# Concepts for Practice: STUDENT HANDOUT 2Unfolding Case Study: Caring for Peter SchultzProviding Person-Centred Care

**DIRECTIONS*:****You are an HCA working as a home support worker. You have been assigned to provide respite care to Peter for a four-hour period from 3:00 p.m. to 7:00 p.m. while his wife, Eve, attends an event. Keeping in mind the five principles of compassionate care, use the information provided about Peter to develop a schedule for how you could spend your time with him.*

**Client Profile: Peter Schultz**

*Peter was born on January 1, 1918. When he was seven years old, Peter emigrated from the former Yugoslavia to a small town in Alberta. After completing grade nine, Peter left school and worked as a farmer and logger. In the 1950s, Peter moved with his wife, Eve, and their family to the Lower Mainland of B.C., where he worked in construction, life insurance, and real estate. During the 1970s, Peter owned and operated a small hobby farm. He retired at the age of 75 and moved to a small city near Vancouver, B.C.*

*Born into a large family, Peter was the second oldest of eight siblings. Peter and Eve have two sons and three daughters, 17 grandchildren, and over 30 great-grandchildren. With the exception of one daughter who lives in Alberta, Peter’s children live within one hour of driving distance from him and his wife.*

*Peter comes from an ethnic German family and German culture and traditions are important to him. As a child, Peter learned to speak German, Serbian, and English. He learned many German songs, hymns, and poems and often recites his favourites. Peter also enjoys traditional German cooking. Peter is a Lutheran Christian and has been active in his faith since childhood. During his adulthood, Peter was involved in church leadership and is well-regarded in his faith community. Until recently, Peter acted as Bible study leader.*

*Peter has always been a social and outgoing person. As a young man, he enjoyed going to community events and was known to be an excellent dancer. Peter and Eve entertained regularly and enjoyed playing pool, cards, and Scrabble with their guests. He and his wife were both avid gardeners. Peter always enjoyed large and small building projects. After retirement, Peter built simple furniture and made latch-hook rugs for his grandchildren.*

*Recently, he has been unable to participate in these activities due to increasing confusion and an inability to make the calculations necessary to complete these projects.*

*Other than back problems resulting from physical work, Peter has always been healthy and active. When he was 77 years old, Peter experienced a stroke, also known as a cerebral vascular accident (CVA), which resulted in short-term speech difficulties and affected his swallowing ability. Following the CVA, Peter’s wife began to notice changes in his cognition, personality, and behaviour. He progressively lost the ability to participate in activities that he previously enjoyed. Approximately five years following the CVA, Peter started to receive community-based health services*

**A Proposed Respite Care Schedule**

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| **Time** | **Proposed/Possible Activity** | **Rationale for Activities** | **Principle of Person-Centred Care** |
| 3:00–4:00 p.m. | Greeting and conversation about life and family; propose ideas for time together | Create comfort and ease with client | Independence and preference – so client can suggest and choose activities that interest him |
| 4:00–5:00 p.m. | Walk in garden |  |  |
| 5:00–6:00 p.m. |  |  |  |
| 7:00–8:00 p.m. |  |  |  |

# Introduction to Practice: STUDENT HANDOUT 1Unfolding Case Study: Caring for Peter SchultzClient and Family Experiences with Different Health Care Settings

**DIRECTIONS**: In this handout, Peter’s wife Eve shares their experiences with various types of health care settings and agencies. In your group, review your assigned type of health care setting. After reading, work together to identify the positive aspects and challenges described in the scenario and be prepared to share your observations with the larger group.

**Adult Day Program**

*People from various agencies came to the house to interview Peter and me. They arranged for Peter to spend one day a week at an adult day program. Peter was cross about going and didn’t like it at first, but after a couple of weeks, I think he quite looked forward to it. Peter was often called on to sing a song or recite one of the many poems he knew by heart. One of his favourite activities was the bell choir. By the time complex care was needed, he was attending the program three times a week, which was a Godsend to me.*

**Home Support**

*Community services also introduced me to home support. This was such a wonderful help to me. An HCA came every morning and got Peter up, bathed and shaved him, dressed him, and prepared his breakfast. Unless you have had to do so, you can’t imagine how hard it is to help someone who resents being helped and thinks he doesn’t need to be bathed, shaved, toileted, or dressed, especially if you are the spouse. I can never thank these HCAs enough for all they did for me.*

*I did the vacuuming and found it very tiring. I thought about someone to do it for me and people coming in to bathe Peter. I got myself all upset, feeling the intrusion of strangers in my home and then was filled with guilt because they were all here to help, then sadness that there were some places I couldn’t take him.*

**Respite Care**

*Also available were respite times. If you were a caregiver, you were entitled to four weeks of respite a year. This meant your loved one could be cared for in a residence for a week while you had a rest. It didn’t help at first because I felt so guilty, but after a year or two, I really looked forward to some time by myself.*

**Complex Care**

*I just came home from the complex care home. I took Peter there on the 26th of April, 2004. I took his clothes, his slippers, the toiletries, a harmonica, the large print Bible our daughter had given him, this German Bible written in old- fashioned script, which he could still read without glasses. Drove into the yard and parked.*

*“Where are we?” he asked.*

*“I need a little rest, honey, so you are going to stay here for a while.”*

*He accepted that. I hauled the suitcase out of the trunk. He insisted on carrying the heavy thing. I punched in the code and the door opened. We went through it. The door closed. It was the beginning of our “involuntary separation.”*

*I am often amazed at the competence and kindly patience of the HCAs in the care home. Peter is at a table where five people need lots of help, but that never seems to bother the HCAs. They simply slide around from one to another on their wheeled chairs, keeping an eye on them all.*

*You might expect a dining room full of elderly people with cognitive and/or physical challenges to be a pretty gloomy place. Not so. Most of them look forward to meal times, and most of them usually enjoy the food. The servers are all so friendly and pleasant, calling the clients by their names and remarking about their clothes or hairstyles, congratulating on birthdays and anniversaries. All over the room there is uplifting chatter and merriment, the HCAs joining in as they stroll around watching out for anyone needing help or attention, gracefully solving any dilemma that crops up. The clients could hardly be better cared for, in my opinion. I am thankful that Peter is living here.*

# Interpersonal Communication: STUDENT HANDOUT 1Unfolding Case Study: Caring for Peter SchultzCommunication Techniques

**DIRECTIONS**: Read the following conversation between Peter and his wife, Eve. Make a list of the communication techniques that Eve uses to connect with Peter during the conversation and then prepare to share your findings with the larger group.

*I found Peter sitting alone on the loveseat just around the corner from the nurses’ station, so I sat down beside him. A couple of HCAs were passing us once in a while as they tended to their duties. Peter didn’t speak and neither did I for quite some time. Then he said, “Do you think you could arrange a wedding for some time in the fall?”*

*“Oh, who is getting married?”*

*“I am.”*

*“Who are you going to marry?”*

*“The girl next door.”*

*“Really? What is her name?”*

*“I don’t remember.”*

*“Is it Jenny?”*

*“Yes, that’s her name.”*

*Aha! Jenny lived across the road from Peter when he was a kid. “You can’t marry her. She is already married.”*

*He gave me a look of incredulity, but said nothing. A few minutes of silence. Then he said, “Well, do you think you can arrange a wedding for some time in the fall?”*

*“Peter, how old are you?”*

*“I am 15 in about half a year.”*

*“I really think you are too young to get married. A girl might be able to handle it, but it’s really much too young for a man to marry.”*

*“I’d really like your opinion, though. Do you think she would make a good farmer’s wife?”*

*“Yes, I do. I’m sure she would make an excellent farmer’s wife. She has lived on a farm all her life, and I’m sure she knows exactly how to be a good farmer’s wife, but I still feel you are both too young to be getting married.”*

*More silence. “Well, I’d like you to try to arrange a wedding for the fall.”*

*“But, Peter, do you have a farm?”*

*“No, I don’t.”*

*"Well, how can you think of getting married if you don’t have a farm? You would have to live with your parents. That wouldn’t be fair to Jenny.”*

*He thought that over for a while. “You’re right. I guess I’d better concentrate on getting a farm first.”*

*Who did Peter think I was as he asked for my opinion? Could it have been his mother or perhaps his elder sister? Soon the snack cart came along. We each enjoyed a cup of coffee and a cookie. I kissed him goodbye and went home smiling, because Jenny was still not married when Peter married me.*

# Common Health Challenges: STUDENT HANDOUT 1Unfolding Case Study: Caring for Peter Schultz Cerebral Vascular Accidents (CVAs)

**DIRECTIONS**: Read the following account describing the CVA experienced by Peter Schultz. Working in small groups, apply your knowledge about CVAs to the scenario below by responding to the following discussion questions:

* What signs and symptoms of CVA did Peter experience?
* What were the immediate and long-term results of the CVA experienced by Peter?

*What I thought was the beginning happened March 3, 1995, when Peter was 77 [years old]. I awoke in the night to hear Peter in the bathroom coughing and hacking as though to rip his throat out. He finally stumbled back to bed and went to sleep. I arose fairly early to prepare breakfast for his sister and her husband who had been visiting us and were leaving that morning for Alberta. We three were sitting at the table waiting for Peter who was slow making an appearance. When he did, we couldn’t understand a word he said as his speech was so confused. He didn’t seem to realize there was anything wrong. We struggled through breakfast trying to persuade him to see a doctor, but he insisted he simply had a little sore throat, so finally our guests left and we began our day.*

*Peter lay down on the couch and slept. Something was wrong, but I didn’t know what. Later I went to my daughter’s house to give the kids a piano lesson. When I told them what had happened, my son-in-law immediately phoned the doctor who said I must bring Peter into the office. I went home and did that.*

*“His blood pressure is out of sight,” the doctor said. “He’s had a stroke. I’ll arrange for a brain scan and we’ll see what the damage is.”*

*The scan showed that he had had several prior strokes that hadn’t been obvious. Medication for high blood pressure was prescribed, and I made sure Peter took his pills each day. I had no experience looking after someone who was sick, but Peter didn’t seem sick anyway, just a bit confused sometimes. However, as time went on, I began to notice some personality changes. He was often rude to me in front of friends, cried easily, and clung to me almost obsessively; table manners seemed to slip away and he was sometimes extremely impolite.*

# Cognitive and/or Mental Health Challenges: STUDENT HANDOUT 1Communication Challenges and Impact: Supporting Clients with Dementia

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| **Communication Challenges for Peter Schultz** | **Impact on the Client and/or Family** | **HCA Strategies** |
| Difficulty initiating or following conversation |   |   |
| Difficulty following instructions or rules related to a game or activity |   |   |
| Difficulty understanding written material or communicating in writing |   |   |
| Expressing confusion and/or the inability to understand what is being said |   |   |
| Expressing resistance when directed to complete tasks related to personal care and hygiene |   |   |
| Expressing anger and frustration related to the loss of ability to complete formerly known or routine activities (e.g., household repairs and maintenance) |   |   |

# Personal Care and Assistance: STUDENT HANDOUT 1Unfolding Case Study: Caring for Peter SchultzChanging Client Health Status and Response to Care

**DIRECTIONS:** Read the following scenario. Then populate the table with observations based on the situation provided. For each observation, list possible responses that fall within the parameters of the HCA role.

*You are an HCA who has been working at the same complex care home for the past five years. Today is your first day back after a two-month absence, and you are assigned to care for Peter Schultz. As you carry out the plan of care, you observe changes in Peter’s health status and response to care.*

*You have always enjoyed providing care for Peter. When he first moved to the care home four years ago, you used several strategies to include him in the morning care routine. He especially enjoyed singing old tunes and reciting poems while you were helping him to get ready for the day. He enjoyed his meals and was a regular participant in the music and exercise programs and daily social hour. You always appreciated Peter’s smile and hearing him laugh.*

*Since Peter has moved to the care home, he has been diagnosed with Alzheimer’s disease, in addition to the diagnosis of vascular dementia following a CVA. He now requires full assistance with his activities of daily living and is on a regular toileting schedule. Over the past year, Peter’s legs have gotten weaker and he is no longer able to bear weight. He is on medication for blood pressure and bowel control.*

*Over the past year, Peter has become progressively less responsive during the morning care routine. He says very little and usually just listens as you sing his favourite songs. You have also observed that he smiles less often. Usually, when you try to involve him in simple care-related activities, such as washing his face or combing his hair, he will reach out for the face cloth or hair brush that you offer him but will not use them unless you guide his hands for him. This morning, when you offered him the face cloth, he did not reach out his hand to take* *it.*

*Since losing his ability to walk, Peter has used a wheelchair to ambulate. The foot pedals on his chair are removed and he uses his feet or the side rail to move himself up and down the hallway. Today when you look for Peter to bring him to the lunch room, you notice that he has not moved from the place where he was one hour ago. When you assist Peter with his lunch, he doesn’t try to hold his cup as he used to. He eats very slowly and clears his throat often. You observe that he finishes half of his mashed potatoes, but coughs when you offer him small pieces of minced chicken. He eats all of his chocolate pudding. It takes Peter 55 minutes to eat his lunch.*

*This* *afternoon,* *Eve* *comes* *to* *attend* *a* *special* *music* *program* *with* *Peter.* *When* *you* *walk* *with her to his room, you find that he has fallen asleep in his chair. Eve tells you that Peter has fallen asleep every day after lunch for the past two weeks. Eve has a difficult time waking Peter up to listen to the guest musicians. It takes an hour for Peter to drink a cup of thickened coffee and when Eve gives him a cookie, it drops out of his hand.*

Documenting Observations and HCA Response to Changes

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| **Observation** | **HCA Response** |
| *Peter did not reach out to take the face cloth when it was offered to him.* | *Continue to offer the face cloth to Peter. If he does not reach out for it, place it in his hand and guide him in washing his face.**Minimize distractions during this care activity.**Continue to monitor Peter’s response to this approach.* |
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