

RE-CREATIVE RESOURCES INC. MDS 3.0 WEBINAR ASSIGNMENT:

300 Word Essay on What I learned from the VIVE Video

By Connie Burry

What I found most interesting was the steps you need to take before you step foot in a resident's room. I need to review their medical charts to look for hearing or vision problems. I can also be prepared if they are noted to have STML or LTML or quite confused.

When I enter a room, I need to make sure the environment is good for the interview. We need to have the full attention of the resident. I have made mistakes previously by not asking to turn off the TV or radios. There needs to be complete privacy. Unless the resident is unable to answer for themselves, there should only be the interviewer and the resident. By checking the charts ahead of time you will know if there needs to be another party to help answer the questions. You will also know if this assessment will need to be aided with the staff's observations.

This video also taught me to explain more about the importance of the interview. It will help residents understand better why I am asking so many questions. It will put them at ease and they may be more willing to answer the questions.

The other thing I discovered was that my voice pattern for sentences was very important. I need to speak clearly and not too quick. If they are hard of hearing I may need the aid of a hearing amplifier tool. I tend to be in too much of a hurry to get the questions answered. This will be something I must pay close attention to.

Another thing I learned was the reflective answers technique to clarify what the resident really meant. Sometimes they do answer so vague that I am not totally sure of what they mean. It will also clarify if they truly heard what I said.

An example of this was in an interview I did recently. I asked the resident: "Do you still like to vote?" Guess my accent was pretty bad. I have a very deep southern accent. This can be a cultural difference when doing interviews. They answered as if the question was about boating. I let them tell the story about boating or not liking boats. I then changed the question to: "How important is it to you to keep up with politics?" I then led them into the question about voting by getting them to talk about current politics.

I have found that by asking them how important something is versus what they like gives me a better idea as to what I can do to help them enjoy their stay at the nursing home better. The cue cards will really be a great help when asking all these questions because they can point to an answer instead of using so much speech if they are tired.

I also learned how to redirect the resident when they give a nonsensical answer. I learned how to take care of their concerns that are important to them in an interview and then get back on task. I also learned when the nonsensical answer is just that and how to proceed with the interview.

In my opinion, this was a very informative video. I have not had any training formally on how to conduct an assessment interview.

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By Jennifer Schultz

Residents will be able to give their “own voice” by asking these questions directly as they are printed. I feel they will be validated as well as noticing that staff is caring and paying attention to what they have to say. I still have questions about if residents will be “bugged” by so many questions from different staff but that remains to be seen. Using these questions as they are printed will provide us in the health field with a common language and a valid approach to addressing their concerns and have this reflected in their plan of care. The MDS 3.0 will be a great starting block for hopefully a more interdisciplinary approach to care planning for our facility and working towards the greater goal of resident focused care.

When interviewing, staff should focus on introducing self, providing patience and speaking clearly to the resident. Staff should really focus on communication modifications when needed. We are putting together “chat boxes” which include those adaptations such as amplifiers, magnifying glasses, wipe off boards, paper and pens in a special box that staff will take when completing interviews. This will hopefully save time when all modifications will be provided together for you.

Staff should provide a private area for increased comfort as well as asking them where they wish to sit or be placed in room. This also includes where staff should sit as many people value their space and do not wish to be spoken to right in their face unless they wish to have you that close. Again, validating what they are saying to you by repeating what they say or showing empathy without being judgmental. Saying to the resident, “I hear what you are saying and feeling”. “Thank you for sharing”.

I feel it is also important to share with the resident what you will do with the information that they are sharing such as passing it along to another staff member in that department or coming back to them to share that someone will be following up with them regarding this issue. Redirection back to questions asked especially when asking the preferences by either asking the question again or acknowledging their insights or comments and then bringing the question back around to what is directly being asked. Making eye contact with them and giving a gentle touch to the arm or leg will also help the resident focus on the questions. The cueing cards worked well and provided the resident with answers so they did not have to remember exactly their choices and could focus on the question asked. That is the main focus of the interview is so that the answers come directly from the resident so they can direct their plan of care and giving them more control.