

3-7 Lifestyle choices affecting health

TIPS Question:

The resident is young and has multiple medical problems: epilepsy, Type II Diabetes, chronic depression, obesity, ovarian cyst, C.O.L.D., gastro-esophageal reflux disease, hypothyroidism, previous CVA and CHF.

What suggestions do you have for an appropriate approach to improve this resident's understanding of her complicated health problems so that she would attempt to choose more healthy alternatives in her daily choices of activities and lifestyle regarding smoking, food intake and not taking medication as ordered?

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

- This model gives staff a more complete picture of the resident in question.
- Some possibilities of new methods of interventions become visible to staff after completing this guide.

Response:

Such situations can be frustrating as staff members do see people choose what is not in their best interest. The right to make decisions, however, is the resident's to make providing he/she is capable. People make decisions that are often not in their best interest and are aware of the detriment to their own health but choose poorly anyway. Instead of thinking in terms of "nothing can be done", you can use P.I.E.C.E.S. and U-First! to think possibilities.

Begin by using a foundation of Partners in Care. Who are the people who can help you and your team to understand this person better? Who are the internal and external resources available to you? The resource section of the P.I.E.C.E.S. Guide offers four questions to enhance collaboration. Through a collaborative effort, you might begin to both understand the resident better and develop strategies to enhance his/her ability to choose wisely.

Q1 of the Partners in Care guidelines asks: "What expectations do partners in care have related to the complex physical and cognitive mental health needs of the resident?" This is a great place to begin, as it allows everyone to consider what their attitudes towards this person and their own expectations about her decision making are." The discuss will also help you to explore ways that the team can come together to explore ideas to assist in the understanding of this person. Remember to use the P.I.E.C.E.S. acronym to explore staff's personal ideas about their own involvement with this person. Together work through the Partners in Care guidelines and ask the team to assist with information gathering using the P.I.E.C.E.S. 6 question framework and seeking possible causes for this person's behaviour. When we take the time to use the P.I.E.C.E.S. template, we invariably come up with strategies for care.

When staff become frustrated with a resident or a resident is frustrated with staff, it takes time to redevelop a relationship of trust and collaboration. You can use the Pro-Attention Plan to help communicate the caring attitude of your organization. These processes take time, so remember to celebrate incremental results (Refer to your P.I.E.C.E.S. guide for a review of the Pro-Attention Plan).

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.