

TIPS Question:

Now that I have worked through the P.I.E.C.E.S. program, how do I implement it into my practice at the Long Term Care Facility where I work and share it with the other care team members?

What are the significant factors you have learned as a result of working through the six-question template?

- I have learned to put the P.I.E.C.E.S. template together and to put it in action when assessing resident's with a cognitive mental need.

Response:

You have identified the important next step to the P.I.E.C.E.S./U-First! Program: implementing it into your practice at the Long Term Care Facility and sharing with other care team members. It is one thing to be exposed to the information and another to actually change practice. First of all, look at the language you used in your question. You have indicated that you want to implement this learning into your practice. It is important to recognize that this is where change begins. This is much better than wondering how you can change your co-workers behaviours. This would be going about the task in a very difficult way. Also, you mentioned "sharing with other care team members". Again, this is a good mindset to have. Sharing information is a non-threatening way to lead others to change. Performing formal in-services and simply giving the information to others will not produce the same results. Through your language it can be seen that you already have started implementing the P.I.E.C.E.S./U-First! learning into your practice.

The U-First! Wheel was designed to help share problem solving and encourage dialogue with the care team. It is helpful to first expose the staff to the P.I.E.C.E.S. concepts and information. This can be done in fun, game-like ways (think of the different methods of facilitation that were used during training). Use the U-First! Wheel to work through care discussions about specific clients. Pass the wheel around to staff and ask them to look up different sections, have them become comfortable with the wheel. The wheel has arranged information in an easy-to-use system and helps staff visualize how the different frameworks relate to each other. On-the-job informal learning and modelling is often the best way to aid staff in developing their assessment skills.

Don't forget about resources available to you: manual, wheel, P.I.E.C.E.S. website (www.pieces.cabhru.com), local P.I.E.C.E.S. network, the local PRC, the specialty outreach team.

Finally, as a word of caution: don't expect too much too fast. You probably are contributing more than you are aware. It is true that change takes time, therefore set up small, realistic goals that will help you see change and feel more satisfied.

Please note: TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.