

Paula Plummer Scenario

Experiential Video Training Guide

Abuse and Neglect Prevention Training Misappropriation of a Patient's Property In a Home Health Agency



Developed by:

University of Wisconsin Oshkosh
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www.uwosh.edu/ccdet/caregiver

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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 was originally 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, adult family homes, personal care worker agencies, etc.

How to Use this Guide

This training can be used for new employees, to fulfill your on-going training needs, or to address a specific incident that has recently occurred. In addition, the training can be used to train one caregiver, a group of caregivers, as a stand-alone training, or as one piece of a larger training. This Guide provides all the materials you need to get started.

Note: Although the scenarios take place in specific care settings, the setting is not central to the story. The scenario's Learning Points apply to caregivers across the long-term care spectrum. Be creative in helping your caregivers apply the lessons learned from this scenario to their day-to-day jobs.

Individual Training

As an individual training, the caregiver follows the self-guided instructions on the Training Worksheet and on the video. The training should take approximately 45 minutes to complete, including a 10 minute follow-up discussion with the supervisor.

Before beginning the training, the caregiver receives a copy of the Training Worksheet and all of the scenario handouts. Make sure the caregiver knows how to pause the video after Scene 3 to answer the questions on the Training Worksheet. The caregiver will then restart the video, watch the final scene, and complete the Professional Action Plan.

After the caregiver views the scenario and completes the Training Worksheet, it is important that the supervisor meet with the caregiver to review his/her answers. For this discussion to be productive, the supervisor must be familiar with the scenario and its Learning Points. The supervisor can refer to the answers in the Scenario Discussion section of this Guide while reviewing the Training Worksheet with the caregiver. End the meeting with a discussion of the Professional Action Plan highlighting the steps the individual caregiver will take to apply these Learning Points to his/her daily work. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- Access to the Caregiver Experiential Video
- Training Worksheet
- All handouts
- Pencil or pen

Note: Caregivers with limited literacy skills may find the self-guided training difficult. Supervisors can modify the training by using the Training Worksheet as a guide for a one-on-one conversation about the scenario. Be sure to discuss the contents of each handout.

Group Training

In group training settings, a facilitator from your organization guides participants through the video scenario, individual reflection, and group discussion. The training should take approximately 60 minutes to complete.

Before beginning the training, the facilitator should be familiar with the scenario. The Background Information section provides a summary of the scenario, a list of the characters, and the scenario Learning Points. The Facilitator Notes section provides instructions on how to facilitate and lead the Scenario Discussion. The facilitator should also watch the video and review all the handouts prior to facilitating.

During the training, the Learning Points are introduced on the video by the narrator. The facilitator reinforces these through the Scenario Discussion. Each individual completes a Participant Observation Sheet and a Professional Action Plan, which demonstrates how caregivers will implement the scenario Learning Points in their daily work.

The Facilitator Notes section provides time markers to help keep this training to a 60-minute session. The facilitator may choose to expand this time according to the discussion needs. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- A facilitator
- Caregiver Experiential Video
- A copy of all handouts for each participant
- Pencils or pens
- Whiteboard or flip chart with markers (optional)
- Learning Points poster (optional)

Expanded Training

Facilitators may choose to incorporate this scenario into a larger training. Below are some ideas on how to use this training:

- Discuss Professional Boundaries in more detail. Marilyn crossed several professional boundaries. Complete the Paula Plummer scenario and then break into smaller groups to complete the exercises in the “Professional Boundaries for Caregivers” training available at <http://www.uwosh.edu/ccdet/caregiver/topical.htm>

Additional Training Materials

In addition to the Caregiver Experiential Video Abuse and Neglect Prevention training, the project also offers numerous classroom-style trainings available cost free at the project’s website:

<http://www.uwosh.edu/ccdet/caregiver/home.htm>

Training materials for each training include:

- Facilitator Guide
- Accompanying PowerPoint presentation including short video clips
- Participant Guide
- Handouts
- Posters and other supporting materials

Background Information

Summary of the Scenario

Paula Plummer is a woman with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF). She has lived in her home for almost 30 years and has lived alone since her divorce ten years ago. She has been receiving home health care for two years.

Her home health aide, Marilyn Marvin, comes in 5 times a week to help her with personal care, ambulation, checking vital signs, etc. Another caregiver comes on the weekends. Her daughter, Violet Smith, who lives several hundred miles away, comes to visit Paula for the weekend. Violet contacts the home health aide’s supervisor stating that Marilyn has been stealing money and family heirlooms from her mother and insists that the caregiver be fired. The caregiver has been a good employee with no history of problems.

Eventually, the evidence indicates that Paula has been giving gifts of money and other valuable household property to Marilyn. Paula considers Marilyn a loving friend more than just her caregiver.

Characters

- **Paula Plummer**, patient
- **Violet Smith**, daughter
- **Nancy Wilder**, neighbor
- **Marilyn Marvin**, Home Health Aide
- **Mickey Marvin**, Marilyn's husband
- **Jolene Johnson**, Owner/Administrator

Note: This scenario is a work of fiction intended to convey specific learning points. Names, characters and places are a product of the developers' imagination or are used fictitiously. Any resemblance to actual events, locales, or persons living or dead is entirely coincidental.

Scenario Learning Points

The scenario is built around a set of Learning Points. The goal of the training is for caregivers to understand the Learning Points, demonstrate that understanding through the discussion period, and integrate the lessons learned into their daily work. The Learning Points are emphasized throughout this training in several ways:

- The facilitator posts the Learning Points in the training room using the Learning Points poster found in the Handouts section of this Guide or by writing the Learning Points on a flip chart or blackboard.
- The video narrator will introduce the Learning Points at the beginning of the video and she will review the Learning Points at the end of the scenario, pointing out how the actions of the caregivers illustrate the Learning Points.
- The crucial learning period, however, is the Scenario Discussion. Use the Facilitator Notes to lead this discussion, making sure that participants have the opportunity to demonstrate their understanding of each Learning Point.

Learning Points – As a result of this session, participants will:	Participants will demonstrate this by:
1. Know it is important to follow the agency policy regarding gifts.	<ul style="list-style-type: none"> • Reviewing key factors in a sample agency policy. • Stating the benefits of following the policy in terms of protecting the client. • Stating the benefits of following the policy in terms of protecting the caregiver (themselves). • Exploring the “slippery slope” syndrome: starting off accepting small gifts of appreciation and ending up being charged with misappropriation. • Reviewing the agency’s responsibility to report incidents of suspected misappropriation, and the consequences of being found guilty.
2. Establish guidelines for setting appropriate client - caregiver boundaries.	<ul style="list-style-type: none"> • Discussing relationship issues: the difference between friends vs. a professional relationship; including how emotions for both people can sometimes impact what occurs. Emotions may include: guilt, concern, love—transference of emotions that occurs when a helping relationship gets too personal. • Addressing the topic of involving family and friends in the client’s life, such as providing additional chores or household duties for the client (as a favor or for a fee).* • Practicing making a referral to supervisor or others to help a client have her unmet needs taken care of.* <p>*may be a secondary objective given the time factor</p>
3. Have language for communicating “no thank you” to overly-generous and appreciative clients.	<ul style="list-style-type: none"> • Practicing saying “no” in a kind, yet firm way. • Including information about the agency policy in your conversation.

Facilitator Notes for Group Training

This section provides step-by-step instructions on how to facilitate a group discussion around this scenario. Suggested language for the facilitator is provided in **bold**. Please note that you do not need to read this information verbatim. This is only a guide. Directions to the facilitator are in [brackets].

Much of this section is organized in a question and answer format. It is important to engage the training participants in the discussion. The questions do not need to be discussed in the order outlined here. Allow the discussion to flow naturally while making sure that all of the key points get addressed.

Welcome

Welcome: 3 minutes; 57 minutes remaining

Welcome! We are going to spend the next hour participating in an interactive video-based training. We'll spend about 20 minutes watching a video, and the rest of the time discussing what we've seen.

Be sure to watch the caregivers closely. Do you agree with their tactics? Are they providing quality, person-centered care? Do you think their actions meet the definitions of abuse, neglect, or misappropriation? Did the caregivers report the incident appropriately? What would you do if you were in their shoes?

[Make sure Learning Points are posted in a spot that is visible to the participants. You do not need to point them out at this time.]

[If the scenario does not specifically use the following hand-outs, "Caregiver Misconduct: Simplified Definitions" or "What You Should Know About Reporting", consider handing them out at this time. These handouts can be found on the website along with the training guides.]

[If your agency is not a Home Health Agency, you may add this:]

Try to focus on the actions of the caregivers and not the setting. This scenario is set in a Home Health Agency. Some of the terms used in the scenario may be different than the terms we use. However, the broader lessons about the important role the caregivers play in providing quality care are universal.

[Facilitator provides any necessary logistical information such as turning off cell phones and directing people to the rest rooms.]

Introduction and Scenes 1 – 3

Video play time: 15 minutes; 42 minutes remaining

Okay, we're ready to watch the first three scenes of the video.

[Group watches Scenario Introduction and Scenes 1 – 3. After Scene 3, the narrator will instruct the facilitator to pause the video. Pause the video and follow facilitator notes below.]

Participant Observations

Participant Observation: 3 minutes; 39 minutes remaining

[Facilitator hands out Participant Observation Sheet to each person.]

Working independently, take a few minutes to reflect on and record your reactions, feelings, and thoughts on the Participant Observation Sheet. I will not be collecting these but we will refer back to them during the Scenario Discussion.

Scenario Discussion

Scenario Discussion: 27 minutes, 12 minutes remaining

Now that you've had a chance to think about what happened in this scenario, let's talk about what went wrong and what could have happened differently.

[Facilitator distributes the handouts for this scenario to each participant.]

[As the facilitator guides participants through the questions, the facilitator (or a participant volunteer) can document answers from participants on tear sheets or white board during the discussion. Possible answers are listed below in italics in case the facilitator needs to spark the conversation.]

[The facilitator does not need to discuss the questions below in the order provided. Allow the conversation to flow while trying to make all the key points in the time allotted. Due to time constraints, the facilitator may choose to focus on only a handful of the following questions.]

1. How do you think Paula feels and how does she express her feelings?

- *Paula really appreciates Marilyn and wants to give Marilyn gifts for doing such a good job.*
- *Paula doesn't see anything wrong with giving Marilyn gifts. In fact, her neighbor Nancy is encouraging it.*
- *Paula is asserting her right to make her own decisions – says it's none of Violet's business how she spends her money.*

2. What *red flags* did you observe in the first scene when Paula, Marilyn, and Mickey were discussing the gifts and favors?

- *Accepting the money.*
- *Accepting other gifts of value, such as family heirlooms.*
- *Having husband do chores for client on an informal basis.*
- *Paula says she loves Marilyn, feels she is a friend, and wants to help the couple during a time of financial need.*
- *Paula knows too much about Marilyn's financial problems.*
- *Marilyn feels the amount of her salary and her husband's salary justifies accepting money and gifts.*

3. Do we really know what Marilyn's intentions are? Could she have been manipulating Paula? Consider the situation from Violet's point of view. If you were Violet, would you think Marilyn was stealing?

- *There is no way to really know Marilyn's intentions with respect to Paula's money and gifts.*
- *Marilyn is leaving herself open to being accused of stealing or manipulating Paula.*
- *Violet has a right to be upset. From her perspective, it looks like Marilyn is stealing. She wants to protect her mother.*
- *Once Marilyn is caught, she provides a lot of excuses – she's having a hard time financially, Paula really wanted to give her the money, Violet never visits.*

4. Let's look over the following handouts: "Caregiver Misconduct: Simplified Definitions" and the "Purple Plains Home Health Agency Policy on Gifts." Do Marilyn's actions meet the definition of misappropriation? Do they violate the agency's policy on gifts?

- *Marilyn's actions do not meet the definition of misappropriation because the gifts were done with the consent of Paula, the client.*
- *Marilyn's actions do violate the agency's policy on gifts which prohibit staff from accepting money from clients.*

5. What are the benefits of following the agency's gift policy for Paula's protection?

- *Paula would not feel a need to give gifts to someone in order to get good service.*
- *Paula and Violet would both know that it is against the agency's policies to provide gifts.*
- *Paula would not feel responsible for fixing Marilyn's financial problems.*
- *Paula would be less likely to try to develop a friendship with Marilyn.*

What are the benefits of following the agency's gift policy in terms of protecting Marilyn?

- *Marilyn would not have been accused of stealing.*
- *Marilyn is getting emotionally upset about how Paula's family treats her. This can cause worker burnout.*

Does it matter that the gifts started off small?

- *This is a **slippery slope** – starting off accepting small gifts can lead to a bad situation like this.*
- *The agency policy is the final guide.*
- *It gets even more slippery when Mickey comes over and does a favor by fixing Paula's faucet.*

6. Let's review the "Professional Boundaries for Caregivers" handout. Which professional boundaries did Marilyn cross? How do you establish the line between friendship and a professional relationship? What are some techniques or principles to follow?

- *Marilyn crosses the following boundaries:*
 - *Shares Personal Information (Paula knows all about Marilyn's personal financial situation)*
 - *Accepts Gifts (Marilyn accepts candlesticks and money)*
 - *Over-involvement (Mickey is over there fixing the faucet and bringing books; Marilyn thinks of herself as Paula's daughter)*
- *Marilyn could have avoided crossing these boundaries by following the agency policies.*
- *Caregivers mixing their own family members in with their jobs can get confusing (running errands, doing household repair tasks, etc.).*

7. What are some of the emotional issues involved here when, for instance, a lonely client wants to be friends?

- *Marilyn might feel sorry for Paula because her family doesn't visit often.*
- *Marilyn may feel justified in accepting money/keepsakes because she is filling the daughter's role.*
- *Marilyn could accept money and gifts from a friend but not from a client.*
- *Marilyn cannot meet Paula's need for family. What if tomorrow she no longer had that job? What would that do to Paula?*
- *Perhaps Paula needs help with depression, etc. Marilyn can help by recognizing the need and notifying the RN. Being a professional means knowing your job duties and referring to others when something is beyond your duties or skills.*

**Are there any problems associated with Marilyn doing favors for Paula?
Bringing library books or having her husband fix the faucet, for example.**

- *It may blur the line between caregiving and friendship.*
- *Bringing a family member, Mickey, in to help Paula might encourage Paula's gifts.*
- *Breaches confidentiality to have husband involved in caregiving.*

8. What could Marilyn say when Paula offers or insists that she take money and/or gifts?

- *Marilyn could tell Paula she appreciates her gratitude and that her praise and thanks are enough.*
- *Marilyn could mention that she is already paid by the agency and cannot accept additional money (even if Marilyn feels underpaid, she must NOT talk about that with a client).*
- *Marilyn thanks Paula for the offer, but says she can't accept gifts, because the agency has a policy about what type of gifts she can accept. If Paula has questions about the policy, she may speak with Jolene.*
- *Marilyn tells Paula that she could lose her job for taking gifts.*

What could Marilyn say when Paula asks for help with home repairs or other favors outside of Marilyn's home health duties.

- *(regarding the need for home repair) "Paula, it sounds like you do need some additional help. Is there someone I can call to help you? Or do you need me to talk to Jolene about how we can get you additional help?"*

[End with a discussion of your agency's policies and procedures regarding gifts.]

Scene 4 and Concluding Remarks

Video play time: 6 minutes; 6 minutes remaining

Scene 4 “rolls back the clock” to a version of the scenario in which caregivers and staff respond more appropriately. Let’s take a look at the last scene and see how the caregivers do this time.

[Group watches Scene 4.]

Wrap-Up Discussion

Wrap-up: 6 minutes

So, what did you think about Scene 4? How was it different? Did the caregivers address the concerns that we raised?

[Facilitator gives participants a minute or two to discuss.]

Now let’s think about how we can apply the lessons learned from this scenario to our daily work. I’d like to ask each of you to take a few minutes to complete a Professional Action Plan. What changes can you make based on what you learned in this scenario?

[Facilitator hands out a copy of the Professional Action Plan to each participant. Facilitator can choose to have caregivers turn in the Professional Action Plan or keep it. This generally only takes a few minutes. Additionally, the facilitator could lead the group in a discussion about what would happen if this incident occurred at your agency.]

Handouts

All of the handouts for this scenario are included in the back of this guide and can be copied for each participant prior to training. Unless otherwise noted, handouts listed should be used for both individual and group trainings.

- Training Worksheet (individual session only)
- Participant Observation Sheet (group session only)
- Care Plan¹
- “Purple Plains Home Health Agency Policy on Gifts”
- “Caregiver Misconduct: Simplified Definitions”
- “Professional Boundaries for Caregivers”
- Professional Action Plan
- Participant Evaluation (optional)
- Learning Points Poster (optional)²

¹ Depending on the scenario, the Care Plan may also be referred to as an Individual Service Plan (ISP), an Individualized Care Plan, an Individualized Plan of Care, an Individual Program Plan, or a Service Plan. This Guide uses those terms interchangeably.

² The Learning Points Poster may be printed and posted in the room. You may print it on a standard 11” by 17” piece of paper or send it to your local copy shop to be printed in a larger form on laminated paper.

Training Worksheet

After watching the first three scenes of the scenario, pause the video when the narrator prompts you. Answer the following questions before turning the video back on to watch Scene 4.

1. How do you think Paula feels and how does she express her feelings?

2. What *red flags* did you observe in the first scene when Paula, Marilyn, and Mickey were discussing the gifts and favors?

3. Do we really know what Marilyn's intentions are? Could she have been tricking Paula? Consider the situation from Violet's point of view. If you were Violet, would you think Marilyn was stealing?

4. Do Marilyn's actions meet the definition of misappropriation? Do her actions violate the agency's gift policy? (Review "Caregiver Misconduct: Simplified Definitions" and "Purple Plains Home Health Agency Policy on Gifts")

- 5. What are the benefits of following the agency's gift policy for Paula's protection? What are the benefits of following the agency's gift policy in terms of protecting Marilyn? Does it matter that the gifts started off small?**

- 6. What professional boundaries did Marilyn cross? What could she have done to avoid crossing those boundaries? (Review "Professional Boundaries for Caregivers")**

- 7. What are some of the emotional issues involved here when, for instance, a lonely client wants to be friends? Are there any problems associated with Marilyn doing favors for Paula? Bringing library books or having her husband fix the faucet, for example.**

- 8. What could Marilyn say when Paula offers or insists that she take money and/or gifts? What could Marilyn say when Paula asks for help with home repairs or other favors outside of Marilyn's home health duties.**

When you've completed this worksheet, turn the video back on and watch the rest of the scenario. Complete the Professional Action Plan and discuss your answers with your supervisor.

Participant Observation Sheet

How do you feel about what has happened so far?

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

What do you wish would have happened?

Paula Plummer, Individualized Plan of Care

(excerpted)

Diagnosis:

- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)

Services:

- Home health aide services 7 x week for bathing, personal care, ambulation of 25-50 feet, daily pulse, blood pressure and respiration, daily weight. Report any changes to RN.
- SN (RN) Supervisory visits every 2 weeks

Goals:

- Ambulate 50 feet without shortness of breath; no acute episodes of CHF

Medications:

- Foradil aerolizer oral inhalation, 12 mcg (1 capsule) every 12 hr via Airolizer (TM) inhaler
- Albuterol sulfate, Metered-dose inhaler (MDI), 2 inhalations as needed; MAX 12 inhalations per 24 hr
- Digoxin 0.25 mg. daily
- Lasix 40 mg. daily
- K-Dur 20 one tablet daily
- Alprazolam 0.25 mg. up to 3 x day as needed for anxiety

Purple Plains Home Health Agency

Policy on Gifts

POLICY

Purple Plains Home Health Agency (hereafter known as “the agency”) staff shall transact business with clients free from offers or solicitation of gifts and favors in exchange for influence or assistance. It is the agency’s intent that this policy be construed broadly to avoid even the appearance of improper activity.

PROCEDURE

1. Agency staff are prohibited from soliciting tips, personal gratuities, or gifts from clients. Staff are also prohibited from accepting money from clients. If a client or another individual wishes to present staff with a monetary gift, he or she should be referred to the agency’s owner.
2. Staff shall not accept gifts, favors, services, entertainment, or other things of value to the extent that decision-making or actions affecting the agency might be influenced. Therefore, staff may only accept gifts of a nominal value from clients. The agency has made no attempt to define “nominal” as a specific dollar value. Rather, the agency expects its staff to exercise good judgment and discretion in accepting gifts. To the extent possible, these gifts should be shared with co-workers.
3. If staff have any doubt or concern about whether specific gifts should be accepted, the owner of the agency should be contacted.

State Misconduct – Simplified Definitions

MISCONDUCT	SIMPLE DEFINITION	POSSIBLE EXAMPLES
ABUSE	<p><i>An intentional act that:</i></p> <p>Contradicts a health care facility's policy/procedures AND Is not part of the care plan AND Is meant to cause harm.</p>	<ul style="list-style-type: none"> Physical abuse – hitting, slapping, pinching, kicking, etc. Sexual abuse – harassment, inappropriate touching, assault Verbal abuse – threats of harm, saying things to intentionally frighten a client Emotional abuse – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions
NEGLECT	<p><i>A careless or negligent act that:</i></p> <p>Fails to follow facility procedure or care plan AND Causes or could cause pain, injury or death BUT Is not intended to cause harm.</p>	<ul style="list-style-type: none"> Not using a gait belt when required or transferring a client alone Failure to perform ROM exercises Turning off a call light Leaving a client wet or soiled Skipping work in a client's home without notifying your employer Disregarding hydration orders Failure to deliver or administer medication
MISAPPROPRIATION	<p><i>An intentional act that:</i></p> <p>Is meant to permanently deprive a client of property OR Misuses a client's personal property AND Is done without the client's consent.</p>	<ul style="list-style-type: none"> Theft of cash, checks, credit cards, jewelry, medication, etc. Misuse of property, e.g., using a client's cell phone, wearing a client's jewelry, eating a client's box of candy, etc. Identity theft

These definitions apply to alleged violations committed against clients in health care facilities regulated by the Division of Quality Assurance (DQA) within the Department of Health Services (DHS). The Division of Quality Assurance investigates allegations of misconduct by non-credentialed employees or contractors. If a finding of abuse, neglect or misappropriation is substantiated, that individual will be listed on Wisconsin's Misconduct Registry. Employees or contractors with findings may be permanently barred from working in health care facilities regulated by DQA. In addition, DQA receives allegations of harm to clients in regulated health care facilities by any person and may refer to other agencies such as county Adult Protective Services, the elder/adult-at-risk agency, the Department of Safety and Professional Services, the Department of Justice or local law enforcement for investigation.

Professional Boundaries for Caregivers

Type of Boundary Crossing	Staying In-bounds
Sharing personal information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.	<ul style="list-style-type: none"> • Use caution when talking to a client about your personal life • Do not share information because you need to talk, or to help you feel better • Remember that your relationship with your client must be therapeutic, not social
Not seeing behavior as symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.	<ul style="list-style-type: none"> • Be aware that a client's behavior may be the result of a disease or disorder • Know the client's Care Plan • If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later. • Note that the client may think his action is the best way to solve a problem or fill a need • Ask yourself if there is a way to help the client communicate or react differently
Nicknames/Endearments: Calling a client "sweetie" or "honey" may be comforting to that client or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.	<ul style="list-style-type: none"> • Avoid using terms like "sweetie" or "honey" • Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss • Remember that the way you address a client indicates your level of professionalism
Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or unwelcome. Touch should be used sparingly and thoughtfully.	<ul style="list-style-type: none"> • Use touch only when it serves the needs of the client and not your own • Ask your client if he/she is comfortable with your touch • Be aware that a client may react differently to touch than you intend
Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.	<ul style="list-style-type: none"> • Follow your facility's policy on gifts • Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries • It's ok to tell clients you are not allowed to accept gifts, tips • To protect yourself, report offers of unusual or large gifts to your supervisor

Type of Boundary Crossing	Staying In-bounds
<p>Unprofessional demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.</p>	<ul style="list-style-type: none"> • Loud voices or fast talk may frighten or confuse clients • Good personal hygiene is a top priority due to close proximity to clients • Professional attire sends the message that you are serious about your job • Off-color jokes, racial slurs, profanity are never appropriate • Body language, facial expressions speak volumes to clients
<p>Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.</p>	<ul style="list-style-type: none"> • Focus on the needs of those in your care, rather than personalities • Don't confuse the needs of the client with your own needs • Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client • Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor
<p>Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few others members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.</p>	<ul style="list-style-type: none"> • Do not keep personal or health-related secrets with a client • Remember that your role is to accurately report any changes in your client's condition
<p>Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.</p>	<ul style="list-style-type: none"> • While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction • Do not tell sexually-oriented jokes or stories. It may send the wrong message to your client • Discourage flirting or suggestive behavior by your client • If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away

Professional Action Plan

Name: _____ Date: _____

As a result of today's training, please identify some specific actions you will take in the next three days when you are back on the job.

How will you better document, report, and review Care Plans? (example: identify preferences of residents)

What you will do	When you will do it	Who will support you

How will you better recognize warning signs of abuse, neglect, or misappropriation? (example: identify patterns of behavior)

What you will do	When you will do it	Who will support you

How will you work better to protect people in your care? (example: regularly review each resident's Care Plan)

What you will do	When you will do it	Who will support you

When you return to work, what will you share with others?

Participant Evaluation

Which scenario(s) did you watch?

1) _____ 2) _____

Did you learn more about:

1 = learned nothing

5 = learned very much

How to protect residents and patients and prevent abuse and neglect? 1 2 3 4 5

How to recognize the signs and red flags of abuse and neglect? 1 2 3 4 5

How, when, and why an incident should be reported? 1 2 3 4 5

How to respond better in serious situations? 1 2 3 4 5

Your feedback and comments:

1 = not at all

5 = very much

Will you use the materials we gave you? 1 2 3 4 5

Did you like this style of training? 1 2 3 4 5

Would you recommend this training to coworkers? 1 2 3 4 5

What did you like most about this training? _____

What did you like least? _____

Use the back for more comments

Thanks for your input!



PAULA PLUMMER

LEARNING POINTS

- ☒ Know it is important to follow the agency policy regarding gifts
- ☒ Establish guidelines for setting appropriate patient - caregiver boundaries
- ☒ Have language for saying “no thank you” to overly generous and appreciative patients

