**Step 3 - Case Study for communications session FACILITATOR GUIDANCE**

Remember Eloise…?

THE GROUP HAVE HAD THE PREVIOUS INFORMATION AND DISCUSSIONS ABOUT ELOISE IN WORKSHOP 2

Eloise Griffiths is a 68 year old lady with severe heart failure. She lives with her husband, Eric, who has advancing dementia. Eric was the sole carer for Eloise until 2 years ago when he was diagnosed with Alzheimer’s Disease. He remains independent, but his son and daughter have noted that he is getting confused at times.

As part of a package to increase the support for Eric, to enable him to stay at home and to care for Eloise, you have been asked to provide two visits per day, one morning to help Eloise get up and one in the evening to assist her to bed. The referral you received says that Eloise has a very limited life expectancy and that there are no other medical alternatives to managing her heart failure. She gets extremely breathless on the minimum of movement and requires continuous oxygen.

This lady is at the end of her life (on the Supportive Care Record she would be ‘Amber’). Considering the above issues, how do you carry out your assessment, both generally and in relation to potential end of life issues?

Building on from your assessment earlier around Eloise’s needs, you are aware that she has spoken to the District Nurses about wanting to stay in her own home to die. She has also completed a ‘Preferred Priorities for Care (PPC) Document’ and she shows this to you. This is documented on the GP’s system along with a record of her discussions about resuscitation.

You have been informed that Eloise has a completed DNACPR form following discussion with her GP because a) there is a possibility she may have a cardiac arrest and b) It is unlikely that CPR would be successful in the event of her having a cardiac arrest.

NOW WE ARE ASKING THE GROUP...

Building on from your assessment earlier around Eloise’s needs, you are aware that she has spoken to the District Nurses about wanting to stay in her own home to die. She has also completed a ‘Preferred Priorities for Care (PPC) Document’ and she shows this to you. This is documented on the GP’s system along with a record of her discussions about resuscitation.

*When you are carrying out a re-assessment of Eloise’s needs, how do you respond when she starts to discuss her future wishes?*

*Is there ever a time when you may initiate a conversation? If so, how may you do this? What important factors would you need to consider?*

**Interaction 1**

All scenarios are ‘AT HOME’ and would be a non-clinical person having the conversation

You are meeting Eloise for a re-assessment. You are on first name terms with each other already and have met several few times.

Eloise initiates the conversation about her future. She wants to stay at home but struggles to introduce the topic. The professional does some general facilitation to allow Eloise to proceed, but then clearly gets uncomfortable with the conversation and starts to block, both verbally and non-verbally (but is kind).

**Interaction 2**

This second scenario needs to lead on from interaction 1, when the professional retrieves the discussion (by apologising to Eloise for avoiding the conversation and acknowledging the difficulties?)

Using a range of facilitative skills, gently pull out Eloise’s concerns (wants to die at home-does not wish to go into hospital for further treatment as she knows this won’t be effective, worried about husband coping, may need increased input of care, being a burden on family)

Finish scenario by eliciting concerns, but not doing anything with them, i.e. no summarising, prioritising or actions etc

**Interaction 3**

Summarise, prioritise, find Eloise’s main concern (husband at moment), some actions, final summary/SCREEN, and leave with action plan to address concerns and revisit others which haven’t been addressed today.