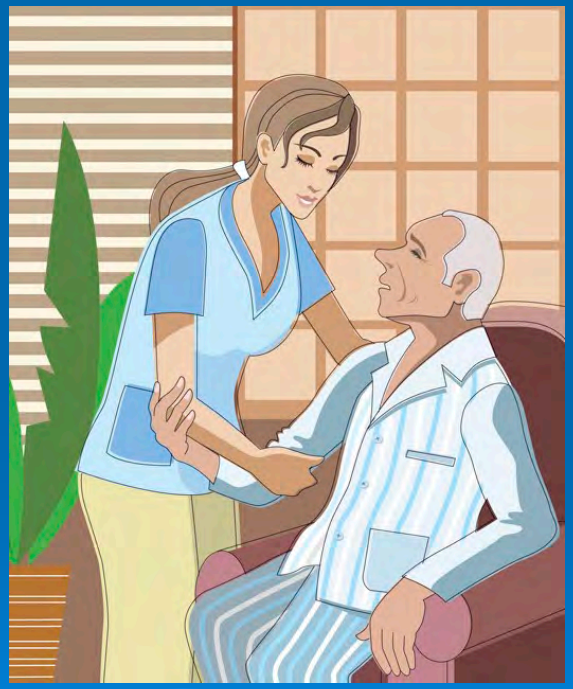
Initial RCFE Administrator Certification



Online Class Rules

Navigation Tips and Features of this class:

- This class is narrated.
- The class and each slide is timed. You must wait until the narration for each slide is complete.
- Press the next slide button at the bottom of each slide to go to the next slide.
- You may view and listen to a prior slide by using the back button at the bottom of each slide.

Online Class Rules

Navigation Tips and Features of this class:

- Throughout the course, there will be short quizzes. These will prepare you to take and pass the final test.
- The final test is 20 questions that you must pass in order to complete this section of the online Certification course. If you do not pass the test, you will be directed to retake the test.

DSS Training Requirements

Per DSS requirements, this 2 hour segment of the 20 hour online RCFE Initial Certification Program will focus on:

- ✓ End of Life, including Advanced Care Directives, POLSTs and DNR's

Definitions

“DSS” =	Department of Social Services
“AB” =	Assembly Bill
“SB” =	Senate Bill
“LPA” =	Licensing Program Analyst
“RCFE” =	Residential Care Facility for the Elderly
“AD” =	Alzheimer’s disease

Sources

Many sources were consulted to create this course content. They include:

- California Department of Social Services
- Dr. Michael Demoratz
- Vitas Innovative Hospice
- Coalition for Compassionate Care of California (coalitionccc.org)
- California Emergency Medical Services Authority
- WebMD

Course Objectives

- Define POLST, DNR and Advanced Health Care Directives
- Discuss the facility's role with these documents
- Discuss end of life care, including the signs of impending death
- Discuss the grieving process

End of Life Care

It is one of our greatest honors, and toughest part of our job, caring for a resident at the end of their life.

It is so helpful to know what the resident's choices will be at end of life in order to care for them respectfully and properly.

Advance Health Care Directives

- Allows an individual to make health care decisions in advance in the event that he or she becomes incapable of making decisions.
- It may specify what medical treatments the person consents to or refuses.
- It may also designate another person to make decisions for them in the event they are incapacitated.

RCFE Responsibilities

1. You cannot force or mandate a resident to complete *any* advanced health care directive.
2. You must give the resident and/or resident representative a copy of the publication titled "Your Right To Make Decisions About Medical Treatment" (PUB 325) upon admission. Make sure that you have documentation that you have done so.

RCFE Responsibilities

3. Obtain the original or a copy of any and all directives and keep in the resident's file.

4. *Regardless of what the directive states* (for example, Do Not Resuscitate), you MUST call 911 in the event of an emergency. You will give the directive to the EMT's immediately upon arrival and a copy to take with them to the hospital.

POLSTs

Over 12 years ago, California passed legislation entitled “Physician’s Orders for Life Sustaining Treatment”.

This ground-breaking legislation put in place an order for managing end of life wishes for residents (patients) and family to have a greater degree of control over the intensity of care provided as they face their final chapter.

POLSTs

- POLST stands for "Physician's Orders for Life Sustaining Treatment"

- It is a physician's order that outlines a plan of care reflecting the patient's (resident's) wishes concerning care at life's end.

POLSTs

- The POLST form is voluntary (meaning you cannot make this mandatory) and is intended to:
  - Help the physician, their patient and their families discuss and develop plans to reflect his or her wishes; and
  - Assist physicians, nurses, health care facilities, and emergency personnel in honoring a person's wishes for life-sustaining treatment.

POLSTs

- Studies* show that only about 25% of Americans have recorded their medical care wishes in a legal document.

*Source: Dr. Michael Demoratz; California Coalition for Compassionate Care

- A recent poll* found that common reasons include:
  - I don't want to think about it … morbid, depressing, bad omen
  - I think it has to involve a lawyer
  - I'm not at that age
  - I think it costs too much
  - I don't know what to write
  - I'm intimidated by the forms

What is the POLST form?

- The POLST form is a bright pink form for medical orders. The health care professional may use the POLST form to write orders that indicate what types of life-sustaining treatment one does or does not want if they become seriously ill.

- The POLST form asks for information about:
  - Preferences for resuscitation,
  - Medical conditions,
  - Use of antibiotics, and
  - Artificially administered fluids and nutrition

What is the POLST form?

- Available at https://capolst.org
- Available in: English, Armenian, Chinese (Traditional), Chinese (Simplified),Farsi, Hmong, Japanese, Korean, Pashto, Russian, Spanish, Tagalog, Vietnamese and Braille
  - **The English form must be completed even if other language is used.**
- Print on **pink** paper.
- Copies are acceptable.

POLSTs

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 1/1/2016)*

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.***

- ☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)
- ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B *Check One*

MEDICAL INTERVENTIONS: ***If patient is found with a pulse and/or is breathing.***

- ☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**
  In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
  - ☐ ***Trial Period of Full Treatment.***
- ☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**

POLST's

☐ ***Trial Period of Full Treatment.***

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Request transfer to hospital only** if comfort needs cannot be met in current location.*

☐ **Comfort-Focused Treatment – primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. ***Request transfer to hospital only if comfort needs cannot be met in current location.***

Additional Orders: _____

_____

ARTIFICIALLY ADMINISTERED NUTRITION: ***Offer food by mouth if feasible and desired.***

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

☐ Trial period of artificial nutrition, including feeding tubes. _____

☐ No artificial means of nutrition, including feeding tubes. _____

POLST's

C *Check One*

ARTIFICIALLY ADMINISTERED NUTRITION: ***Offer food by mouth if feasible and desired.***

- ☐ Long-term artificial nutrition, including feeding tubes.
- ☐ Trial period of artificial nutrition, including feeding tubes.
- ☐ No artificial means of nutrition, including feeding tubes.

Additional Orders: _____

D

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

- ☐ Advance Directive dated _____, available and reviewed →
- ☐ Advance Directive not available
- ☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
Physician/NP/PA Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*	Date:	

Conflicting POLST

If a patient has a POLST form and an Advance Directive that conflict, which takes precedence?

In most cases, the more recent document would be followed.

POLST's

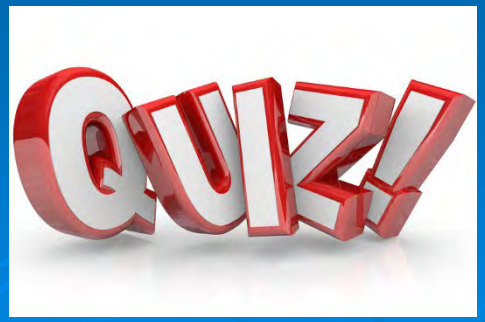
Should POLST's be reviewed periodically? If so, how often? Yes. The POLST form should be reviewed by a physician periodically, if:

- The patient is transferred from one facility to another;
- There is a significant change in the person's health status (improvement or deterioration); and/or
- The patient's treatment preferences change.

Quiz

This is a short quiz to test your knowledge.

You will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.



Quiz 1

Quiz - 3 questions

Last modified: Sunday, April 30, 2017 at 11:45:42 AM

Properties

On passing, 'Finish' button:	Goes to next slide
On failing, 'Finish' button:	Goes to next slide
Allow user to leave quiz:	At any time
User may view slides after quiz:	Any time
Show quiz in menu as:	Multiple Items

Edit in Quizmaker

Edit Properties

Advance Health Care Directives

This is a form or set of forms that states the following:

- Designates an agent to make health care decisions for that person
- Gives end of life decision specifications, such as CPR
- The form can be accessed at:

Oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf

Advance Health Care Directives

A person may state in their Directive that they do or do not want the following services performed:

* CPR
* Respirators
* Feeding tubes and IV's
* Antibiotics
* Dialysis

Is the Advance Directives the same as a POLST?

Advance Directives	**POLST**
For everyone, over 18	For the seriously ill
Requires patient's signature and 2 witnesses or notary	Requires patient's or surrogate's signature and physician's
Requires decisions about possible future treatments	Choices based on patient's present medical conditions
States who will be the surrogate decision-maker	Can be completed by the surrogate decision-maker

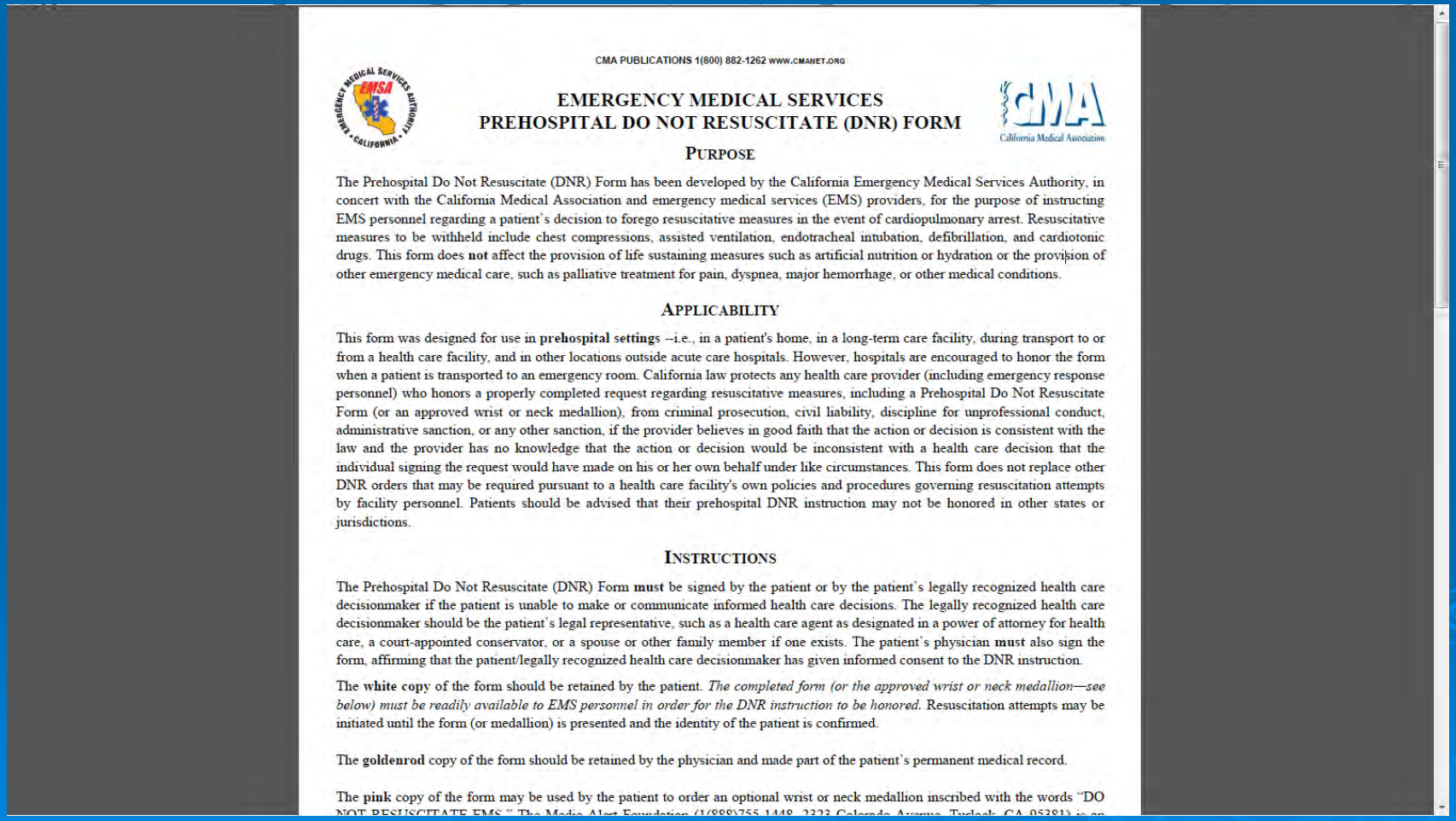
Adapted from: Fagerlin & Schneider. Enough: The Failure of the Living Will. Hastings Center Report 2004; 34:30-42.

DNR's

- A **Do Not Resuscitate** or **DNR** order instructs medical personnel, including emergency medical personnel, not to use resuscitative measures.

- The DNR form is officially called the "Emergency Medical Services Pre-Hospital Do Not Resuscitate (DNR)" Form

The DNR Form



CMA PUBLICATIONS 1(800) 882-1262 WWW.CMANET.ORG

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

California Medical Association

PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel regarding a patient's decision to forego resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotonic drugs. This form does **not** affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, such as palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in **prehospital settings** --i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed request regarding resuscitative measures, including a Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion), from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form **must** be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The legally recognized health care decisionmaker should be the patient's legal representative, such as a health care agent as designated in a power of attorney for health care, a court-appointed conservator, or a spouse or other family member if one exists. The patient's physician **must** also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent to the DNR instruction.

The **white copy** of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion—see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The **goldenrod** copy of the form should be retained by the physician and made part of the patient's permanent medical record.

The **pink** copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO

The DNR Form

The form can be found on the California Emergency Medical Services Authority website:

Here is the link:

emsa.ca.gov/wp-content/uploads/sites/71/2017/07/DNRForm.pdf

Advanced Directive Forms

It is helpful, but not required, to have these forms available to give to residents and/or their responsible parties at your facility.

CPR and Advance Directives

Here is the scenario:

Mr. Jones is in his room; he suddenly feels a sharp pain in his chest and starts to gasp for air. Mrs. Jones sees that he is not looking well and pulls her emergency pull-cord. The front desk calls 911.

The paramedics arrive and just as they arrive, he collapses to the floor. He is unconscious and cannot speak. They rush in with their equipment, check him over and find that he is not breathing and has no heartbeat. Will they perform CPR?

CPR and Advance Directives

Will they perform CPR?

This depends solely on what he has indicated on his advance directive.

His POLST states perform CPR. What will happen to Mr. Jones?

CPR and Advance Directives

Per Dr. Demoratz, CPR is:

….”a procedure in which we shock the heart to try to revive it by squeezing your chest to try to stimulate blood flow.

The forceful pressure on the chest can lead to painful broken ribs & punctured lungs.

Resuscitation does prolong life. If a person is revived, (s)he may be on a breathing machine (mechanical ventilation) with a tube down the throat.”

CPR and Advance Directives

Outcomes of CPR in seniors:

- Associated with poor outcomes
- Cause of arrest is usually associated with advanced chronic illness rather than an easily reversible acute cardio-pulmonary event (e.g. isolated arrhythmia)
- Roughly 15%, or 1 in 6 patients, who undergo CPR in the hospital may survive to discharge.
- Specific co-morbidities will reduce the chance of survival
- Surviving patients are at risk for a range of CPR-related complications including permanent neurological and functional impairment.

CPR and Advance Directives

Assembly Bill 2044 includes:

Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR to a resident who has requested to forgo resuscitative measures as indicated by a Physician Orders for Life Sustaining Treatment form or a do-not-resuscitate order that is made available to the facility.

Losing a Resident

Losing a Resident

As much as we are supposed to practice “detachment” and “it is a business”, we find ourselves falling in love with our residents……

which makes us very

sad when they pass away.

Losing a Resident

Many things happen when a resident is dying.

1. We become *resident* grief counselors;
2. We become *family* grief counselors;
3. We become *employee* grief counselors; and
4. *We* grieve.

Losing a Resident

So, it is important to learn how we can help our residents and families, our staff and ourselves.

First, it is important to know what the resident will experience physically while dying.

Losing a Resident

P.S. – this is when you want hospice there to assist you!

The Dying Process

Not everyone experiences dying the same, but there are common signs and symptoms of impending death that you should be aware of.

The Dying Process

The Dying Process

Typical experiences could include:

Drowsiness, increased sleep, unresponsiveness

- Even if the person is unresponsive, they may still hear you. Do not talk about them as if they were not there.

The Dying Process (cont'd)

Typical experiences could include:

confusion about time, place, people

visions of people who are not there

- Gently remind the resident where they are, and of the date and time and who you are.
- Do not restrain an agitated resident – try to calm them down, be reassuring.

The Dying Process (cont'd)

Typical experiences could include:

decreased socialization
withdrawal

- This could be occurring because of decreased oxygen or blood flow to the brain, or because the person is mentally preparing to die.
- Speak to the resident and let them know you are there with them.
- You can give them permission to "let go."

The Dying Process (cont'd)

Typical experiences could include:

decreased need for food and fluids

loss of appetite

- This could be caused by the body's need to conserve energy and its decreasing ability to use food and fluids properly.
- Let the resident choose if and when they eat or drink.
- Give the residents ice chips, water or juice if they request it.
- The mouth and lips lose moisture.

The Dying Process (cont'd)

Typical experiences could include:

loss of bladder or bowel control

- This could be caused by pelvic muscle relaxation.
- Try to keep the resident as dry/clean as possible.
- Help them maintain their dignity.

The Dying Process (cont'd)

Typical experiences could include:

darkening of urine or

decrease in urine output

- Kidney function is slowing down or fluid intake has decreased.
- Resident may need a catheter.

The Dying Process (cont'd)

Typical experiences could include:

cool skin or blue extremities

- Circulation is decreasing.
- Use blankets or warm sheets, but not heating pads or electric blankets.
- Resident may not even be aware that they are cold.

The Dying Process (cont'd)

Typical experiences could include:

rattling or gurgling sounds when breathing

- Breathing may be loud and irregular, shallow.
- Breathing rate slows and may alternate between rapid and slow breathing.
- May have congestion.
- Breathing is easier laying on the side.

The Dying Process (cont'd)

Typical experiences could include:

turning toward a light source

- Could be caused by decreased vision.
- Use soft, indirect lights in the room.

The Dying Process (cont'd)

Typical experiences could include:

pain

- If the physician has prescribed pain medication, make sure it is administered as indicated.
- Hospice nurses may give morphine or other pain relievers.
- Gentle massage or relaxation techniques may help with pain issues.

The Dying Process (cont'd)

Typical experiences could include:

involuntary leg and arm movements

heart rate changes

- Involuntary movements are called *myoclonus*.
- Resident may experience a loss of reflexes in the arms and legs.

Helping your Resident

As your resident is actively dying, you can help them by:

- keeping the person company – talk, watch movies, read or just be with the person.
- allow the person to express their fears and concerns about dying, such as leaving family and friends behind – be prepared to listen.
- be willing to reminisce about the person's life with them.

Helping your Resident (cont'd)

- avoid withholding difficult information – most people want to be included in discussions about issues that concern them.
- ask them if there is anything you can do.
- respect their need for privacy.

When death is very near

- Breathing and heart rate will slow.
- There may be many times that the person does not breathe for many seconds (called *Cheyne-Stokes breathing*).
- Some people may gurgle or make a rattling, crackling sound.
- The chest will stop moving, no air will come out of the nose and there is no pulse.

Death

- After death, there may be a few shudders or movements of the arms or legs.
- The patient may also cry out because of muscle movement in the voice box.
- Also, there may be a release of a small amount of urine or stool.

Death

When a resident dies, who do you call?

- 911?
- hospice?
- family?
- coroner?
- mortuary?

Death (cont'd)

1. If the resident is on hospice, and your facility has complied with the 3 DSS requirements listed in Title 22, then you may call hospice. *Note: if you have NOT complied with the 3 DSS requirements, you MUST call 911 instead of the hospice nurse.*
2. If the resident is not on hospice, you call 911 and report the death.

Death (cont'd)

3. Notify the family and/or responsible party immediately of the resident's death.
4. Call your LPA to report the death by the next working day and submit the written Death Report (LIC 624A).
5. Place the written report in the resident's file, complete the LIC 601 (Emergency Info) and keep the file for a minimum of 3 years, per DSS requirements.

Helping your Staff and Families Grieve

Grieving

Common symptoms of grief:

- Shock and disbelief – feeling numb, denying the truth, trouble believing it.
- Physical symptoms, like fatigue, nausea, insomnia, weight loss, aches and pains.

Grieving (cont'd)

- Sadness – the most experienced symptom of grief. This includes feelings of despair, emptiness, deep loneliness.
- Guilt – unresolved conversations, apologies that were not made, feelings of guilt.
- Anger – blame God, other people, their doctor.

Quiz

This is another short quiz to test your knowledge.

Just like the first one, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.

Quiz 2

Quiz - 3 questions

Last modified: Sunday, April 30, 2017 at 11:46:13 AM

Properties

On passing, 'Finish' button:	Goes to next slide
On failing, 'Finish' button:	Goes to next slide
Allow user to leave quiz:	At any time
User may view slides after quiz:	Any time
Show quiz in menu as:	Multiple Items

Edit in Quizmaker

Edit Properties

The 5 Stages of Grief

The 5 Stages

According to the Kubler-Ross model (otherwise known as the five stages of grief), there are five distinct stages, a process in which people deal with grief and tragedy.

The 5 Stages (cont'd)

Stage 1: Denial

"I feel fine. This can't be happening, not to me."

- ✓ Initial reaction to hearing about a terminal illness is shock and denial.
- ✓ Some people never pass beyond this stage and go from doctor to doctor searching for a different diagnosis.

The 5 Stages (cont'd)

Stage 2: Anger

"Why me? It's not fair! How can this happen? Who can I blame?"

- ✓ It may be difficult to care for someone who is in this stage.
- ✓ Be patient with this individual – listen to them.

The 5 Stages (cont'd)

Stage 3: Bargaining

"Just let me live until ___. I'll do anything for a few more years here."

- ✓ The patient may attempt to negotiate with physicians, friends or even God.
- ✓ This stage involves hope that the individual can somehow postpone or delay death.

The 5 Stages (cont'd)

Stage 4: Depression

"I'm so sad, why bother with anything? I'm just going to die….what's the point?"

- ✓ The patient starts to understand the certainty of death.
- ✓ This is the grieving stage. Do not try to cheer up the person who is in this stage. It is important to let them grieve.

The 5 Stages (cont'd)

Stage 5: Acceptance

"It's OK. I can't fight it so I may as well prepare for it."

- ✓ The person in this stage realizes that death is inevitable and accepts that it is approaching.
- ✓ They may want to be left alone during this stage – respect their privacy and decision.
- ✓ *Not everyone reaches this stage.*

The 5 Stages (cont'd)

- People experiencing these stages should not force the process.
- Not everyone will reach these stages, or they may skip stages.
- The grief process is highly personal and depends on the individual's life expectancy and opinions.

Understanding the bereavement process

There is no right or wrong way to grieve.

- Everyone grieves differently - avoid telling the bereaved what they "should" be feeling or doing
- Grief is not in orderly, predictable process.
- It is an emotional rollercoaster, with unpredictable highs, lows, and setbacks.

Understanding the bereavement process (cont'd)

There is no set timetable for grieving.

- For many people, recovery after bereavement takes between 12 to 24 months, but for others, the grieving process may be longer or shorter.

- Don't pressure the bereaved to move on or make them feel like they've been grieving too long. This can actually slow, and be harmful, to their healing.

Understanding the bereavement process (cont'd)

Grief may involve extreme emotions and behaviors.

- They may feel guilt, fear, anger, and despair, and may yell, obsess about the death, or cry for hours.
- The bereaved need reassurance that what they are feeling is normal.
- Do not judge them or take their grief reactions personally.

Grieving Tip 1: Listen with compassion

Oftentimes, well-meaning people avoid talking about the death or mentioning the deceased person because we are unsure what to say.

However, the bereaved need to feel that their loss is acknowledged, it is not too terrible to talk about, and especially that their loved one will not be forgotten.

Grieving Tip 1: Listen with compassion (cont'd)

It is important to let the bereaved know they have permission to talk about the loss, but do not force the issue if they do not feel like talking.

When it seems appropriate, ask sensitive questions – without being nosy – that invite the grieving person to openly express his or her feelings.

Try simply asking, "Do you feel like talking?"

Grieving Tip 1: Listen with compassion (cont'd)

Let the grieving person know that it is okay to cry in front of you, to break down, or even to get angry.

Do not try to reason with them over how they should or should not feel.

They should feel free to express their feelings, without fear of judgment, argument, or criticism.

Grieving tip 1: Listen with compassion (cont'd)

If the person does not feel like talking, do not pressure them.

You can still offer comfort and support with your silent presence.

If you cannot think of something to say, just offer eye contact, a squeeze of the hand, or a reassuring hug.

Grieving tip 1: Listen with compassion (cont'd)

People who are grieving may need to tell the story over and over again, sometimes in detail – this may be their way of processing and accepting the death.

Be patient.

With each retelling, the pain may lessen.

Grieving tip 1: Listen with compassion (cont'd)

Tell the person that what they are feeling is okay, and validate their feelings.

If you've gone through a similar loss, share your own experience if you think it would help.

But do not give unsolicited advice, like claiming to "know" what the person is feeling, or compare your grief to theirs.

Grieving Tip 2: Offer assistance

* Sometimes it is hard for a grieving person to ask for help, even when it is offered.
* They may feel like they are a burden or feel guilty about receiving so much attention, or be too depressed to reach out.
* Be the one who takes the initiative to help the person.

Grieving Tip 2: Offer assistance (cont'd)

You can help them by:

- offering to babysit their children
- go to the grocery store for them
- bring them dinner, food, etc.
- drive them to appointments, etc.
- help with funeral arrangements
- offer help with housework or gardening

Grieving Tip 3: Ongoing support

- Grieving lasts longer the funeral and visiting process.
- Oftentimes, the person sinks into a depression after preparations have been made and everyone has left.
- Stay in touch with the person and check up on them frequently.

Grieving Tip 3: Ongoing support (cont'd)

- Be sensitive to the fact that life may never feel the same for the person. The sadness may never go away.

- You do not "get over" the death of a loved one, but as the bereaved person learns to accept the loss, the pain may lessen in intensity over time.

Grieving Tip 3: Ongoing support (cont'd)

- Holidays, birthdays, anniversaries or special occasions may be very difficult and the person may need extra attention and support during this time.

- Offer your support as much as possible during these times.

Grieving Tip 4: Help when required

- If the grieving person talks about suicide or becomes severely depressed, they may need immediate help.

- Also watch for signs of substance abuse or misuse, excessive anger or mood swings and difficulty functioning in normal life – this person needs professional help.

Grieving – a Summary

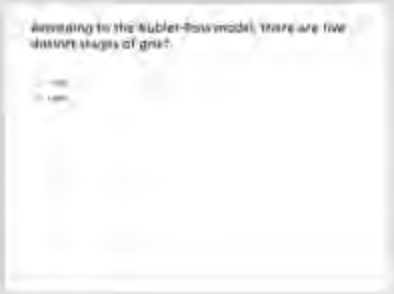
How can we help our residents, families and staff with loss?

- Be a good listener.
- Take time to talk.
- Allow them to share memories, tell their stories and receive support.
- Do not offer them false comfort.
- Recognize their feelings and do not deny them.
- Be patient.
- Encourage them to get professional help, if necessary.

Quiz

This is another short quiz to test your knowledge.

Just like the first one, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.



Quiz 3

Quiz - 3 questions

Last modified: Monday, April 5, 2021 at 9:25:42 AM

Properties

On passing, 'Finish' button:	Goes to next slide
On failing, 'Finish' button:	Goes to next slide
Allow user to leave quiz:	At any time
User may view slides after quiz:	Any time
Show quiz in menu as:	Multiple Items

Edit in Quizmaker

Edit Properties

What to say to a person who has lost a loved one

What to say to a person who is grieving

It is common to feel awkward when trying to comfort someone who is grieving. Many people do not know what to say or do.

The following are suggestions to use as a guide.

What to say to a person who is grieving (cont'd)

Acknowledge the situation.

"*I heard that your_____ died*."

If you use the word "died", that will show that you are more open to talk about how the person really feels.

What to say to a person who is grieving (cont'd)

Express your concern.

"I'm sorry to hear that this happened to you."

Allow them to talk about it if they want to.

What to say to a person who is grieving (cont'd)

Be genuine in your communication and do not hide your feelings.

"I'm not sure what to say, but I want you to know I care."

Sometimes it is really hard to find the right words so just showing someone that you care might be enough.

What to say to a person who is grieving (cont'd)

Offer your support.

"*Tell me what I can do for you*."

Be prepared, though, if they ask for something. Do not offer support if you cannot follow-through.

What to say to a person who is grieving (cont'd)

Ask how he or she feels, and do not assume you know how the bereaved person feels on any given day.

Their feelings may change from day to day, depending on their grieving process, memories, etc.

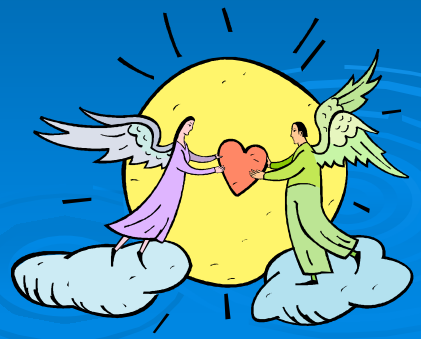
What NOT to say to a person who has lost a loved one

Do not say….

“They’re in a better place now."

What if they do not believe in heaven? They may or may not believe that they’re in a better place.

Keep your beliefs to yourself unless asked.



Do not say….

"I know how you feel."

Even if you have gone through the *exact* same experience, one can never know how another may feel.

You could, instead, ask them to tell you how they feel.

Do not say….

"It is part of God's plan."

This phrase can make people angry, especially when their belief of God is different from yours.

They can become angry and defensive and might say, “What kind of God would do this?”

Do not say….

Statements that begin with "You will.." or "You should..."

These directive statements can be insulting because you are telling a person how they should feel, what they should do to get better, etc.

Instead you could begin your comments with: "You might. . ." or "Have you thought about. . ."

Do not say….

"Look at what you have to be thankful for."

They know they have things to be thankful for, but that's not their focus right now.

They need to grieve before they can focus on their blessings.

Do not say….

“It has been ____; it is time to get on with your life."

Moving on is easier said than done.

Sometimes people are resistant to getting on with their lives because they feel this means "forgetting" their loved one, or feeling guilty for not grieving for a certain length of time.

Grief has a mind of its own and works at its own pace.

Death and Spirituality

Death and Religious Views

- During the grieving process, sometimes one's faith in God is questioned and their spirituality is tested.
- Depending upon their religion, culture and individual feelings on God, they may be more accepting of death.

Death and Religious Beliefs

Depending on the religious beliefs of the resident, they may:

- request to die with their family present
- require burial within a very short time of death
- request cremation or burial

Death and Religious Views

Christian views:

For Christians whose lives are guided by the Bible, the reality of death is acknowledged as part of the current human condition.

The Bible says - There is "a time to be born, and a time to die."

Death and Religious Views

Jewish views:

- Death is seen as a part of life and a part of God's plan.
- The body is never left alone as a sign of respect, and eating or drinking are prohibited near the body, as such actions would mock the person who is no longer able to do such things.
- Open caskets are forbidden.

Death and Religious Views

Islamic beliefs:

- When death approaches, the close family and friends try to support and comfort the dying person through prayer as well as remembrance of Allah and His will.
- Upon death, a body is to be buried soon after. The body is washed, wrapped in a shroud and buried facing the direction of Mecca.

Death and Religious Views

Hindu views:

- Hinduism believes in the rebirth and reincarnation of souls.
- Death is therefore not a great tragedy, not an end of all, but a natural process in the existence of soul as a separate entity. The soul adjusts its course and returns again to the earth to continue its journey.

Death and Religious Views

Buddhist beliefs:

- When preparing for death, Buddhists generally agree that a person's state of mind while dying is of great importance.
- While dying, the person can be surrounded by friends, family and monks who recite Buddhists scriptures and mantras to help the person achieve a peaceful state of mind.
- Buddhism does not look at death as a continuation of the soul but as an awakening.

Surviving the Holidays

Grief and the Holidays

- When a person is grieving during the holidays, it can be overwhelming.
- For them, holidays can be a time of sadness, pain, anger or dread.
- Grief will also magnify the stress that is already a part of the holiday season.

> "How do we begin to fill the emptiness we feel when it seems everyone else is overflowing with joy?"

Grief and the Holidays (cont'd)

- Let the person know that it is OK to cry and be sad.
- It is also OK to give permission to themselves for feeling the way they do.
- If they want to be alone, allow them to be.

Grief and the Holidays (cont'd)

- Assure them that it is OK to ask for help and support during this season.
- Let them know that people get immense satisfaction and joy from helping those they care about.
- If they need a shoulder to cry on, be that shoulder.

Summary

Coping with the death of a loved one can be difficult for anyone.

Nothing can take the pain of grief away, but there are ways to help individuals handle their grief and restore hope.

It is important that you be patient with those who are grieving.

Proceed to Test

You have completed the class presentation and now you must take the 20 question Final Test.

You must score at least 70%, which is 14 or more correct answers, to pass the test. If you do not pass the test, you will be redirected to take the test again.

Proceed to the next slide to begin your Final Test.

Good Luck!

Untitled

Quiz - 20 questions

Last modified: Sunday, April 30, 2017 at 11:47:51 AM

Properties

On passing, 'Finish' button:	Goes to next slide
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Edit in Quizmaker

Edit Properties

Completion

Congratulations on completing this online class for your RCFE Administrator Certification.

You are now ready to proceed to the next section.

THANK YOU !

Thank You for taking our Certification Course.

We hope you will enroll in our live classes or online classes in the future.