

# Bill Brown Scenario

# Facilitator's Guide

## Abuse and Neglect Prevention Training

## Hospice Overwhelmed Family Caregiver

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# *caregivers*

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

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

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

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## **Facilitator Notes – Opening the Scenario**

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*Opening Section: 10 minutes*

### **Facilitator says<sup>1</sup>:**

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

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

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

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

### **Summary of the Scenario**

This Scenario focuses on Bill Brown, an 83-year-old man dying of cancer. Bill has been in extreme pain due to cancer for over a year, and he and his family have decided to stop cancer treatment. He is expected to die within the next few weeks. Bill's wife, Betty, has been providing home care for him for the past year, and Bill has been receiving hospice care for three weeks. He wants to die at home.

Bill and Betty have one son and three grandchildren who live in California. They have no other close family members in Wisconsin. Bill is on morphine and other pain medications. He has begun sleeping more as the drugs, pain, and cancer take over his body. He has only brief moments of alertness, is barely eating, and is rapidly losing weight. Rashida, the hospice aide, realizes that Betty is increasingly overwhelmed with the task of caring for Bill. Betty has not been turning Bill regularly, which has resulted in increased pressure ulcers. Rashida also believes that Bill has not been getting enough pain medication.

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

## Scenario Learning Points

As a result of this session, participants will:	Participants will demonstrate this by:
1. Understand the aide's responsibility to protect patients	<ul style="list-style-type: none"> <li>• Knowing the patient's Care Plan and ensuring that it is followed</li> </ul>
2. Identify appropriate actions to take with family members	<ul style="list-style-type: none"> <li>• Identifying the warning signs when a family caregiver is overwhelmed</li> <li>• Identifying other staff, family, and community support networks that can be utilized to intervene</li> </ul>
3. Notice instances that require action, and work with other staff members to help patients	<ul style="list-style-type: none"> <li>• Acknowledging the need to report these issues to a supervisor</li> <li>• Reciting the steps that will be followed in the process, including the possible temporary placement in a facility, and the implications of this in terms of the patient's choice to die at home.</li> </ul>

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

**Facilitator says:**

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

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

*Time Check: 70 minutes remaining*

**Facilitator Notes – Warm-Up**

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*Warm up: 3 minutes*

**Facilitator says:**

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

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

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

## Warm-Up

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### **Bill and Betty:**

- It is a good day for Bill.
- You can talk about Brent and his children.
- You just received a letter from Brent. Betty can read the letter.

### **Rashida, Albert, Bea, and Shawn:**

- You have just attended a staff meeting about collaborating with other agencies. Briefly discuss an interagency collaboration that you've experienced and how it went for you.

### **Brent and Randa:**

- Brent shows Randa a picture of him and his dad.
- Randa asks Brent about his childhood. Brent tells Randa about the good times he had as a kid.
- Randa asks Brent about his next trip to see his parents.

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## Letter from Brent to his parents

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Dear Mom and Dad,

It has been too long since I have been able to come and visit. Though we talk each week I would really rather be there to help you. I have been talking to Judy and the kids and I think I can come to visit later this month. I have to talk to my boss to see if I can get the time off. I will call you soon and let you know when I can come.

Please call me if there is anything I can do before I can come home.

Know that I love you and that both of you have been great parents.

Love,

Brent



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## Facilitator Notes – Scene One (Blue)

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*Time check: 67 minutes remaining*

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

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

### **Facilitator says:**

In Scene One, hospice aide, Rashida Hoskins, talks with Bill and Betty Brown during one of her visits.

Rashida and Betty begin at the front door of the Brown's home, then they move into Bill's bedroom. Bill is in bed.

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## Scene One: Blue

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**Time:** Thursday, 1:00pm

**Participants:** Rashida Hoskins, Betty Brown, Bill Brown

**Rashida:** Good afternoon, Betty, it's very nice to see you! How are you doing today?

**Betty:** Oh, hello, Rashida dear. Please do come in. I'm so glad to see you. I've just been so busy today making lunch for Bill and trying to get all the house cleaning done. You know our son Brent is coming to visit! I have to get his room ready. There's just so much to do around here.

**Rashida:** I'm sure there is. And how is Bill doing today?

**Betty:** Oh, you know Bill. It's so hard to tell. I just can't seem to do enough for him. One minute I think he's comfortable and then the next he's complaining about not having a pillow or a blanket. There's always something.

**Rashida:** Well, let's go see how he's doing, OK?

*Rashida and Betty enter Bill's room.*

**Rashida:** Hello, Bill. How are you feeling today?

**Bill:** Not so good. My backside is really hurting me.

**Rashida:** Well, let's see what we can do about that. Betty, has he had his pain medication today?

**Betty:** Oh dear. You know, I don't remember. I think I did give him some this morning.

**Rashida:** *picks up medication bottle* Betty, there are eight pills here. Bill should have only two left. *lifts his blanket* And there are two new pressure ulcers on Bill's side. Betty, have you been turning him three times a day?

**Betty:** I didn't yesterday. I didn't want to bother him because he was sleeping most of the day. And you know, I've just had so much to do around here.

**Bill:** I haven't been moved in two days.

**Rashida:** Well, first off, let's get those pain meds going, Bill. And then we'll get you turned.

**Bill:** I feel sick and in pain most of the time. I'm so very tired. I just want to die with dignity.

**Betty:** Bill has been very hard to care for lately. He is sleeping more and talking less.

**Rashida:** We need to follow the care plan to ensure that Bill is comfortable. Betty, should we set up a pill box for you?

**Betty:** I don't know. I'm feeling really overwhelmed. I wish our son Brent lived closer.

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## Facilitator Notes – Scene Two (Green)

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*Time Check: 62 minutes remaining*

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

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

### **Facilitator says:**

In this next scene, Rashida is leaving the house just as Brent arrives. The two of them have a conversation outside the house. Rashida encourages Brent to help find some relief for Betty, since she is not providing the required cares for Bill.

Brent please walk to the front door. Rashida, meet him outside the front door.

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## Scene Two: Green

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**Time:** Thursday, 4:00pm

**Participants:** Rashida and Brent

*Outside the Browns' home*

**Rashida:** Hello, you must be Brent! I've heard so much about you. Your folks are happy that you've come home to help. I'm Rashida, their hospice aide. I come over and check in on your father.

**Brent:** Nice to meet you Rashida. How's Dad doing?

**Rashida:** Well, since your parents have told me that it's okay for me to discuss your father's condition openly with you, I must tell you honestly that your father is in a lot of pain. And, I'm worried that your mother is overwhelmed. I think she may need help caring for your dad.

**Brent:** What do you mean? Mom has always taken care of Dad. What's the problem?

**Rashida:** She's been caring for him by herself for the past year. I just don't think she gets a chance to take care of herself very often. So, I think the stress and grief have taken a toll on her.

**Brent:** I know it must be hard for Mom, but I just can't be here all the time to help...I live too far away. It was hard enough getting *this* time off.

**Rashida:** I know it must be hard being so far away, but things need to get better for your dad or it won't be safe for him to stay at home.

**Brent:** My dad has the right to stay at home. I want him to be at home when he dies.

**Rashida:** We would like to help your dad stay at home, but the issue of receiving his pain meds timely has to be addressed immediately. He needs to have his medication four times daily. He also needs to be turned three times a day to prevent him from getting pressure ulcers.

**Brent:** Well, I'm here now. I can make sure that Dad gets his medication on time, and I'll be sure to turn him.

**Rashida:** That's great Brent. I'm sure your mother will appreciate the help. How long will you be staying?

**Brent:** I can only stay a few days. I have to get back to California to take care of my family.

**Rashida:** Okay, maybe we can set up a time to talk. I'd like to set up a plan for your dad's care after you leave.

**Brent:** I'd be happy to do that. I want to make sure Dad's wishes are respected. He really wants to stay at home.

**Rashida:** I'll get back to you before you leave, Brent. Goodbye.

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## Facilitator Notes – Scene Three (Yellow)

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*Time Check: 57 minutes remaining*

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

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

### **Facilitator says:**

In this scene, Rashida meets with Albert, hospice's nurse case manager and voices concerns about Betty and Bill. Rashida is worried that Betty may be overwhelmed and needs some help to continue providing care for Bill. Their son, Brent, advocates keeping Bill in the family home, but Rashida wants assurance that Bill will receive appropriate care there.

Rashida and Albert are seated, meeting in Albert's office at the Hospice building. Shawn and Bea join the conversation as well.

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## Scene Three: Yellow

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**Time:** Friday 10am

**Participants:** Rashida, Albert, Shawn, and Bea

**Rashida:** Albert, can I talk to you about the situation with Bill and Betty Brown?

**Albert:** What's going on Rashida?

**Rashida:** I'm worried that Betty's overwhelmed and isn't providing the care Bill needs. Bill hadn't gotten his pain medication over the past two days, and he's developed two new pressure ulcers because she hasn't been turning him.

**Albert:** Thanks for bringing this to my attention. We need to get some help for Bill in his home. Are there any family members we can call in to help out?

**Rashida:** Their son, Brent, is visiting from California. The only reason I felt comfortable leaving was that he assured me that Bill will get his pain meds regularly. Brent's going back home in a couple of days though. He really wants to make sure his father stays at home.

**Shawn:** It sounds like we need some community resources for Bill's wife. Maybe that would help her focus on Bill's care.



**Albert:** Well, we'll need some other people to help Betty out. I'll go in and do a home check tomorrow and see what's going on. I'd like you to go with me.

**Rashida:** Of course. We can discuss the situation with the whole family then.

**Bea:** I am happy to help with that discussion if you want me to.

**Albert:** Let's think of a few options for them before we go.

**Shawn:** I want to make sure that Bill has the support necessary to live in comfort and dignity as he chooses.

**Rashida:** I agree, Shawn. Let's contact the agency's volunteer services and Catholic Charities to see if there are trained volunteers who can help provide some care.

**Rashida:** If the Browns are involved with a church, maybe we could check to see if they could provide some help.

**Albert:** We can contact some respite care services in the community – like Meals on Wheels. That would at least take care of some of the cooking for Betty.

**Bea:** We also need to ensure that families have the emotional support they need to go through the grief related to the death of a loved one.

**Rashida:** Let's contact Elder Care and other agencies to see what services are available for Bill and Betty.

**Albert:** And we need to make sure Betty receives grief counseling.

**Bea:** I can talk with Betty about the feelings she is experiencing. She is certainly having a reaction to all the grief and stress of watching Bill die.

**Albert:** Thanks everyone for all your good ideas!

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## **Facilitator Notes – Debrief Scenes 1, 2, 3**

*Time Check: 50 minutes remaining*

*Debrief: 30 minutes*

### **Participant Observation Time**

#### **Facilitator says:**

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

[Hand out Participant Observation Sheet to each person]

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

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

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

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## Participant Observation Sheet

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Name of Character: \_\_\_\_\_

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

How do you feel about what has happened so far?

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

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What do you wish would have happened?

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## Facilitator says:

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

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

## Facilitator asks:

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

- **Bill**, how did this situation feel to you?
- **Betty**, how are you feeling about what's happening to you and to your husband?
- **Brent**, how do you feel as the son who must soon leave?
- **Rashida and Albert**, what feelings do you have given that you have been working with this couple for three weeks?
- If **Bea and Shawn** are on the scene, ask for their feelings and observations.
- **Randa**, as the **recorder**, do you have any feelings or reactions to the situation?

## Facilitator says:

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

- Bill Brown's Individualized Care Plan
- "Caring for Yourself as You Care for Someone Else"
- "What We Need During Grief"

[Give handouts to each participant]

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## **Bill Brown – Individualized Care Plan**

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*(excerpted)*

### **Diagnosis:**

- Terminal colon cancer

### **Interests:**

- Reduction of pain and assurance of comfort: ensure that pain medication is administered regularly and that pain is managed effectively. Contact nurse case manager if pain management needs to be re-assessed
- Death with dignity: ensure that Bill participates in decisions about his care as much as possible

### **Nutrition:**

- Provide favorite foods as tolerable; Bill's appetite is naturally declining as his body begins to shut down
- Do not try to push food; allow Bill to eat as much or as little as he wishes

### **Safety and care instructions:**

- Reduce potential for pressure ulcers and risk of infection by turning Bill 3 times daily
- Cleanse Bill's body once daily
- Provide liquid morphine pain medication as needed, up to every 2 hours
- Provide food as patient requests
- Encourage to drink at least 8 oz of fluid every two hours

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## **Caring for Yourself as you Care for Someone Else: Change, Loss, and Caregiving**

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Providing care for a friend or family member can be very exhausting at times. There are physical needs along with the emotions you feel as you adjust to changes in your friend or family member's life. With each change, you may experience feelings of loss. Coping with these feelings while you provide care for your friend or family member can be a challenge. Here are some of the feelings you may experience:

### **Reactions to Change and Loss :**

- Guilt
- Sadness
- Anxiety
- Withdrawal
- Irritability
- Feeling overwhelmed
- Anger/frustration
- Feeling helpless
- Change in appetite

### **Steps for Coping with Change and Loss :**

#### **Talk about your feelings.**

Good friends, religious or spiritual care providers, and family members can be good sources of support. Reach out to others – this will help reduce feelings of isolation.

#### **Join a support group.**

Support groups can provide caregivers with the opportunity to share with other caregivers and learn from one another. Those who feel isolated by their caregiving responsibilities, can join a group by telephone or on the Internet. Local organizations often provide support groups you can attend in person.

**Write your feelings down.**

Writing or journaling is not for everyone. For individuals who enjoy writing, it can be a wonderful way to express feelings of loss and grief. It doesn't matter what you write or how you spell – the process of putting your feelings down on paper is what's most important.

**Read a book on coping with grief.**

There are several books available on the issues of caregiving, self-help, grieving, and loss. Your local library can help you locate these books. Also ask other caregivers what resources they have found to be helpful.

You, as a caregiver, may experience physical, emotional, and spiritual pain. You may need or want help with this pain and with meeting the demands of caregiving.

- If available, ask family and friend to provide some of the assistance you may need at this time.
- Help can also be hired privately.
- Community organizations are a great resource for various types of help. Local religious organizations and organizations such as your local Cancer, Lung, or Alzheimer's Association can help in many ways.

**Make time for you.**

Do what works for you. For some individuals that may mean spending time with friends, family members, or a group. Others may need time alone. There are still others who need to spend time doing something like gardening, planting a tree, or going for a walk. Do whatever it takes to express *your* feelings so you can continue doing the things that are important to you.



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## What We Need During Grief

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**Time:** Time alone, and time with others whom you trust and who will listen when you need to talk. You may need months and, sometimes, years of time to feel and understand the feelings that go along with loss.

**Caring:** Try to allow yourself to accept the expressions of caring from others even though they may be uneasy or awkward. Helping a friend or relative who has suffered a loss may bring a feeling of closeness with that person.

**Security:** Try to reduce or find help with financial or other stresses in your life. Allow yourself to be close to those you trust. Getting back into a routine helps. Do things at your own pace.

**Permission to backslide:** Sometimes after a period of feeling good, we find ourselves back in the old feelings of extreme sadness, despair, or anger. This is the nature of grief, up and down, and it may happen over and over for a time. It happens because, as humans, we cannot take in all of the pain and the meaning of death at once. So we let it in a little at a time.

**Rest, relaxation, exercise, nourishment, diversion:** You may need extra amounts of things you needed before. Hot baths, afternoon naps, a trip, a project or "cause" to work for to help others – any of these may give you a lift. Grief is an emotionally and physically exhausting process. You need to replenish yourself. Follow what feels healing to you and what connects you to the people you love.

**Hope:** You may find hope and comfort from those who have experienced a similar loss. Knowing what helped them, realizing they have recovered, and understanding that time *does* help, may give you hope that sometime in the future your grief will be less raw and painful.

**Small pleasures:** Do not underestimate the healing effects of small pleasures. Sunsets, a walk in the woods, a favorite food – all are small steps toward regaining your pleasure in life itself.

**Goals:** For awhile, it will seem that much of life is without meaning. At times like these, small goals are helpful. Something to look forward to, like playing tennis with a friend next week, a movie tomorrow night, or a trip next month can help you get through the immediate future. Living one day at a time is a rule of thumb. At first, don't be surprised if your enjoyment of these things isn't the same – this is normal. As time passes, you may want to work on longer range goals to give some structure and direction to your life; guidance or counseling can also be helpful.

**What to Say and What Not to Say...**  
 Ministry Home Care  
 Hospice Services, Marshfield

<b>What to say to comfort someone in their grief:</b>	<b>What NOT to say when comforting someone in their grief:</b>
• I'm sorry.	• I understand how you feel.
• I'm sad for you.	• Death was a blessing.
• How are you doing with this?	• It was God's will.
• I don't know why it happened.	• It all happened for the best.
• What can I do for you?	• You're still young.
• I'm here and I want to listen.	• You have your whole life ahead of you.
• Please tell me what you are feeling.	• You'll feel worse before you feel better.
• This must be hard for you.	• You can always remarry.
• What's the hardest part for you?	• Something good will come out of this.
• I'll call you tomorrow.	• Call me when I can help.
• You must really be hurting.	• At least you have another child.
• It isn't fair, is it?	• He/she led a full life.
• You must really feel angry.	• It's time to put it behind you now.
• Take all the time you need.	• Be strong!
• Thank you for sharing your feelings.	• You can have other children.

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**Frequently Asked Questions:****1. How long does the mourning process last?**

There is neither a *correct* way to mourn nor a *correct* amount of time to mourn. Grief is individual, and a person's need for support, encouragement, and help depend on many factors, including their relationship with the deceased, their coping mechanisms, and their social resources in terms of family and friends.

**2. What is the best thing to say to a friend whose family member just died?**

Just remember the grieving person is not looking to you to solve their problems or intellectualize about what has happened. The person needs someone who can listen, be comfortable with their tears; and can help handle some task-oriented activities for them such as making phone calls. Tell them you will be there if they want to talk, but they don't have to. If they are comfortable with hugs, hug them. Say "I'm so sorry you are going through this. Just know I care and I'm here."

**3. How do I know if my friend is experiencing a normal level of grief or if she needs help dealing with a deeper depression?**

If your friend is preoccupied with blaming herself for the death and can't get beyond feeling guilty about everything; if she is feeling hopeless and helpless and cannot find joy in anything, she should be seen by a professional for an evaluation of these symptoms. You can offer to go with her to ensure she gets to the appointment.

**4. Am I a bad person to feel a sense of relief that my husband died and no longer has to deal with the painful cancer that slowly killed him?**

It is perfectly normal to feel relief mixed with grief and sadness when a loved one dies. Being able to let someone go when they are in such distress is a sign of love and not something to feel guilty about.

Adapted from Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying, 1993, Maggie Callanan, RN and Patricia Kelley, RN.

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## Promising Practices Discussion

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

### **Facilitator says:**

What are the signs that Betty is overwhelmed?

### **Sample answers:**

- Bill has pressure ulcers.
- Betty is not giving Bill his medication
- Betty is overwhelmed after a year of providing in-home care for Bill by herself
- Betty is 81 years old and caring for Bill may be too much for her
- Betty seems to be depressed

### **Facilitator says:**

How can Betty be supported as a family caregiver?

### **Sample answers:**

- Talk to the family and ask them what *they* need to be able to care for Bill
- Refer issue to supervisor and other community experts
- Develop a support plan of community friends, volunteers, and paid professionals to help Betty
- Brent may be able to take family medical leave to come to Bill and Betty's house and assist in his father's care

**Facilitator says:**

How can Rashida best advocate for Bill's care?

**Sample answers:**

- Involve a volunteer network – does hospice have one?
- Increase visits by social worker and nurse
- Consult with the interdisciplinary team (doctor, nurse, social worker, therapist, counselor, pastor) to identify range of options for Bill's care

**Facilitator says:**

What are some possible interventions with the family?

**Sample answers:**

- Discuss the issue openly and honestly and identify potential options for Bill's care that respect his right to die peacefully at home with as little pain as possible
- Include Brent in the plan for interventions
- Assure family members that this situation is normal and do not blame
- Find ways to help Betty while respecting her value as her husband's primary caregiver

**Facilitator says:**

In our community, what are some possible supports that could be offered to Betty and Bill to continue Bill's care with respect and dignity for both patient and family caregiver?

**Sample answers:**

- Faith-based groups
- Senior citizen volunteer groups

- Paid services, such as independent hospice workers who might contract directly with the family
- Volunteer services (respite care where available)
- Hospice facility to stabilize his condition if both Betty and Bill agree
- Interdisciplinary team (social worker, RN case manager, doctor, hospice aide, etc.) to identify appropriate options
- Grief counseling for Betty

**Facilitator says:**

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

[Review Learning Points on poster]

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## Facilitator Notes – Scene Four (Pink)

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*Time check: 20 minutes remaining*

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

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

### **Facilitator says:**

Albert and Rashida go to the Brown's home to assess the health concerns that Rashida cited. Albert conducts an examination of Bill and discusses options to ensure that Bill is well cared for. The hospice staff had a team meeting yesterday and discussed some solutions for the Browns.

Rashida and Albert, you are at the front door of the Brown's home. Bill is in bed. Betty answers the door.

## Scene Four: Pink

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**Time:** Friday, 1:00pm

**Participants:** Bill, Betty, Brent, Albert, and Rashida

*Rashida and Albert ring doorbell.*

**Betty:** Oh hello, Rashida. Come on in. I understand you met Brent yesterday?

**Brent:** Yes, we did meet. Hi Rashida.

**Rashida:** Hi Brent. I brought Albert, our nurse case manager. He's come to see how Bill is doing.

**Betty:** Thanks for coming.

**Brent:** Dad's been sleeping most of the day.

**Albert:** That's normal and it gives us a chance to talk for a couple of minutes. Betty, can we sit and talk about how things are going?

*All have a seat at the kitchen table.*

**Betty:** I just haven't gotten a chance to rest, with all of the cooking and getting the house ready for Brent...

**Brent:** Oh, mom you know you don't have to clean up for me. You have other things to worry about. Besides, I'm here to help!



**Betty:** Now, Brent, I won't have you coming home to a dirty house. I hardly get to see you at all!

**Brent:** Mom, I know, I just have so much to take care of with my kids now, too. I wish I could be here more often.

**Albert:** Brent, it's good that you're here to help now. Betty, I'm concerned that there is a lot of responsibility on your shoulders. I think we need to review some options that take care of *you* as well as Bill.

**Betty:** What are you thinking of?

**Albert:** As you know, Rashida and I are both interested in the best possible care for Bill, and I know the two of you are as well.

**Rashida:** It looks like Bill is starting to wake up. We should include him in this conversation.

*All move to Bill's bedroom.*

**Albert:** Hello Bill. Rashida and I stopped by together today to see if there are any additional needs or services that you might need.

**Bill:** Well, I'm glad you came over. I'm really worried about Betty. She works so hard taking care of me.

- Betty:** Oh Bill, I don't want you worrying about me! You're the one who's sick!
- Brent:** Albert and Rashida seem to have some ideas for all of us. I understand that it's possible to hire a part-time caregiver to help with Dad. I may live in California, but that's one way I could help. I'm happy to contribute to the cost.
- Rashida:** Betty, you mentioned that you hadn't been able to get to church lately. Could we contact your minister and see about any volunteers who might be willing to come in to visit with you or bring meals?
- Albert:** In our county, there are respite services available for family caregivers. I would be happy to call them for you.
- Betty:** Well I have to admit that I can't do this all alone anymore. I love my husband and I want him to have the best care possible.
- Bill:** I'll feel a lot better knowing that you aren't so overworked, Betty.
- Albert:** Great! Let's start with these ideas. I'll be back early next week to see how things are working out. Rashida and I will leave now and let you enjoy your family time together.

## Facilitator Notes – Debrief Scene Four and Scenario Wrap-Up

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*Time Check: 15 minutes remaining*

### **Facilitator says:**

Let's talk about this last scene.

- How did that second version of the scenario feel to you **Bill**?
- **Betty**, did that work for you? How did that feel?
- **Brent**, how do you feel since you have to travel home in a couple of days?
- **Rashida**, do you feel your concerns were addressed?
- **Albert and the other hospice staff**, how do you feel?
- **Randa**, did the solutions in our Promising Practices discussion come up in this last scene?

\*\*\*\*\*

### **Wrap-up discussion**

*Time check: 3 minutes remaining*

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

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

What if Betty agreed that she was overwhelmed and was ready to have Bill taken to a medical facility, but Bill didn't want to go?  
What might Rashida and Albert do or say to be helpful?

## Summary of the Scenario

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This Scenario focuses on Bill Brown, an 83-year-old man dying of cancer. Bill has been in extreme pain due to cancer for over a year, and he and his family have decided to stop cancer treatment. He is expected to die within the next few weeks. Bill's wife, Betty, has been providing home care for him for the past year, and Bill has been receiving hospice care for three weeks. He wants to die at home.

Bill and Betty have one son and three grandchildren who live in California. They have no other close family members in Wisconsin. Bill is on morphine and other pain medications. He has begun sleeping more as the drugs, pain, and cancer take over his body. He has only brief moments of alertness, is barely eating, and is rapidly losing weight. Rashida, the hospice aide, realizes that Betty is increasingly overwhelmed with the task of caring for Bill. Betty has not been turning Bill regularly, which has resulted in increased pressure ulcers. Rashida also believes that Bill has not been getting enough pain medication.

## **Lives**

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### **Lives depicted:**

- **Bill Brown**, hospice patient
- **Betty Brown**, Bill's wife
- **Brent Brown**, Bill and Betty's son
- **Rashida Hoskins**, hospice aide
- **Albert Holmes**, RN Case Manager – Rashida's supervisor

### **Optional lives:**

- **Bea Console**, bereavement counselor
- **Shawn Wright**, hospice social worker
- **Randa Records**, Documentation Specialist

### **Who is in each scene:**

- **Scene One** (on Blue paper): Rashida, Betty, and Bill
- **Scene Two** (Green): Rashida and Brent
- **Scene Three** (Yellow): Rashida, Albert, Bea, and Shawn
- **Scene Four** (Pink): Rashida, Albert, Bill, Betty, and Brent

Color of the Scenario: Brown

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## Materials needed

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### Props:

- Bed sheet or blanket
- Medicine bottle
- Letter from Brent to his parents
- Picture of Brent and his father
- Bill's Care Plan
- Office props for Albert

### Theme posters:

- Station Poster
- Learning Points
- More Support = Less Report
- Seek, Ask, Expect Support
- Scenario Settings

### Handouts:

- "Caring for Yourself as You Care for Someone Else"
- "What We Need During Grief"
- Participant Observation Sheet
- Recorder Forms

### Handouts in Experiential Training Handbook:

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

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

## **Bill Brown, age 83**

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### **Starter page**

- You have been married to Betty for over 50 years. You have one son Brent who lives with his family in California.
- About 18 months ago, you were diagnosed with advanced colon cancer. The doctor told you that you would have only a few months to live.
- You have gotten weaker and weaker in the past several months. You still enjoy the company of your wife, Betty.
- You notice that your wife is very sad. She seems to not want to go anywhere or see any of her friends.

### **You value:**

- Being free of discomfort and pain
- Living your last days with your family
- Dying in your home

**Props:** Sheet or blanket, medicine in bottle

**Scenes you are in:** Scene One (Blue) and Scene Four (Pink)

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## Betty Brown, age 81

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### Starter page

- Your husband, Bill, is dying at home, and you are very sad. You have been married for more than 50 years.
- You can't imagine what life will be like without Bill. He has been your best friend for most of your life. Now it seems that there might not be anyone there for you.
- You have a lot of mixed emotions. Sometimes you are a good caregiver for Bill. Other times you just feel like not dealing with it and want everything to be okay.
- You miss your son, Brent, and his family who live in California.
- You feel as though you are losing control of the situation.
- You are worried about being alone.

### You value:

- Being respected as a caregiver for your husband
- Having support from your family and friends
- Your relationship with your husband

**Props:** Letter from Brent

**Scenes you are in:** One (Blue) and Four (Pink)



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## **Brent Brown, age 54**

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### **Starter page**

- Your mother and father, Bill and Betty Brown, live in Wisconsin. You and your wife live in California. You have three children, ages 21, 17, and 14.
- Your dad has been diagnosed with terminal cancer and receives hospice services at home. Your mother is still the primary caregiver for your dad. She is devoted to him and does her best to handle his increasing needs.
- You are planning a trip to Wisconsin, so you can give your mom some assistance with your dad.
- You are worried that your mom is overwhelmed. You call on a regular basis and ask if she is doing okay. She usually tells you that everything is “just fine.” But you’re not so sure.
- You feel guilty that you can’t help out more, but you’re doing the best you can.

### **You value:**

- Making sure your dad has the support necessary to live in comfort at home
- Giving your mom some emotional support, so she can be there for your dad
- Providing support to your own wife and family as you go through some hard times raising your children

**Props:** Picture of you and your dad

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

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## Rashida Hoskins, age 34

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### Starter page

- For many years, you were a case worker at the county human services department. After you experienced hospice services for your own mother, you decided hospice care was what you wanted to do next.
- You have been a hospice aide now for the past four years. You are very proud of the care and support you provide to patients and their families.
- You are the hospice aide for Bill Brown. His wife, Betty, has been his caregiver for the past year. You have provided hospice services to Bill for three weeks.

### You value:

- Ensuring the comfort, dignity, and safety of all patients
- Serving as an advocate and voice for those in your care who are most vulnerable

**Props:** Bill's Care Plan

**Scenes you are in:** All

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## Albert Holmes, age 42

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### Starter page

- You are hospice's nurse case manager. You supervise Rashida.
- You have been an RN for eighteen years and have worked with hospice for over five years.
- Your job is to support all of your staff and help them solve problems when delivering care to patients.

### You value:

- Supporting staff and ensuring the comfort, dignity, and safety of all patients
- Ensuring that staff notify you in the case of any change in medical condition of a patient

**Props:** Bill's Care Plan and office props

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

## **Shawn Wright, age 27**

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### **Starter page**

- You are the social worker for Hospice.
- You work with family members who have grief and anxiety as they watch their loved ones die slowly. You met with Bill and Betty Brown in their home once last month and offered Betty resource materials about services in the community.
- You also work with the nurse case manager and hospice aide to provide medical support for patients and ensure good care.

### **You value:**

- Ensuring each patient has the support necessary to live in comfort and with dignity in the way that he or she chooses
- Providing support to family members and especially to those who are primary caregivers
- Providing support to hospice agency care providers

**Props:** None

**Scenes you are in:** Three (Yellow)

## **Bea Console, age 43**

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### **Starter page**

- You are the bereavement counseling coordinator for hospice.
- You provide supportive services to help meet the emotional needs of patients and families who are struggling with the loss and grief related to terminal illness.
- You provide resources for Bill Brown and his wife, Betty. Your job is to identify possible intervention services for the family.

### **You value:**

- Ensuring families have the emotional support to go through the journey of grief related to the death of a loved one
- Supporting your staff, so they have the knowledge and resources needed to provide help to patients and their families
- Giving staff the support they need to handle the difficult task of constantly working with patients who are dying

**Props:** Bill's Care Plan

**Scenes you are in:** Three (Yellow)

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## **Randa Records, Documentation Specialist**

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

**General observations worth noting and reporting:**

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

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

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**Evidence of ways to protect Bill:**

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**Evidence of ways to promote Bill's dignity and respect:**

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**Evidence of ways to promote Betty's dignity and respect:**

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## Materials Checklist

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

### Bill Brown Scenario Suggested Materials Checklist

#### Scenario Props:

- \_\_\_ 3 brown tablecloths
- \_\_\_ Bed sheet or blanket
- \_\_\_ Medicine bottle
- \_\_\_ Letter from Brent to his parents
- \_\_\_ Picture of Brent and his dad
- \_\_\_ Bill's Care Plan
- \_\_\_ Office props for Albert

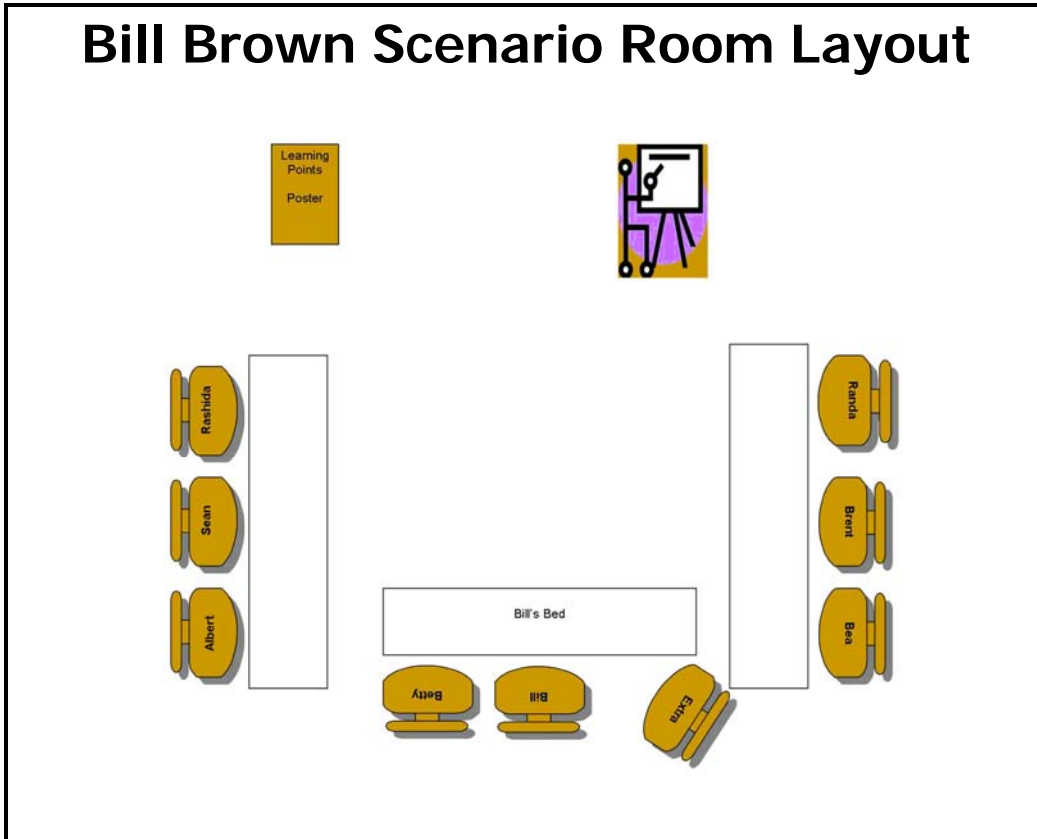
#### Handouts:

- \_\_\_ "What We Need During Grief"
- \_\_\_ "Caring for Yourself as You Care for Someone Else"
- \_\_\_ Participant Observation Sheet
- \_\_\_ Recorder forms

#### Facilitator Supplies:

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

## Room Layout and Name Badges



## Scenario Setting Name Badges

<b>Facilitator</b>	<b>Bill</b> Hospice patient	<b>Betty</b> Bill's wife
<b>Rashida</b> Hospice Aide	<b>Albert</b> RN case manager	<b>Brent</b> Betty and Bill's son
<b>Bea</b> Bereavement counselor	<b>Shawn</b> Hospice social worker	<b>Randa</b> Documentation Specialist



## Scenario Setting Posters



**Albert's Office**



**Bill's Room**



**The Brown's home**



**The Brown's kitchen**



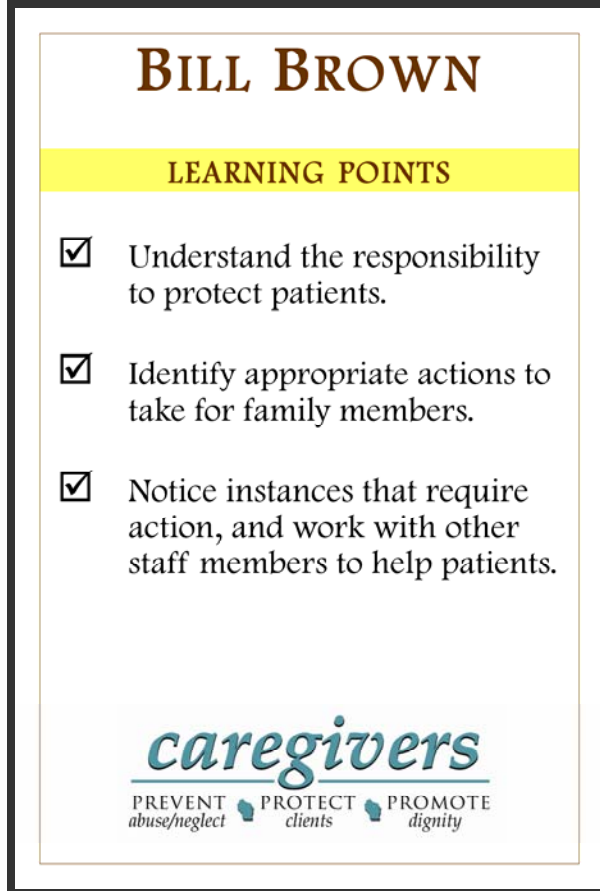
**Brent's house**

# Support Posters



# Learning Points and Station Poster

## Learning Points Poster



**BILL BROWN**

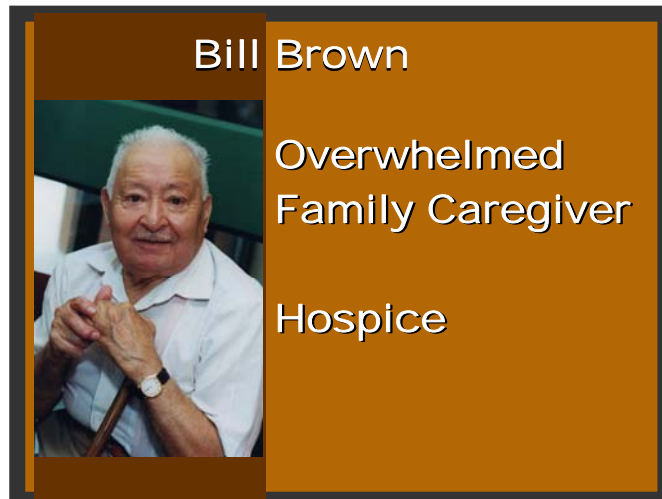
**LEARNING POINTS**

- ☑ Understand the responsibility to protect patients.
- ☑ Identify appropriate actions to take for family members.
- ☑ Notice instances that require action, and work with other staff members to help patients.

*caregivers*

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

## Station Poster for Main Meeting Area



**Bill Brown**

Overwhelmed  
Family Caregiver

Hospice