Respond to feedback and begin again. Set up barriers to effective COACHING from list. Provide feedback about response to COACHING and its effectiveness. Describe the coach’s strategies and response to the strategies.</p>	<p style="text-align: center;">Patient/Coach</p> <p>Note caregiver’s strategies and response to the strategies. Provide feedback about the inclusion of additional FORGE strategies. Note congruence with goals for coaching and new strategies used.</p>
Physically change places and reverse roles. Repeat above process.	

Cue Cards

MODELING QUESTIONS	
Question #1	If I had to stand in for you, what would I have to do to think and behave as you do when you work with your patients during your shift?
Question #2	What would I be thinking, feeling, and doing? Specifically, how would you be breathing, what would your facial expression be, where would you be in the patient room, what would you be listening for, what would you be looking for, what would you be feeling? Tell me as much as you can about you in those interactions.
Question #3	If I had to stand in for you, what would I have to do to think and behave as you do when you work with your patients during your shift?

REFERENCES

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