The Albeda College Compassion Tool & Evaluation

by
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COMPASSION IN CARE

THEORETICAL COMPONENT

Principles and Values

Compassionate care is an important principle in all fields of healthcare. In the care of psycho-geriatric patients, compassion is an important core value in terms of providing qualitatively good care.
The ability to have or show compassion is tested regularly in interaction with psycho-geriatric patients. The situations in which a caregiver administers care are often unpredictable and greatly challenge the imagination, empathy and creativity of the caregiver. In our view, acting with compassion also requires a caregiver to have self-compassion. An awareness of one's own core values, emotions and feelings in complex and unexpected situations is the cornerstone of the ability to provide compassionate care.

In this lesson, we want students to learn to respond with compassion towards others in situations where physical aggression plays a role, and to understand how that is based on awareness and compassion for one's own values and feelings.

Educational principles:

- Exploration of experiences
- Exploration of the concept of compassion
- Self-reflection
- Collaborative learning
- Stimulation of curiosity
- Practicing methodology

The tool is also informed by the following values:

- Caring
- Compassion
- Justice
- Integrity
- Accountability
- Equality

Aims

The objective of the workshop is focused on the first segment; Cultural Awareness in the context of compassionate care as per the Papadopoulos, Tilki Taylor Model. We focus specifically on interaction with psycho-geriatric patients.

Learning outcomes

- Students can describe compassion.
- Students understand that an awareness of their own feelings/experiences can promote the compassionate care of others.
- In a situation involving an unexpected physical reaction/aggression from a psycho-geriatric patient, students are capable of responding from a place of awareness of their own emotions.
- Students can name the triggers that might cause a psycho-geriatric patient to grab and hold onto the caregiver.
- Students know methods and techniques to extricate themselves in a way that demonstrates self-compassion and compassion for the patient.
- Students are able to apply the aforementioned methods and techniques in practice situations.
- Students reflect on the workshop and describe the role of self-compassion and compassion in the techniques learnt.

Relevant definitions and terms/ What the research says

Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself; Neff K., 2003.

In the article, “Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself” Neff, K., 2003 explains how self-compassion ensures that people do not sweep the difficulties/shortcomings, negative emotions etc. they have experienced ‘under the carpet’ and do nothing about them. According to her insight, self-compassion and associated mindfulness are instruments that enable some one to learn from negative thoughts or mistakes and to turn them into compassionate attention/care for clients. Neff is convinced that a lack of self-compassion breeds avoidance behaviour and passivity.

We believe, in our vision and our approach that Compassionate Care starts with you and is reinforced by her vision. The following extracts from her article support that.

Extracts derived from the article:
Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself” Neff, K., 2003.

“The definition of ‘‘self-compassion’’ is related to the more general definition of ‘‘compassion.’’ Compassion involves being touched by the suffering of others, 86 K. Neff opening one’s awareness to others’ pain and not avoiding or disconnecting from it, so that feelings of kindness toward others and the desire to alleviate their suffering emerge (Wispe, 1991). It also involves offering non-judgmental understanding to those who fail or do wrong, so that their actions and behaviours are seen in the

context of shared human fallibility. Self-compassion, therefore, involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering non-judgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience

Some may fear that having too much self-compassion leads to passivity, but this should not be the case when feelings of self-compassion are genuine. While having self-compassion requires that one does not harshly criticize the self for failing to meet ideal standards, it does not mean that one's failings go unnoticed or uncertified. Rather, it means that the actions needed for optimal functioning and health (and having compassion for oneself means that one desires well-being for oneself) are encouraged with gentleness and patience. Thus, self-compassion should not imply passivity or inaction with regard to weaknesses observed in the self. Rather, it is the lack of self-compassion that is more likely to lead to passivity. When the self is harshly judged for its failings in the belief that self-flagellation will somehow force change and improvement, the protective functions of the ego will often act to screen inadequacies from self-awareness so that one's self-esteem is not threatened (Horney, 1950; Reich, 1949). Without self-awareness, these weaknesses will remain unchallenged. By giving compassion to oneself, however, one provides the emotional safety needed to see the self clearly without fear of self-condemnation, allowing the individual to more accurately perceive and rectify maladaptive patterns of thought, feeling and behaviour (Brown, 1999).

At the same time, self-compassion requires that individuals do not avoid or repress their painful feelings, so that they are able to acknowledge and feel compassion for their experience in the first place. Thus, a compassionate attitude toward oneself requires the equilibrated mental perspective known as mindfulness (Bennett-Goleman, 2001; Epstein, 1995; Gunaratana, 1993; Hanh, 1976; Kabat-Zinn, 1994; Langer, 1989; Nisker, 1998; Rosenberg, 1999). Mindfulness is a balanced state of awareness that avoids the extremes of over-identification and disassociation with experience and entails the clear seeing and acceptance of mental and emotional phenomena as it arises. Martin (1997) writes that mindfulness is ‘‘a situation in which the sense of self or self-esteem maintenance softens or disappears’’ (p. 292), allowing for a non-judgmental, receptive mind state in which one's thoughts and feelings are observed for what they are, not in terms of how they impact one's self-concept. Mindfulness is a spacious, flexible mind-set that is not attached to any particular point of view (Langer, 1989), yielding greater insight into one's experience. In many ways, mindfulness is similar to the open, non-judgmental attention stance understood to facilitate therapist-client interactions, variously described as detachment (Bohart, 1993), decentring (Safran & Segal, 1990), presence (Bugental, 1987), or evenly suspended attention (Freud, 1958), but in this case applied to one's own experience. (page 86- 88)

http://self-compassion.org/wptest/wp-content/uploads/2014/10/SCtheoryarticle.pdf

What does national legislation and international/European treaties and conventions say on the topic?

Beroepscode Verpleegkundige en Verzorgende beroepen

Beroepscode Verpleegkundige en Verzorgende Beroepen (code of conduct)
In addition to the principles of the profession, the Beroepscode van Verpleegkundigen en Verzorgenden (code of conduct) describes the relationship between the Nurse and the patient, other caregivers and the community.

In article 2, relationship with the patient; it states that every patient has the right to care, and specifically states that ethnic origin, nationality, culture, age, gender, sexual orientation, race, religion, ideology, political conviction, socio-economic status, physical or mental disability, nature of health issues or lifestyle may not influence whether and what care someone receives. [article 2.1]
The caregiver is central and the nurse upholds the interests of the patient. [article 2.2]

Provision of care is tailored as far as possible to the needs, standards and values, cultural and ideological views of the patient [article 2.3]

In article 3, the relationship with other caregivers is described, with specific reference to the nurse protecting the patient against unethical, incompetent, unsafe or otherwise lacking provision of care from other caregivers.[article 3.6]

Nationale Beroepscode van Verpleegkundigen en Verzorgenden [The Code; Standards of conduct, performance and ethics for Nurses]
http://www.venvn.nl/Portals/20/publicaties/20070112beroepscodeposterdef.pdf

Quality of Health Facilities Act
The Quality of Health Facilities Act (KWZ) describes the individual responsibilities of care institutions to provide a qualitatively high standard of care within the global context.

Four quality criteria are described; 1. Responsible care 2. Quality- focused policy 3. Quality assurance systems, and 4. An annual report.
Institutions are required to develop policies in relation to these 4 items. The Inspectorate supervises implementation.
In real terms, this means institutions are accountable for the provision of care and responsible for the quality and training of personnel.
http://www.igz.nl/onderwerpen/handhaving_en_toezicht/wetten/kwaliteitswet_zorginstellingen

Individual Healthcare Professions Act (BIG Act)

Professionals practicing independently are subject to the Individual Healthcare Professions Act [BIG Act]
This legislation defines the framework for the training requirements with which a Nurse must comply, as well as a nurse's individual responsibilities in terms of activities carried out. A nurse may only conduct activities in which he/she is competent and qualified. It demonstrates professional courage when a nurse

indicates not to want to conduct an activity because he/she feels unqualified, or asks questions in response to an order from a doctor because this is unclear or inappropriate.
Listening to one's own feeling/judgement and making the right decision from a place of reflection is an aspect that can be approached based on the theory of self compassion/mindfulness.

http://www.igz.nl/onderwerpen/handhaving_en_toezicht/wetten/wet_big/

PRACTICAL COMPONENT

The lesson requires no preparation. During the lesson, you work on the subject with your fellow students and the tutor. The lesson comprises 2 sessions of 50 minutes.

The objective of the lesson is ***to create awareness*** of the meaning of professional compassion and self-compassion in care (PTT Model of Cultural Awareness), particularly in relation to psycho-geriatric patients.

In this lesson, you learn how to respond with compassion in situations where there is an unexpected physical reaction/aggression from a client and extricate yourself so that the situation is manageable for both parties.

Activity 1:
The tutor explains the format of the lesson with the aid of the PowerPoint presentation, followed by the role-play exercise below:

Two tutors enact a scenario in which, in order to get attention, a client grabs the arm of the caregiver/nurse who is busy distributing medication, and will not let go (n.b. wrist technique)
Role-play
Role-player 1 is the nurse/caregiver:
Act as if you are becoming irritated at being grabbed, but do not react yet. Thus, allow yourself to be grabbed.

Role-player 2 is the client:
Hold on tightly: his/her issue requires attention. A call needs to be made immediately to the client's son to make a new appointment to visit.
The role-play stops here.

The tutor then leads a classroom discussion based on the following questions

- What do you do in this situation?
- What is your non-verbal response?
- What is your verbal response?

- How do you monitor the client?
- Why do you think the client is grabbing you?
- How do you monitor your own feelings?
- What are your thoughts in this situation?
- Do you have experience of this?
- How do you look after yourself if this happens to you? Where can you get help?

During the discussion, it is important to ensure that students consider their own and one another's safety, particularly in situations where they have responded/managed the situation inappropriately. The aim of the discussion is to explore these situations, to become aware of the emotions/feelings that led to the undesirable response and to create an opportunity to turn the same emotions/feelings into other, desirable and compassionate behavior.

Outcome:
Students have considered the situation and can apply it to their own experiences. They can relate it to their own feelings experienced in this situation or other familiar situations.

Activity 2
The tutor explains the concept of compassion.
The COM-passion for Care Charter describes the concept of compassion in detail: the ability to treat others as you wish to be treated yourself.
Being friendly, generous and forgiving, being hospitable, helpful and attentive, being curious and responsive, being fully engaged, empathetic and in contact, respectful, understanding and cognizant requires courage, self-reflection and self-compassion.

The lesson makes use of the 'compassion-for-care' BLOG. The attached blog can be (read) out if desired, to make the connection between general compassion and the subject of this workshop.

Activity 3
Role-play continued
The tutors demonstrate the appropriate technique for extricating oneself with compassion.
In order to extricate oneself with compassion, it is important to make contact with the psycho-geriatric patient. You make eye contact; you speak to the patient and ask to be let go. At the same time, you consider your personal safety and your feelings. You apply mindfulness, are completely in the moment, focus on yourself and the other party. From that place, you apply the technique you learnt to extricate yourself. From that place of autonomy, you are capable of extricating yourself with compassion.
Wrist technique: Note the way in which the patient has grabbed hold of you; note the position of the thumb. In this case, the thumb is on top. For your own safety, adopt the safety stance. Meanwhile, speak to the patient, make contact.
If the patient does not let go of you, hold your fingers tightly and pull your hand upwards. Do this quickly, but do not use too much force. It is more important to use the correct technique. You extricate yourself by moving your arm and hand in the

direction of the thumb. The thumb is weaker than four fingers, therefore it is easier to extricate oneself this way than via the direction of the fingers.
Once you are loose, take a big step backwards, keep looking at the patient. Continue the conversation if necessary. Stay in the moment, concentrate on the patient and yourself.
After the incident, speak to your colleagues and manager about the situation. Seek help for yourself if you require it.

Activity 4

The tutor selects a number of techniques (see activity 5) and explains the theory behind the techniques, such as making and maintaining eye contact, asking to be let go, noting where the door is, adopting the safety stance (personal safety) and noting thumb position. See also activity 3.

Note: during the explanation, keep using the words: courage, compassion, taking care of yourself. In the explanation, keep reinforcing the connection between these concepts and care of the client.

Activity 5

Students practice 'extrication techniques' themselves

1. **Warm up:**
   The practice starts with a warm up session for the students:
   - Wrist exercises: turning the hands.
   - Arm exercises: swinging, swimming, etc.
   - Head exercises: turning the head, shrugging the shoulders, etc.

2. **Structured practice**
   The tutors demonstrate a technique and provide a step-by-step explanation on what to look for when applying the technique. Then, the students practice in pairs, or groups of three. *(Use techniques and protocols available in own practice where possible)*
      - Grabbing the arm, with the thumb of the patient placed on top of the wrist of the caregiver
      - Grabbing the arm, with the thumb of the patient placed on the underside of the wrist of the caregiver.
      - The patient grabbing both arms of the caregiver with the thumbs placed on top. Then grabbing both arms with the thumbs facing downwards.
      - Door handle; the lower arm is grabbed with both hands, with the thumbs on 1 side.
      - Handgrip; the hand is gripped.
      - Grabbing the hair at the front of the caregiver's head.
      - Grabbing the hair at the back of the caregiver's head.
      - Grabbing the caregiver's ponytail.

Practicing 'at random'

Practice the techniques in random order

The group is split into two rows. The tutor stands behind 1 row. These students cannot see the tutor. The tutor demonstrates to those students that can see her/him, which technique to use. Thus, the students do not know how they will be grabbed. They then have to extricate themselves using the techniques they have learnt.
After practicing 4 techniques, the rows switch places.

Activity 6

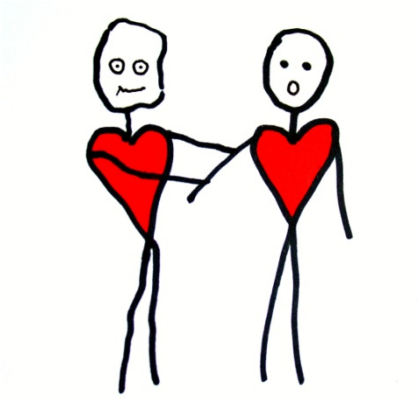
Use the following questions to reflect on what has been learnt:

1. Have you learnt enough about the techniques and how to apply them in practice?
2. What is it like creating space for one's own feelings during these exercises? And to apply mindfulness?
3. What does compassion mean to you?
4. Do you have self-compassion? Give an example.
5. How can you ensure that you act with self-compassion?
6. What do you do now if a patient or client grabs you unexpectedly? What do you do, what do you say? What do you need to consider?
7. How do you take care of yourself if this happens to you? Where can you seek help?
8. Do you feel you can apply compassion your work situation? Why can you, or why can you not?
9. What skills do you need to develop to able be apply compassion effectively?

Students discuss the questions in pairs, after which the class engages in a group discussion.
To round off the lesson, refer to the "Compassion for Care" BLOG in which students can read more about the concept and the application of compassion in care.
http://www.compassionforcare.com/

A dementia blog is attached for inspiration.

Dementia Blog



A vacant mind is compensated by knowledge of the heart.

People with dementia often have a rich emotional life, a world of experience.
Paula Irik, mental health caregiver

Imagine we encounter an older client that gets a fright and grabs hold of us firmly. The client is visiting us with a health complaint and also has Alzheimer's disease. What do we know about this? How can we treat someone who has a form of dementia with compassion? Clients with dementia regularly end up in care. They do not always receive the approach their illness requires, sometimes with disastrous consequences. Which healthcare professionals are equipped to deal with people with dementia?

Ignorance can be a barrier to insightful contact. Knowing what we should or should not do or say prevents a great deal of harm. Asking a question directly after being introduced, or approaching the person from behind can be extremely unsettling for a patient with dementia. Approaching a person with dementia calmly from the front, making eye contact, introducing yourself and explaining what you are going to do in a friendly manner can provide reassurance.
How can we interact with a client if we are grabbed hold of? Once we understand that a client is communicating a message via such behaviour, we respond differently. We can remain calm, engage with the other person and try to decipher and verbalize the message, for example pain (often overlooked), fear, or panic. At the same time, we exercise self-compassion and check whether the other party is pushing our boundaries. If we are grabbed in a painful way, or we feel threatened, then personal safety is the priority. Training helps us see people with dementia differently.

Compassion

1. Questions to reflect upon: What do you know about dementia? What are your thoughts about it? Do you feel sympathy, shame, disillusion, or something else? What would it be like for you if everything and everyone were unknown to you, over and over again? What would you do if you were in pain, but were unable to verbalize it because of the dementia? What would you do if you needed attention and did not know how to ask for it? What can you learn from this?
2. Questions to reflect upon: What do you do if a patient or a client unexpectedly grabs you? What do you do, what do you say? What do you consider? Do you have experience of this? How do you take care of yourself if this happens to you? Where can you get help?
3. Team discussion: What are your thoughts on this view of dementia: 'A fate worse than death.' How does your perception of someone with dementia affect your professionalism? In your contact with clients, is the focus on dementia? Why is it, or why is it not? How do you deal with this as a team? What are the views of other team members towards dementia? What can you learn from one another?
4. Team discussion: What is your communication strategy in relation to people with dementia? Who has knowledge of this? Who has experience of this? Whom can you approach with questions about this subject? Click here for a few practical tips.
5. Viewing tips: the power of music in dementia with Oliver Sacks, the power of touch in dementia.
6. More information:

- E-learning: How can you as a caregiver ensure that people with dementia feel comfortable? How can you prevent misunderstood behaviour in people with dementia? And if this behaviour occurs anyway, how do you manage it and how do you deal with it? These questions are addressed in the Learning about dementia e-learning course, from June 2014 via the Trimbos Institute.

- Experience Alzheimer's via the Alzheimer Experience
- Alzheimer Nederland
- Innovatiekring Dementie

The Albeda College Compassion Tool Evaluation

CRITERIA	FULLY MET	PARTLY MET	NOT MET
a) Contained customised steps to help students progress through their learning goals	98%	2%	
b) Provided observable evidence of learning	98%	2%	
c) Clarified what students knew and did not know	94%	6%	
d) Allowed the teacher to see/hear (and intervene) when students did not understand	98%	2%	
e) Led to and connected with other tools in the process of meeting larger /higher level learning goals	83%	7%	
f) Helped students synthesize knowledge and meaning	98%	2%	
g) Provided building blocks that enable students to step into and through difficult concepts or processes to reach predetermined learning goals	98%	2%	
h) Provided pathways that led to depth and clarity in learning	96%	4%	
i)Adds to the meaning-making in the classroom	92%	8%	

NB: When the percentages do not add up to 100%, this indicates that some participants did not rate the specific item/s.

1. I am a student / qualified healthcare participant — 41
2. I am a teacher/trainer — 7
3. I am a patient —

Students' Comments: