"COMMUNICATION AT THE END-OF-LIFE"

EDUCATIONAL RESOURCES FOR TEACHING PERSONAL SUPPORT

WORKERS AND OTHERS WORKING IN LONG-TERM CARE

Facilitator's Guide

and

Learning Activities

March, 2016

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The views expressed in this publication are the views of the author(s) and do not necessarily reflect those of the Province.

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INTRODUCTION TO FACILITATOR GUIDE

Welcome to "Communication at End-of-Life" For Personal Support Workers in Long-Term Care!

We are absolutely delighted that you are helping to ensure that these materials continue to be spread across long-term care (LTC) homes and programs! Your role as a trainer/facilitator is absolutely vital in ensuring that the ideas, intent, and experiences that have informed this work continue to be taught, lived, and practiced across LTC homes.

<u>**THE FOUR MODULES:**</u>

This educational resource features four learning modules, each including a variety of teaching/learning materials to help those working in LTC to better communicate with dying residents, and their families. Drawing on adult education theory – which stresses that adults learn best in environments where their own learning and experience are integrated into the teaching – participants will be invited across these modules to think about new ideas and best practices in end-of-life care .

Participants will be offered time within each module to participate in collaborative and hands-on activities, as a way of integrating and applying their learning.

Vital to the success of these modules is that participants are engaged in thinking about their own life and work experiences, and that they are encouraged to find ways to think critically about what hospice palliative care *is*, and how they can further integrate hospice palliative care into their care practices in LTC.

Hospice Palliative Care is strongly informed by a philosophy, value, and care practice that believes all people matter:

> *"You matter because you are you, and you matter to the end of your life.*
> *We will do all we can [and] not only to help you die peacefully, but also to*
> *live until you die."*
>
> *- Cicely Saunders*

While we often focus on care provision and the comfort of others, we also need to remember that we, as care providers, MATTER. Part of practicing good hospice palliative care is to ensure that we also care for each other, and ourselves.

PURPOSE OF FACILITATOR GUIDE

The purpose of this facilitator guide is to offer you, as a facilitator, a number of learning activities that may support you in delivering these modules.

We appreciate that each facilitator will bring a wide range of experiences in providing hospice palliative care, as well as varied skills and abilities. These modules have been designed to identify the materials required to facilitate the modules, provide additional resources, and offer suggestions on how to run the small group activities embedded within each module.

Our hope is that you will use these materials as a reference point, and that you will feel comfortable facilitating these modules in a way that draws on your own skills, abilities, and experiences in providing hospice palliative care.   One option would be to divide each module into a number of shorter, individual learning activities. Further details and suggestions will be provided throughout this guide.

EXPLANATION OF MATERIALS PROVIDED FOR EACH MODULE:

Each module includes a PowerPoint deck that contains both slide content for your participants, as well as speaker notes for you to draw on as you present the module. Within the speaker notes, the first slide of each module provides an overview of the primary objectives of that module. Also provided is a list of the resources that you will need to deliver the module content.

RESOURCES NEEDED PRIOR TO FACILIATING MODULE:

As each module includes a wide range of content (text, images, internet-based videos, activities, handouts, etc.) it is important that you review the required resources in advance of presenting the module.

Prior to delivering each module, ensure that the room you will be using has a computer and data projector. You will also need to obtain any login or wireless passwords that may be required to access the internet. It is often much smoother if you can access the room 15-20 minutes in advance of the module, in order to set-up the PowerPoint presentation and the internet-based videos. This will ensure that the videos are accessible (and paused), so that you can move seamlessly between the slide content and internet-based content as you deliver the module.

GROUP ACTIVITIES:

The list of resources needed prior to facilitating the modules includes instruction sheets and handouts for group activities. Within this facilitator guide, you will find detailed instructions for each of the activities outlined in the modules.

CAUTIONARY CONTENT FLAG:

As with any conversation about end-of-life, it is important to be aware that every participant may have very different experiences, feelings, beliefs, and attitudes about death, dying, grief, and loss. This section of the speaker notes highlights some of the specific content areas that facilitators may want to be particularly sensitive to as participants engage in small group activities. How group conversations are managed during a module offers important learning/modeling opportunities for participants with regards to how discussions about end-of-life can be inclusive and compassionate rather than divisive and judgmental.

ADDITIONAL BACKGROUND RESOURCES:

A list of additional background resources has been included within the speaker notes of each module. These resources, both web-based as well as books/articles, are provided in case you would like to familiarize yourself with the broader context of the content you will be teaching. All the background resources have been compiled into a reference list that is located at the end of this facilitator's guide.

OVERVIEW OF MODULES

Each of the "Communication at End-of-Life" for Personal Support Workers in LTC modules have been designed to build on one another.

Module 1 begins with participants' thoughts and attitudes – and how these inform individual and societal ideas – and introduces participants to hospice palliative care.

Module 2 encourages participants to think about their own thoughts, feelings, and beliefs about death, dying, aging, and loss; and introduces a wide range of ways that residents (and their families) may be experiencing these issues at this time in their lives.

Module 3 introduces the importance of building comfort, awareness, and skills in building and sustaining relationships with residents (and their families).

Module 4 focuses on participants actively developing comfort, awareness, and skills in building and sustaining therapeutic relationships with residents who are at end-of-life.

MODULE 1

OBJECTIVES:

The overall goal of Module 1 is to help participants have a better understanding of what hospice palliative care *is*; as well as to understand the nature of residents' holistic care needs, and how they, as care providers, can help meet those needs.

If you are pressed for time and cannot deliver the whole module at once, here are some options to condense the presentation:

- Have participants complete the True/False exercise on Slide 4. Discuss each question as a group, and check your answers on Slide 19. This will help people develop an understanding about what Hospice Palliative Care is and how it is relevant to LTC.

- Lead participants through the personal definition activity on Slide 5, and watch the "Words We Use" video clip. Generate discussion about the words we use when talking about death, dying, and palliative care. This will help participants appreciate the importance of how we talk about death and dying in our personal and professional lives.

- Have participants watch the video clip "Palliative Care Early is Better than Palliative Care Late" on Slide 6. Have a group discussion about when palliative care is initiated in your home, and why that might be problematic for residents and their families. Talk about solutions for how to integrate palliative care earlier in your home.

- Show and explain to participants the "Domains of Issues Associated with Illness and Bereavement" figure. Then, play the Betty game and have a discussion about participants' roles in meeting the holistic care needs of residents. This will help participants to better understand holistic care needs of residents and their family members. Refer to Slides 14-16 for this exercise.

ICE BREAKER ACTIVITY/OPENING REFLECTTIONS:

1. Print off quotes relevant to end-of-life care – on individual pieces of paper such as 8.5" x 11" sheets – and tape them onto the walls throughout the room
2. At the beginning of the first day, have participants move around the room to read the quotes
3. Ask participants to share which quotes resonate with them the most, either in small or large group discussions

When determining which quotes to use, think about what you are trying to promote, your philosophy, your vision etc. Possible topics include relationships (with residents, families, and team members), communication, roles, and attitudes. You could also invite participants to add their own quotes to the collection on the walls.

QUOTES TO REFLECT UPON:

- *"Think of yourself as an instrument. Trust your inner voice, your instinct. Use those intuitive nudges to say or do what is called for in the moment. The goal of companioning is not just relief from distress but a creative, empowering response to the challenge of the hour."*

- *"You are not a rescuer, but a respectful listener. People usually don't want or need answers, just understanding."*
- *"Don't overdo the "pillow fluffing" or cheering up. It may invalidate some important inner work the individual is doing in their own grieving process."*
- *"Personal unfinished business makes it difficult to be present and non-judgmental of the pain of others."*
- *"If we lose hope, we lose our sense of power and control."*
- *"It is essential that all helpers honestly look at their motivations for offering help. Is it to demonstrate superior skill or knowledge, to control others, meet a job requirement or change the other person? Is it to stay in touch with their own humanity or to enter another's world without prejudice?"* From the U.Vic. R.N. Course
- *"There is no ideal helper who will be perfect for everyone, just as there is no ideal patient. As one of our physicians wryly commented: 'Everyone who dies isn't a nice guy.'"* Dr. Michael Downing
- *"A conversation doesn't have to be long to be significant. A few thoughtful words can help a lot."*

- *"Our unobstructed attention is the greatest gift that we can share with anyone."*

- *"Life does not cease to be funny when people die anymore that it ceases to be serious when people laugh."* G.B. Shaw

- *"To give and to receive are one in truth. This is the meaning of Hospice."*

THE DOMAIN GAME

BETTY'S CASE: "PLAYING WITH THE HAND THAT BETTY HAS BEEN DEALT."

This is Betty's situation before her placement into LTC.

Betty is an 86 year old who was diagnosed with congestive heart failure (CHF) ten years ago. She was treated with medication and was regularly monitored by her cardiologist. Up until the past few months, she has been coping with mild edema in her ankles and is short of breath, especially when she does physical exertion like working in the garden. She has been trying to stop smoking and to lose some weight, but she has not been very successful at either. She still smokes about ten cigarettes a day.

She has been living with her husband, Keith, for 66 years in their family home, in a small town near the city. She was a school teacher for 28 years and retired early to enjoy the farm and life with Keith. Betty played the church organ and was an active member in a community service club over the years. She enjoyed the social activities and also helped out with their local and overseas projects. Keith and Betty have one daughter who lives an hour away. Her daughter has a great job and is busy with her life, but does find time to visit her parents once a month.

Recently, Betty has been using a walker to get around the house due to her fatigue and muscle weakness. She has been dizzy, has had fainting spells, and has fallen inside the house six times over the past month. She had a life line installed that alerts her husband when she is in distress. She is unable to cook a meal or to attend to her personal hygiene due to her shortness of breath (SOB) and fear of falling again. Keith has exhausted all the Home Care support available for her and the Case Manager has put her on the crisis list for LTC.

Her husband Keith is 88 years old and has had two heart attacks in the past three years. He still drives, but hires people to attend to house and lawn maintenance. Keith is very afraid for Betty's safety and health, and he knows that he is unable to continue to look after her, the house, and his own health. Luckily, Betty got a bed at a nursing home in the city, just 20 minutes from their home.

BETTY DOMAIN GAME INSTRUCTIONS

Each deck has:

        8 DOMAIN CARDS

        24 INFORMATION/ISSUES CARDS

Cards can be found at the end of the Facilitator's Guide

PURPOSE OF THE ACTIVITY: People are not neat little boxes, and caring for them is not always clear cut. As your relationship with Betty develops, you may discover that many issues can overlap into several domains. Learning about the domains will enable you to understand and care for Betty in a holistic way.

OBJECT OF THE GAME: The overall object of the game is to practice sharing Betty's information as a team and to recognize Betty as a whole person, using the square of care and the domain issues to demonstrate that concept.

HOW TO PLAY THE GAME: There are four players per team. Give one deck of cards (containing the 8 domain cards and 24 issue cards) to each team. Distribute the Betty Case and the Domain Game Instructions to each player. Begin by dealing the eight domain cards to the players, so that each player has two domain cards that they do not show to others. Next, deal the 24 issue cards to the players, so that each player has six issues cards in their hand.

The object of the game is to identify three issue cards that apply to each domain card in your hand.

Round One:
Each player discards an unwanted *issue* card by passing it to the player on their left (and replacing it with the card that they receive from the player to their right). The passing of the issue cards continues until each player has accumulated a set of three cards that apply to each of their two domain cards. Pay attention that each player has discarded a card before everyone picks up their new card and the passing continues.

Round Two
Starting with the dealer, each player reveals which two domain cards they had in their hand, by placing the domain cards face up on the table in front of them (so everyone can see).

Round Three
Starting with the dealer, each player places their three issue cards in front of their associated domain cards; and shares why they feel these issue cards apply to their domain cards.

Round Four
As a team, review/discuss the placement of all the issue cards and move issue cards to another domain if the group determines a more appropriate placement.

MODULE 2

OBJECTIVES:

The overall objectives of this module are to provide participants with an opportunity to consider their own values and beliefs about death and dying, and to think about how that could affect the care they provide to residents and their families. Models of grief and bereavement will also be addressed in order to give participants tools and perspectives for the care of dying residents and their family members.

If you are pressed for time and cannot deliver the whole module at once, here are some options to condense the presentation:

- Have participants complete the "Values Encounter Regarding Death" exercise on Slide 3. Ask participants to share their answers with a partner. Have a larger group discussion using the questions on Slide 4. This will help participants to have greater insight in to their own values and beliefs regarding death and dying, and to realize that others may have different values and beliefs therefore care will need to be tailored accordingly.

- Have participants complete the "Cherished Objects, Values, People and Activities" exercise on Slide 5. Facilitate a discussion related to the exercise using the questions provided in the slide's speaker's notes. This will help participants understand the perspective of those in our care who are experiencing multiple losses.

- Show participants the brief video regarding the stages of grief on Slide 7. Have them discuss how the stages are still relevant, and the possible limitations of these stages of grief. This will help participants to understand some of the things that residents and family members may experience with loss. It will also highlight that people may not experience all of these feelings, and that they don't happen in a nice, orderly fashion.

- Have participants complete the "Experience of Loss" exercise on Slide 10. They will consider a personal loss, and then work in small groups to identify and document manifestations of grief on many levels. This exercise will help them to appreciate the multitude of expressions and manifestations of grief that they are likely to see in residents, families, and themselves as professional caregivers.

VALUES ENCOUNTER REGARDING DEATH

1. What ROLE does death play in your philosophical understanding of life?
    a) Fate
    b) An enemy
    c) A friend
    d) A mystery
    e) A necessity
    f) Deserved or undeserved
    g) Other

2. The MEANING of death is...
    a) The end of everything
    b) Joining the universal cosmic consciousness
    c) The end of this physical life and the beginning of another physical life as a different person, animal, or thing
    d) I don't know
    e) I don't care
    f) It is meaningless
    g) The end of this physical life and the beginning of another spiritual life

3. What BELIEF do you hold about life after death?
    a) An afterlife exists, but I don't think much about it
    b) Life is important now and the afterlife is just a bonus
    c) Life now is simply a prelude to the more important afterlife
    d) No afterlife exists
    e) I don't know
    f) Other

4. To whom would you like to talk to shortly before your death?

5. Would you PREFER TO OUT LIVE your spouse/close friends?

6. If you had only a short time to live, HOW WOULD YOU SPEND YOUR TIME?
    a) I would try to put things in order
    b) I would make no change in my life
    c) I would become more contemplative and ponder the meaning of life.
    d) I would make a radical change in life; indulge myself (sex, drugs, gambling, travel, etc.)
    e) I would concern myself with the needs of my family
    f) I would attempt some great feat
    g) I would think about committing suicide
    h) I would commit suicide
    i) Being depressed

7. When I think about death, what I FEAR most is...

8. HOW WOULD YOU WANT TO DIE?
    a) Quietly, in my sleep
    b) Quickly, but not violently (fatal heart attack)
    c) Quickly and violently
    d) After a significant accomplishment
    e) Suicide
    f) In the line of duty
    g) Saving someone else
    h) From cancer over a few years
    i) Other

9. WHEN would you want TO DIE?
    a) In my 20's
    b) In my 30's
    c) In my 40's
    d) In my 50's
    e) In my 60's
    f) In my 70's
    g) In my 80's
    h) In my 90's
    i) Never!
    j) Today!
    k) Anytime

10. I would be WILLING TO DIE (sacrifice my life)...
    a) For a loved one.
    b) For a principle or a cause.
    c) For the life of a stranger.
    d) For my country.
    e) For nothing or no one.
    f) Other

MODULE 3

OBJECTIVES:

The primary objective of this module (and module 4) is to have participants gain comfort, awareness, and skills in developing and sustaining therapeutic relationships with residents and their families.

If you are pressed for time and cannot deliver the whole module at once, here are some options to condense the presentation:

- Have participants watch the video featured on Slide 6, while reflecting on the questions in Slide 7. After the video, ask them to share their thoughts with a partner, and then have a large group discussion about the implications of the video for practice. This will help participants to consider how they approach the dying resident and their family, and how to "make a smaller ripple in the energy of the room" (show slides 8 & 9 and discuss how this can be brought to life in practice).

- Review the content on Slide 5 and Slide 9. Have participants complete the "Working to Balance all Domains of Care" exercises on Slide 10. You can provide participants with a copy of the "Domains of Issues" figure from Module 1 (Slide 14). This exercise allows participants to reflect on a situation that they have experienced professionally, and to consider different approaches in light of the need for self-awareness and being present with residents and their family members.

OR

- Review the content on Slide 5 and Slide 9. Have participants complete the "Share Your Experiences and Ideas" exercise on Slide 11. You can provide participants with a copy of the "Domains of Issues" figure from Module 1 (Slide 14). Once again, this exercise allows participants to reflect on common situations that they may have experienced professionally, and to consider different approaches in light of the need for self-awareness and being present with residents and their family members.

- Have participants watch the video featured in the notes pages on Slide 14. Facilitate a discussion about the differences between empathy and sympathy, and how we can demonstrate empathy to resident and their family members.

- Have a group discussion regarding personal boundaries and the limits of the professional caregiver's role; to begin, facilitators could share the vignette on Slide 17. What are the challenges with maintaining our boundaries in a LTC setting? What strategies can participants identify to deal with these challenges?

MODULE 4

OBJECTIVES:

This module focuses on helping participants gain greater comfort and skills in building and sustaining therapeutic relationships with residents and their family members. It specifically concentrates on developing and practicing communication skills.

If you are pressed for time and cannot deliver the whole module at once, here are some options to condense the presentation:

- Facilitate a discussion regarding the symbol on Slide 4. What does this symbol mean for our practice as communicators with residents and their family members? Discuss the importance of non-verbal communication (perhaps discuss the information on Slide 5). What non-verbal communication techniques promote good communication? What non-verbal communication techniques prevent good communication? Discuss the list characteristics of an effective communicator (Slide 6). These discussions will help participants look critically at some key aspects of communication skills, and broaden their understanding of what makes good communication.

ACTIVITIES TO LEARN PARAPHRASING:

- Review the content on Slides 7, 8, & 9. Have participants complete the activities on Slides 10 and 11 to practice paraphrasing. This will allow participants to have an understanding of the important communication skill known as paraphrasing, and give them the opportunity to practice creating responses that include paraphrasing.

- Review the content on Slides 7, 8, & 9. Provide participants with the folded handout "Establishing a Therapeutic Relationship: Paraphrasing" (see instructions in the speakers notes on Slide 12) and have them work in pairs to practice paraphrasing, as they reflect on their own thoughts about life, death, and the work that they do in LTC. This will allow participants to engage in personal reflection and practice important communication skills.

ACTIVITIES TO LEARN EMPATHY & REFLECTIVE LISTENING:

- Review the content on Slides 13, 14, & 15. Have participants complete the activities on Slides 16 & 17 (same scenarios as used in the paraphrasing activity) to practice empathy and reflective listening. This will allow participants to practice empathetic and reflective responses.

- Review the content on Slides 13, 14, & 15. Provide participants with the folded handout "Establishing a Therapeutic Relationship: Empathy/Reflection" (see instructions in the speakers notes on Slide 18) and have them work in pairs to practice empathy and reflective listening.

PARAPHRASING

Establishing a Therapeutic Relationship

One of the most important skills in creating a therapeutic relationship is listening. Paraphrasing is one technique to ensure you understand what your partner is communicating. This conversation should be kept strictly confidential. Make a contract agreement with your partner regarding this issue.

Follow the instructions in the order presented. You will take turns speaking and being the listener. The listener will practice paraphrasing what they are listening to. Position yourselves in a comfortable sitting arrangement for conversation and privacy.
Describe one role you have in your life. Share your thoughts and feelings on how this role impacts your life. Speak for a few sentences and then allow your listener to paraphrase what they have heard. This should take about 2 minutes in total. Take turns and speak of 3 roles.

Do not carry on a conversation; this is an exercise to practice paraphrasing.

This paraphrasing exercise enables the two of you to go through the following steps one at a time. Decide which one of you is to speak first on this topic; the other will be the listener.

The listener paraphrases in their own words what the speaker has just said. The speaker must be satisfied that they have been heard accurately before continuing. The listener must check in with the speaker.

The person to speak (speaker) is to talk about the following topic in two or three sentences:

Describe a work related event that has happened to you that was complicated.

Flip over for more opportunity to practice…

Repeat this process with these topics:

Speak about what it is like for you to care for elderly frail people.

Speak about a challenging work experience with a family member of one of your residents.

Share your greatest concerns about caring for someone who is dying

After you both have had a chance to listen and speak about these three statements share any insights about listening and paraphrasing. This is a time for conversation and insight about the use of paraphrasing.

EMPATHY/REFLECTION

Establishing a Therapeutic Relationship

CHECK IN TIME

Have a 2-3 minute discussion about this learning experience so far. Keep eye contact as much as you can and try to cover the following points in your discussion:

- How well are you both listening?
- How open and honest have you both been?
- How do you feel about this interchange?
- Do you feel that you are getting to know each other?
- What body language are you giving and receiving?
- Are you sharing the listener and speaker time equally?

Continue to paraphrase as before and then after the listener paraphrases, the listener can add the comment "Is there more about that"? Then listen again for one more minute and offer a reflective statement to the speaker.

What are some of your own fears about your death?

Share what thoughts and feelings come to mind when you think about your own losses

Share your thoughts and feelings about attending funerals and wakes

When you think about growing old, what is the most difficult part of it for you and why?

NOTE: No doubt you could talk for hours on these topics. You will have to stop the discussion and move forward to have more practice time.

Continue to have the speaker share insights on the topics below, and then have the listener verify the accuracy of what they have understood using paraphrasing and empathetic reflecting.

Talk about your first death on the job working in long-term care.

If you have not cared for a resident at the time of death, speak about thoughts and feelings anticipating having a resident die while you are caring for them.

Speak about what it would be like for you if you were living your last days in an institution like the one you are currently employed at.

WRAP UP EXERCISE

This is offered as a community building exercise as well as a summary of the workshop.   It allows participants to connect with each other and to say good-bye. This activity is a simple round dance. The experience reminds us that communication is both verbal and non-verbal. You may want to print out the lyrics for participants.

See instructions and video link in notes pages of slide #28

Lyrics to **Love is the Key by Tuck and Patti**

Do you know how much your love means
Do you know how many hearts you've lifted?
Did you know your love was healing?
Such a beautiful feeling

Did you know your love was precious
It warms me like the shining sun
Keep shining through the darkest season
Your life has such a perfect reason

Chorus:
In a world of sadness and strife
You could help change somebody's life
If love has made a difference to you
Help somebody else believe that it's true

Love is the key
Take it from me
Show your love

Keep shining like the sun say
Keep shining like a rainbow round me
Keep shining like the sun oh
Love keep shining all around me
Oh love keeps shining all around me
Like moonbeams in a starry night

Keep shining like the sun say
Keep shining like a rainbow round me
Keep shining like the sun oh

Love keep shining all around me oh cause

Love is the key
Take it from me
Show your love

Love is the key
You've got to believe
Show your love

Love is the key
Listen to me
You got to show your love

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BETTY CARD GAME: ISSUE CARDS

Betty is allergic to sulpha drugs.

Betty est allergique aux sulphamides.

BETTY CARD GAME: ISSUE CARDS

Betty is short of breath while you assist her in washing her face and hands.

Betty est essoufflée lorsque vous l'aider à se laver le visage et les mains.

BETTY CARD GAME: ISSUE CARDS

Betty uses her walker to travel to the dining room.

Betty utilise sa marchette pour se rendre à la salle à manger.

BETTY CARD GAME: ISSUE CARDS

Betty wears a necklace; she states she gave the rest of her jewelry to her daughter.

Betty porte un collier et déclare qu'elle a donné ses autres bijoux à sa fille

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BETTY CARD GAME: ISSUE CARDS

Betty is unable to put earrings in her ears by herself.

Betty est incapable de mettre ses boucles d'oreilles

BETTY CARD GAME: ISSUE CARDS

Betty asks you if any of her body parts could be donated after she dies.

Betty vous demande si elle peut faire don de certaines parties de son corps après son décès.

BETTY CARD GAME: ISSUE CARDS

Betty asks you to set her clock at the bedside table.

Betty vous demande de régler l'heure sur son réveil sur sa table de chevet.

BETTY CARD GAME: ISSUE CARDS

Betty purchased a gold leaf on the donor family tree in the front lobby of the home.

Betty a acheté une feuille en or dans l'arbre généalogique, à l'entrée principale du foyer.

BETTY CARD GAME: ISSUE CARDS

Betty has arthritis in her hands and knees.

Betty souffre d'arthrite aux mains et aux genoux.

BETTY CARD GAME: ISSUE CARDS

Betty asks you, "why did this happen to me? I have been a good person."

Betty vous demande : « pourquoi cela m'est-il arrivé? J'ai été une bonne personne. »

BETTY CARD GAME: ISSUE CARDS

Betty is crying that she is unable to apply mascara without making a mess.

Betty pleure de ne plus être capable de bien appliquer son mascara.

BETTY CARD GAME: ISSUE CARDS

Betty comments that she is missing her quiet home.

Betty mentionne qu'elle s'ennuie de sa maison tranquille.

BETTY CARD GAME: ISSUE CARDS

Betty is feeling depressed since her admission.

Betty est déprimée depuis son admission.

BETTY CARD GAME: ISSUE CARDS

Betty eats little at mealtimes and snacks during the day.

Betty mange peu aux repas, mais prend des collations au cours de la journée.

BETTY CARD GAME: ISSUE CARDS

Betty mentions that many of her friends have died.

Betty dit que bon nombre de ses amis sont morts.

BETTY CARD GAME: ISSUE CARDS

Betty enjoys sing along times.

Betty aime chanter en chœur.

BETTY CARD GAME: ISSUE CARDS

Betty is feeling sad that she is unable to make a family dinner.

Betty est triste de ne plus être capable de cuisiner un repas familial.

BETTY CARD GAME: ISSUE CARDS

Betty attends worship services.

Betty assiste à des services religieux.

BETTY CARD GAME: ISSUE CARDS

Betty will not attend pub night as she feels drinking is evil and wrong.

Betty ne va pas aux soirées brasserie, car elle croit qu'il est mauvais et immoral de boire de l'alcool.

BETTY CARD GAME: ISSUE CARDS

Betty likes bridge and asks if there are people who could play with her.

Betty aime le bridge et demande si quelqu'un pourrait jouer avec elle.

Betty asks you to add more water to the vase of flowers that she received.

Betty vous demande d'ajouter de l'eau dans le pot de fleurs qu'elle vient de recevoir.

Betty has congestive heart failure and diabetes.

Betty souffre d'insuffisance cardiaque congestive et de diabète.

It lifts Betty's spirits to play the piano.

Jouer du piano remonte le moral de Betty.

Betty misses her husband and wishes he could visit more often.

Betty s'ennuie de son mari et aimerait qu'il puisse lui rendre visite plus souvent.

Card 1

PHYSICAL

PHYSIQUE

Card 2

PSYCHOLOGICAL

PSYCHOLOGIQUE

Card 3

END OF LIFE

FIN DE VIE

Card 4

MEDICAL

MEDICAL

Card 5

SOCIAL

SOCIAL

Card 6

PRACTICAL

PRATIQUE

Card 7

SPIRITUAL

SPIRITUEL

Card 8

GRIEF/LOSS

DEUIL/PERTE