Clinical Conversations:

How would you lead?

ONTARIO CLRI Centres for Learning, Research & Innovation in Long-Term Care

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Every time a nurse working in long-term care (LTC) assesses a clinical situation, there are opportunities for them to engage with residents, families, and team members and take the lead in making decisions and finding potential solutions. Being prepared for these situations can make all the difference for everyone involved in these moments.

This set of six case studies, now available through the Ontario Centres for Learning, Research and Innovation in LTC (Ontario CLRI), Clinical Nursing Leadership (CNL) resources, showcases real team member experiences in LTC that can support you in starting conversations. These cases illustrate care that is relationship-centered, meaning that quality care happens when there are strong reciprocal and interdependent relationships among the residents, family care partners and team members.

With this document, you can explore LTC-specific issues, familiarise yourself with your LTC home's policies (or discover some procedural gaps), check out the additional resources provided, and apply the learnings from the scenarios in your home. Additionally, this document will build your confidence as a nursing leader and support you in having robust conversations in your clinical work, every day.

Continuous Learning: If you would like to take a deeper dive into the ethics presented in these stories, you can refer to this Ethical Decision-Making Framework from Trillium Health Partners for more information.

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Case Study #1

Effective Communication and Ethical Issues

Introduction

Caring for residents in LTC homes can be complex. Ethical situations can arise when interacting with a resident's substitute decision-maker (SDM), who may have a Power of Attorney for Care, or be otherwise appointed as SDM under the hierarchy. LTC staff require the knowledge and support to be confident in their care decisions. Being able to communicate effectively is key to providing person- and emotion-centred care to residents.

Learning Objectives

The learning objectives for this case study include:

- **Examine** the importance of shift change communication in LTC, particularly in cases involving incidents or changes in residents' conditions.
- **Reflect** on the principles of person- and family-centred care and their significance in enhancing collaboration, shared decision-making, and resident safety.
- **Recommend** preventative measures and protocols that could help avoid similar situations in LTC, emphasizing the importance of proactive resident care.

Case Description

Jean, a 91-year-old woman who loved to garden, play bridge, and visit with her family, had been living in her LTC home for several years and required assistance with medications, bathing, and meals, but was otherwise independent. Before moving into her LTC home, Jean lived with her husband of 60 years, Jim, in their family home and worked as a nurse for many of those years.

Jean had chosen to be in a private room and, at move-in, was adamant she wanted a rug by her bed so she could step on something warm when she got out of bed. At the time of her arrival, Jean was informed of the risks of having a rug, understood those risks, and chose to have a rug anyway. Her routine at night was to place her walker off to the side of her bed, before getting in. For several years Jean was able to independently care for her personal needs. Recently, however, Jean experienced a decline in her health status and her capacity regarding her personal safety was being discussed by the care team.

One night, Jean was found on the floor beside her bed after she had slipped on her rug and fallen. After a full assessment, it was concluded that nothing was fractured, but Jean's face was quite bruised. The nurse working at the time completed the falls assessment but did not call Jean's daughter Ruth. Ruth is also a nurse and has Power of Attorney (POA) of both Care and Finances for Jean.

The next morning Ruth came to visit her mom and saw the bruises on her face. Ruth approached the nurse and asked for an explanation. The nurse explained that her mom had a fall the evening before. Ruth voiced her heavy concern for her mom's safety, her upset for not being notified of the incident, and demanded a meeting with the senior leadership.

Questions to Build Discussion

- **Identify** the communication challenges and how these impacted the resident, her daughter, and the staff.
- **Reflect** on the importance of family involvement in the care and the role of nurses in facilitating this involvement.
- **Consider** the role of home policies and procedures in guiding nurses when addressing complex ethical and communication challenges. In this case, were these policies followed effectively?
- **Discuss** the significance of shift change communication, especially when incidents or changes in residents' conditions occur. How could this communication have been improved?

Taking a Deeper Dive

I. Key Ethical Dilemmas

- **Autonomy vs. Safety:** Jean expressed her autonomy and preference for having a rug by her bed despite being informed of, and understanding, the associated risks. She chose to prioritize warmth and comfort. Balancing a resident's autonomy and safety is a central ethical dilemma. Jean's choice to have the rug respected her autonomy, but it ultimately resulted in a fall that compromised her safety. *Team members must balance Jean's autonomy and beneficence in her care.*

- **Informed Decision-making vs. Decline in Capacity:** As Jean's health status declined, the ethical dilemma revolved around decision-making capacity. When should the person who is the POA for care intervene in decision-making for a resident with declining capacity? Balancing the resident's autonomy with their declining capacity is complex. *Team members must follow ethical and legal guidelines to ensure decisions are made in the resident's best interest while respecting their remaining autonomy.* It is always best practice to involve the resident in these important discussions.

- **Communication and Transparency**: The nurse did not immediately notify Jean's daughter, Ruth, of the fall incident. Ruth, the POA for Jean's care and finances, only learned about it the next morning. Effective communication with family members, especially when they hold POA status, is ethically crucial. The dilemma here lies in whether the nurse should have communicated the fall incident immediately or if there was a valid reason for the delay. *Transparency about adverse events is essential to maintaining trust and ensuring residents' well-being.*

- **Responsibility of Nurses:** The nurse's decision not to call Ruth immediately may raise questions about professional responsibility. Nurses have a duty of care to their residents (patients). The dilemma here is whether the nurse fulfilled this duty appropriately. Was the nurse acting in Jean's best interest by delaying the notification to her POA? *Team members should be familiar with when and how they communicate incidents to family members or POAs.*

- **Trust and Confidence in Home Team:** There is an ethical dilemma here related to the impact of this incident on Ruth's trust and confidence in the home's care team. *Ensuring trust between team members and families is essential for the overall well-being of residents.*

- **Family Involvement and Decision-Making:** The involvement of Ruth is critical in Jean's care decisions. The ethical dilemma lies in how actively Ruth should be engaged in Jean's care and whether her preferences align with Jean's. *Who in your home would you turn to to help navigate these discussions with the Substitute Decision Maker?*

II. Discussion Questions

- How might improved communication have influenced Ruth's perception of the situation and her trust in the LTC home?
- How can trust and confidence between families and the LTC home's team be fostered and maintained?
- Analyse the nurse's CNL and decision-making skills in this case. What CNL qualities would have been valuable in resolving this situation more effectively?

III. Resources

- Engaging Families in Care and Enhancing Collaboration and Shared Values eLearning: /https://learn.clri-ltc.ca/course-library/.
- Facilitating Client and Family Centred Learning: https://learn.clri-ltc.ca/courses/facilitating-client-family-centred-learning-course/
- Preventing Falls in LTC: https://learn.clri-ltc.ca/courses/clinical-preventing-falls/
- Respecting and Promoting Residents Rights in Long-Term Care eLearning Course: https://clri-ltc.ca/resource/respecting-and-promoting-residents-rights-in-long-term-care-elearning-course
- Ontario Power of Attorney Act: https://www.ontario.ca/laws/statute/90p20
- Ontario Health Care Consent Act: https://www.ontario.ca/laws/statute/96h02/v2

Case Study #2

Delegation, time management, communication, and mentorship

Introduction

Caring for residents in LTC requires registered staff to be able to delegate, communicate effectively, and manage their time.

Learning Objectives

The learning objectives for this case study include:

- **Understand** the critical role of clear and timely communication and its impact on resident care and team dynamics.
- **Explore** strategies for building a collaborative and supportive team environment including effective delegation, role clarification, and mutual support among team members.
- **Recognize** the value of mentorship, especially for new hires, and how it can contribute to smoother onboarding, improved competence, and confidence among new team members.
- **Analyse** the potential consequences of poor communication and its effects on resident safety, resident satisfaction, and team morale.

Case Description

Jennifer is an RPN and has just been hired at an LTC home. She finished her general onboarding training and asked the DOC if it was possible to shadow one of the RPNs before starting. Between her onboarding and the day she was supposed to shadow, one of the home areas was short-staffed and Jennifer was called in to cover a day shift.

Jennifer would be working with 4 PSWs; Jamila, Gina, Daniel, and Rosa. She plans to meet the PSWs at the nursing station to go over the shift report she received from the night nurse. Jamila indicates she has to go get Mrs. R up, “she likes to be up right at 6 am”. Daniel says, “Ok, no problem.” Gina has not yet arrived, and Rosa is having difficulty logging on to the computer. After waiting 20 minutes and realizing she needs to start her med pass, Jennifer decides to go through the report with Daniel. Jamila finishes with Mrs. R and comes to the nursing station to find the shift report is done. Jamila approaches Jennifer in the hall and says, “our regular nurse usually waits for me. Now I have missed the report, thanks a lot”. Jennifer continues with her med pass, Rosa approaches Jennifer to tell her that, “one of the residents was supposed to have a medication before breakfast and now it’s too late and the resident is very upset”. Daniel runs in and interrupts telling Jennifer that none of Gina’s residents have been helped to the dining room and that all the call bells are ringing. Jennifer begins to get overwhelmed and starts to lose concentration.

Later in the afternoon, the Director of Care (DOC) approaches Jennifer in the hall and tells her that she has made an error during her med pass. The DOC goes on to question her competency and tells Jennifer she has received other complaints about her work. Jennifer felt horrible and started to cry. The next day she handed in her resignation to the home.

Discussion Questions

- What could Jennifer have done differently?
- What could each of the team members have done differently?
- Explore strategies for resolving conflicts within teams. How could the conflict between Jennifer and Jamila have been resolved more constructively, and what role could leadership play in this process? (conflict resolution)
- How would your team effectively support a newly hired RPN?
- Explore the handover process between shifts. What went wrong in this case, and how can it be improved to ensure that essential information is effectively communicated among team members?

Taking a Deeper Dive

I. Ethical Dilemmas

- *Ethical Responsibility to Onboarding:*
  - Dilemma: Jennifer had requested the opportunity to shadow an experienced RPN before starting her shift, which was not provided. This raises ethical questions about the home's responsibility to support new hires with appropriate orientation.
  - Team's Dilemma: The PSWs and the DOC also face ethical dilemmas regarding supporting and mentoring Jennifer. They must consider whether they have adequately supported the newly hired RPN and whether the DOC should have provided mentoring during the med pass.
  - Ethical Consideration: Ensuring new team members receive proper training and mentorship is both a legal and an ethical obligation. The home's failure to provide this support have contributed to Jennifer's challenges and mistakes.
- *Informed Consent and Autonomy or Balancing Medication Administration and Resident Autonomy:*
  - Dilemma: Jennifer found herself in a situation where she needed to administer medications to residents without having received proper shift reports. This raises concerns about informed consent, resident autonomy and medication administration.
  - Ethical Consideration: Jennifer's actions may have compromised these rights by administering medications without complete information. This dilemma highlights the importance of balancing the established shift routine with individual resident preferences and rights, including the right to be informed about their care. While not every medication administration requires explicit consent, the ethical dilemma here revolves around ensuring that residents are informed and involved in decisions when deviations from the routine occur and their autonomy is respected. Jennifer's actions may have compromised these rights by administering medications without complete information.

- *Shift routine vs. Resident Preferences:*
  - Ethical Dilemma: Jennifer faces a dilemma regarding Mrs. R, who prefers to be assisted out of bed at 6 am. However, this conflicts with the established shift routine and the need for morning reports.
  - Conflict: On one hand, respecting a resident's autonomy and preferences is a fundamental ethical principle. On the other hand, adhering to the shift routine ensures efficient care and communication.
  - Discussion Point: Participants can explore how to balance the resident's autonomy with the need for organised care delivery. They can discuss the importance of clear communication with residents and families about routines and preferences.
- *New Hire or Regular Team member Support and Mentorship:*
  - Ethical Dilemma: DOC questions Jennifer's competency and delivers this feedback in a public hallway.
  - Conflict: This raises ethical concerns related to professionalism, confidentiality, and respectful communication. The DOC's approach may have affected Jennifer's confidence and well-being.
  - Discussion Point: Participants can immerse into the ethical aspects of providing constructive feedback and mentorship. They can discuss the importance of private, respectful communication and the impact of public criticism on morale, well being, mental health and performance.
- *Resident Well-Being and Person-Centred Care vs Workload and Workflow:*
  - Ethical Dilemma: The team faces challenges in managing their workload while ensuring resident well-being and person-centred care. Residents, like the one who missed medication, may experience distress due to service delays or residents not being helped to the dining room highlight this dilemma. Resident preferred time to wake up conflicting with shift report also demonstrates this.
  - Conflict: Balancing efficient care delivery with the emotional and physical well-being of residents is an ethical challenge. This involves addressing residents' immediate needs while maintaining an organised workflow.
  - Discussion Point: Participants can explore strategies for prioritising resident well-being and timely care delivery. They can discuss the ethical implications of resource allocation and team members responsibilities.As well they can explore strategies for optimising workflow while ensuring residents' needs and preferences are met. This includes discussing efficient delegation, time management, and teamwork (CNL skills).

Discussion Questions

1. What policies at your home address resident intimacy, sexual health and sexual expression?
2. What process or tools are in place to support assessment of such a situation? How do you go about determining resident capacity?
3. Is this relationship with Ben meeting any needs for Marla?
4. Consider the potential impact of allowing or restricting intimate relationships on the well-being and quality of life of residents in LTC.
5. How would your conversation with Tina go if you were Marla's nurse?
6. What information can be shared with Tina?
7. Are the needs for Tina as a Care Partner being met?
8. How can a care plan be developed to address the intimacy needs while considering residents' autonomy and safety?

- *Delegation, Empowerment and Teamwork:*
  - Dilemma: Jennifer needs to delegate tasks to the PSWs effectively. However, she's unsure about how to delegate and empower the PSWs appropriately. She also faced tension with Jamila, who felt excluded from the shift report. This raises an ethical question of how to balance her responsibility for resident care with empowering her team members.
  - Ethical Consideration: Ethical dilemmas related to teamwork and delegation include the obligation to collaborate effectively with colleagues and to empower/ support team members (PSWs) to provide high-quality care. Jennifer's actions and decisions may have impacted resident care and team dynamics.
- *Duty to Report Errors:*
  - Dilemma: Jennifer made a medication administration error, which the DOC brought to her attention. She was then questioned about her competency and received complaints. She subsequently resigned.
  - Ethical Consideration: An ethical dilemma arises concerning Jennifer's duty to report her medication error and the subsequent consequences. Nurses have an ethical obligation to acknowledge errors, report them promptly, and take corrective actions.

II. Discussion Questions

1. Discuss the implications of Jennifer's decision to resign. What factors could have contributed to this choice, and how might it affect both her career and the home?
2. Discuss the role of the DOC in addressing and preventing issues like the one faced by Jennifer. How can leadership contribute to a supportive work environment and foster open communication?
3. Reflect on the impact of these communication and teamwork issues on resident care and well-being. How might such challenges affect the quality of care? (person-centred care)

III. Resources

- Ontario CLRI Clinical Nursing Leadership eLearning: https://clri-ltc.ca/resource/clinical-leadership-training/
- Ontario CLRI PREP LTC eLearning for Preceptors: https://learn.clri-ltc.ca/courses/prep-ltc-for-preceptors-and-students/
- CNO Code of Conduct: https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf
- RNAO Professionalism in Nursing: https://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf
- RNAO Managing and Mitigating Conflict in Health-care Teams: https://rnao.ca/bpg/guidelines/managing-conflict-healthcare-teams

Case Study #3

Empathy, Safety, Communication and Person- Centred Care

Introduction

This case study is designed to help team members explore and reflect on issues related to residents' intimate relationships - challenging and complex territory to navigate when values, sexual practices and decision-making capacity intersect. The reality is that people remain sexually active into their 70s, 80s and 90s - the same time in life when living with dementia is a reality for some.

Learning Objectives

- Develop or practice communication skills necessary to discuss sensitive topics with residents, substitute decision makers and interdisciplinary team members while maintaining trust and respect.
- Explore strategies to provide person-centred care that respects residents' autonomy and individual needs and preferences.
- Examine existing policies and guidelines related to resident intimacy and sexual health and consider their applicability and effectiveness in different scenarios.
- Understand the multifaceted nature of intimate relationships among residents in LTC and the challenges they present.

Case Description

Marla has been a resident for 9 months at the Riverbend LTC residence. She moved there after a debilitating stroke but she is once again independently mobile and needs moderate support for bathing, medication management and occasional reminders about activities that she enjoys. She has recently been diagnosed with mild dementia. Marla's social skills remain strong, and she has a regular circle of friends within the home and some who visit from the community.

At her last care conference, her daughter Tina, who resides in another province and is the Power of Attorney for Care and legal Substitute Decision Maker for her mom, joined the discussion virtually to explore Marla's interest in remaining at Riverbend or relocating to a LTC residence near her daughter. Marla was able to discuss the pros and cons with Tina and she decided to remain at Riverbend. All agreed on weekly virtual visits for Marla and Tina. The recreation team will support getting Marla logged on to the iPad.

Virtual visits were successful however, Marla's nurse received a concerned call from Tina the day that Marla joined with one of her friends – a gentleman, Ben who had his arm around Marla for most of the visit. It became apparent to Tina that Ben and Marla spend a lot of time together when they made reference to their "bedroom dates". Tina called to determine why the team had not informed her of this development? What did the team know about this relationship – was it a concern to them, given her mom is living with dementia? Was her mother being taken advantage of? How intimate was their friendship? She was clearly uneasy about this situation.

Discussion Questions

1. What policies at your home address resident intimacy, sexual health and sexual expression?
2. What process or tools are in place to support assessment of such a situation? How do you go about determining resident capacity?
3. Is this relationship with Ben meeting any needs for Marla?
4. Consider the potential impact of allowing or restricting intimate relationships on the well-being and quality of life of residents in LTC.
5. How would your conversation with Tina go if you were Marla's nurse?
6. What information can be shared with Tina?
7. Are the needs for Tina as a Care Partner being met?
8. How can a care plan be developed to address the intimacy needs while considering residents' autonomy and safety?

Taking a Deeper Dive Ethical Dilemmas

1. *Resident Autonomy vs. Safety*

Marla, despite her mild dementia diagnosis, has the right to autonomy, which includes making choices about her personal relationships and intimacy. She has chosen to spend time with Ben, indicating a level of comfort and desire in their relationship. On the other hand, there are concerns about Marla's safety. Given her mild dementia, it's crucial to ensure that she is not being taken advantage of or placed in situations that could harm her emotionally or physically.

Ethical Questions:

- To what extent should Marla's autonomy be respected in her decision to engage in an intimate relationship with Ben?
- How can the care team balance Marla's autonomy with their responsibility to ensure her safety and well-being, especially considering her mild dementia?
- What criteria should be used to assess whether Marla is making informed and consensual choices regarding her relationship with Ben?

2. *Disclosure and Informed Consent*

Tina was not informed about Marla's relationship with Ben. This lack of disclosure has led to concern and distress for Tina. Marla may or may not have provided informed consent for sharing information about her relationship with Ben. Whether she explicitly consented to this disclosure is unclear.

Ethical Questions:

- Should the care team have informed Tina about Marla's relationship with Ben, even if Marla had not explicitly consented to this disclosure?
- What legal and ethical considerations should guide nurses when addressing intimate relationships among residents, especially those with cognitive impairments?
- What role does informed consent play in disclosing personal and intimate matters about a resident to their family member, especially when cognitive impairments are involved?
- How can nurses navigate the delicate balance between maintaining a resident's privacy and providing transparency to their family members?

3. Family Members Support

Tina, as Marla's daughter, has raised valid concerns about her mother's relationship with Ben. She is worried about Marla's well-being and whether her mother is being taken advantage of due to her cognitive impairment. The care team needs to address Tina's concerns, provide her with support and information, and ensure that her needs as a family member are met.

Ethical Questions:

- How can the care team effectively support Tina in understanding and navigating her mother's relationship while addressing her concerns?
- What information and resources should be offered to Tina to help her make informed decisions regarding Marla's care and well-being?
- What ethical responsibilities do nurses have toward the family members, especially in complex situations involving intimate relationships and cognitive impairments?

II. Reminder(!)

Older adults may need physical contact **more** than younger people, as it gives them reassurance and reduces fears. People Living With Dementia are at higher risk for loneliness, helplessness, and boredom. Residents need and deserve companionship, and we want to give residents as much control over their life and care as possible. People Living With Dementia need to be part of a normal, healthy community and want to be supported to do what they want to do for as long as possible

III. Example of Good Practice

It's a good practice to find out what care partners want to know about their person in LTC and when they want to know it. This subject may not be one that is front of mind for families or they may be hesitant to broach it. In this case, there was not a prior discussion about intimacy with Marla's daughter. When the call came, Marla's nurse took the time to listen to Tina in a supportive manner, in order to build and sustain trust. She assured her that her mother was safe and happy.

She thanked her for bringing forward her concerns and offered to consult with the team to not only share Tina's concerns but to formulate a care plan response to address Marla's and Tina's needs. She assured her that as new developments occur with residents, the team meets to discuss, hear from all the different professions that support the residents and together with the resident and care partners have ongoing discussions that ensure the best possible care is given in line with each person's needs and wishes. The offer was made to schedule a care plan meeting within the next 2 weeks. The nurse also offered to email Tina some information about sexuality and dementia and to clarify when she would like the team to communicate and about what?

IV. Additional Discussion Questions

1. Discuss the steps involved in making ethical decisions, especially when faced with complex situations like Marla's.
2. What education and training opportunities can be provided to nurses to enhance their understanding of resident intimacy and their ability to respond to related concerns?

V. Resources

Dementia and Sexuality: 3 *eLearning modules is hosted on Behavioral Supports Ontario in English & French. Dementia & Sexuality: An Introduction, Communicating with LTC Residents About Sexual Health, Understanding and Responding to LTC Residents Sexual Expressions of Risk:*
https://brainxchange.ca/bsosexualhealth

CLRI What Would You Do Posters and Facilitator's Guide https://clri-ltc.ca/resource/wwyd/

The Downloadable Facilitation Guide document provides a framework for these conversations.

Talking about sex and seniors in Long-Term Care homes: a CBC podcast of The Current with Matt Galloway
https://www.cbc.ca/listen/live-radio/1-63-the-current/clip/16144691-talking-seniors-sex-long-term-care-homes
This interview includes guidance from PoET Ethicist Jill Oliver.

Lived Experience Perspectives May 2024 Advisory Lived Experience Zoom Discussions Topic: Love & Belonging in Long-Term Care and the Community Discussion and Recommendations from the Lived Experience Network, Southeast Ontario

Case Study #4

Ethical Issues, Safety, Communication and Autonomy

Introduction

Caring for residents in LTC, staff need to be able to identify when an ethical issue is present and understand the safety of the resident is key to providing person centred care.

Learning Objectives

- Learn to recognize ethical issues and their potential impact on resident safety.
- Discuss the role of effective communication in ensuring resident safety and team member collaboration.
- Evaluate the leadership opportunities missed in this case and analyze the decision-making process surrounding using assistive devices.
- Examine the necessity of appropriate safety measures for residents at risk of falls and how to implement them effectively.

Case Description

Mr. Smith is living with dementia. He has been assessed to be in a wheelchair to reduce his risk of falling as he is frail and no longer remembers that he cannot walk safely. In spite of this precaution, he recently fell and fractured his hip.

Mr. Smith returned from the hospital with the recommendation he be placed in a Gery(Broda) wheelchair that can be tilted and the staff would need to monitor him. One day, Mr. Smith's PSW enters his room to discover the wheel of his wheelchair had broken off. The home area nurse proceeded to make arrangements for the chair to be fixed. The nurse calls the DOC for support and direction of this matter. The DOC informs the nurse that there is a spare wheelchair stored in the basement that Mr. Smith could use in the meantime. The wheelchair is brought up and the PSW transfers Mr. Smith into it. As the chair is not fitted for him, he tries to get up. The PSW decides to use the seat belt that is present so that he doesn't fall again. After lunch, the PSW brings Mr. Smith to his room. As he requires a 2-person mechanical lift, the PSW leaves the room to look for assistance.

When the PSW returns she finds Mr. Smith had slid out of his wheelchair and was being strangled by the seat belt. CPR was started and the Paramedics were called.

Discussion

- What could the team members have done differently?
- What leadership opportunities were missed?
- Reflect on the communication breakdowns in this scenario. How could effective communication have improved resident safety?
- Discuss the importance of equipment maintenance and ensuring that assistive devices are suitable for individual residents.
- Note: if your team has not recently reviewed your home's Restraints Policy, this would be a great opportunity.

Taking a Deeper Dive:

I Ethical Dilemmas

- *Responsibility for Resident Safety:* The case highlights the ethical dilemma of responsibility for resident safety. When Mr. Smith was left unsupervised in the wheelchair, various team members shared responsibility for his safety. Discussing who holds primary responsibility and how this responsibility should be exercised ethically can be explored.
- *Communication and Accountability:* The ethical dilemma lies in the responsibility of every team member to effectively communicate and be accountable for resident safety. This emerged when the nurse relied on the DOC's instruction to use a spare wheelchair without questioning its suitability. Should the nurse have sought more information or communicated concerns? This includes also ensuring that all team members are informed and engaged in the care process to prevent accidents like the one involving Mr. Smith.
- *Resident Safety vs. Autonomy:* The case presents a dilemma where the safety of the resident is put against his autonomy. The decision to use a seat belt, although intended to prevent falls, raises questions about the restraint's ethical use and whether it compromised Mr. Smith's autonomy. Team members must navigate the fine line between ensuring resident safety and respecting their dignity and autonomy. The ethical dilemma centres on how to strike the right balance.
- *Decision-Making and Leadership:* The decision to use a wheelchair from storage without proper assessment and fitting raises questions about decision-making within the care team. Was the nurse's decision appropriate, and could a different leadership approach have prevented the incident?
- *Equipment Maintenance:* The ethical issue of ensuring equipment is in top working order highlights the responsibility of homes to maintain a safe environment for residents. Neglecting equipment maintenance can lead to ethical concerns regarding resident safety. Team members must ensure regular maintenance and checks to prevent accidents.

II. Additional Discussion Questions

- What ethical principles are at play in this case, and how do they relate to the safety and well-being of Mr. Smith?
- How can team members balance the need for restraint and safety with the principles of resident dignity and autonomy?
- What leadership opportunities were missed by the nurse and other team members in this situation? How could their actions have ensured better outcomes for Mr. Smith?
- Explore the role of education and training in preventing accidents like the one involving Mr. Smith. What can be done to improve team members' knowledge and skills?

III Resources to explore further

- College of Nurses of Ontario Code of Conduct
  https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf
- Canadian Nursing Association Ethics for Registered Nurses
  https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics
- College of Nurses of Ontario Conflict Prevention and Management
  https://www.cno.org/globalassets/docs/prac/47004_conflict_prev.pdf

Case Study #5

Disagreement about treatment within a context of family dynamics, Palliative Care

Introduction

This scenario depicts a family – resident – team situation regarding a resident's wishes and is helpful in exploring effective communication strategies and navigating opposing opinions amongst care partners and residents.

Learning Objectives

- Understand the importance of respecting a resident's autonomy in making End of Life care decisions.
- Recognize the challenges and ethical dilemmas that can arise when family members have differing opinions about a resident's care choices.
- Demonstrate effective communication skills in discussing palliative care options with residents and their families.
- Explore the interdisciplinary approach required to address complex care situations in LTC

Case Description

History/Background

Francine is a 3-year resident of Swaying Pines LTC Centre and is the mother of 4 devoted adult children. She arrived following an automobile accident in which she sustained a fractured hip, internal injuries including severe damage to her right lung. While she has been determined to recover as much function as possible, she has battled a string of respiratory infections over the past year, 5 of which have resulted in hospitalisation. During her last admission, she also contracted COVID 19 and experienced ongoing extreme fatigue, a lasting cough, chest pain, shortness of breath and it was 4 months before she was transferred back to Swaying Pines.

The Challenge and how it was managed

Upon her return, the team held a care conference with Francine and her four children. Her goals of care were reviewed and when it came to discussing her wishes about treatment for any future changes in health status, Francine stated that she no longer wanted to be taken to the hospital and would prefer to remain at Swaying Pines for her care. This came as a surprise to two of Francine's children and they asked the team to explain how they would support their mother in this request. Francine's nurse shared that the team is able to provide continuity of care that is guided by her wishes, needs and values. "Just the other day, Francine commented that she really feels like she belongs here. To me, that's a sign of her sense of security and purpose here at our home. Following the team response, both children expressed their preference for acute illness care to be provided at the hospital and proceeded to try to get Francine to change her mind. The other two siblings looked very uncomfortable with the dissension, and one was in tears while the other asked if the meeting could adjourn so their mother could rest.

Outcomes

The social worker asked Francine if she would like to continue the discussion today and she agreed that it should not be delayed. She anticipated that her children would not all be in agreement with her wish to not return to the hospital for any further treatment. She added that she has been learning about Palliative Care and believes she is ready to take that approach for whatever time she has remaining. Francine's nurse provided written and verbal information about Palliative Care to the children and took the time to help them understand that this would follow Francine's wishes and would give her the best possible care and comfort however long she had to live. The social worker and other team members reinforced that this will be an ongoing conversation, decisions now can be changed later as Francine's health declines and her needs and wishes evolve.

Discussion

- What are some potential strategies for facilitating a productive and empathetic conversation between Francine and her children?
- How might the team ensure Francine's autonomy and preferences are respected while addressing her children's concerns?
- How might cultural or religious beliefs impact the family's perspective on EoL care decisions?
- What resources and educational sessions can be provided to the family to help them better understand palliative care?

Taking a Deeper Dive:

I Ethical Dilemmas

- *Autonomy vs. Beneficence:* The ethical dilemma revolves around respecting Francine's autonomy (as long as she has decision-making capacity) and her wish to receive palliative care at the LTC, while her children may be concerned about her well-being and the potential benefits of hospital care.
- *Truth-Telling and Honesty:* There is a potential conflict between Francine's desire to pursue palliative care, which often involves open and honest discussions about EoL, and her children's wish to protect her from distressing information. The interdisciplinary team faces the ethical dilemma of how much information to share with Francine's children regarding her condition and care choices, while maintaining transparency and honesty. The ethical dilemma is on how much information should be disclosed to Francine's children without causing unnecessary distress while respecting the principles of truth-telling and honesty.
- *Quality of Life vs. Prolonging Life:* Francine's choice for palliative care may prioritise her quality of life over the prolongation of life. Her children's perspective may prioritise interventions that prolong her life, even if it means potentially sacrificing some quality of life in the process. The ethical dilemma lies in deciding whether the focus should be on maintaining life at all costs or on ensuring that the remaining time is lived with the highest possible quality of life according to Francine's wishes.
- Family Dynamics and Conflict: The scenario highlights the emotional and ethical conflicts that can arise within families when making decisions about a loved one's care. Two of Francine's children express differing opinions, creating tension and discomfort. The ethical dilemma involves managing family dynamics, addressing conflicting interests, and facilitating a consensus that respects Francine's autonomy and values.

II Additional Discuss

- How can the interprofessional team work collaboratively to support both Francine and her family in this situation?
- Who in your home would you turn to in addressing the family's concerns and facilitating communication?
- How can the team ensure that this type of conversation is an ongoing one, taking into account the evolving needs and wishes of Francine and her adult children?

III Resources to explore this topic further

- Ontario CLRI Communication at End of LIfe eLearning https://clri-ltc.ca/Ontarioresource/ceol-elearning/
- Ontario CLRI All-In Palliative Care : The Team Approach to LTC - 8 hour Canadian Nursing Association accredited virtual training
- Ontario CLRI Caregivers as Partners eLearming https://clri-ltc.ca/resource/caregivers-as-partners-in-long-term-care-elearning-course
- Pallium LEAP for Carers (free)https://www.pallium.ca/course/leap-carers/
- Provincial Palliative Care Network FAQ: https://www.ontariopalliativecarenetwork.ca/sites/opcn/files/2021-01/OPCNGocFAQ.pdf

IV. Relationship-Centered Care Strategies to successfully navigate family conversations

1. *Establish and Maintain Open and Respectful Communication:*
   - Listen Actively - Begin by actively listening to each family member's concerns, fears, and perspectives. Ensure that they feel heard and respected.
   - Create a Safe Space - Encourage an open and non-judgmental environment where family members feel comfortable expressing their thoughts and emotions.
2. *Respect Autonomy and Values:*
   - Respect Francine's Autonomy - Reiterate the importance of respecting Francine's autonomy and her right to make decisions about her care, as long as she has decision-making capacity.
   - Acknowledge Differing Values - Recognize that family members may have different values, beliefs, and priorities. Emphasise that these differences are valid and should be considered in the decision-making process.
3. *Facilitate Inclusive Decision-Making:*
   - Regular Meetings - Organise regular meetings with the interdisciplinary care team, including a social worker, nurse, and a physician and invite the family members. These meetings provide structured opportunities for discussion and shared decision-making.
   - Ensure that all family members have access to the same information about Francine's condition, prognosis, and care options. Transparency can help alleviate misunderstandings.
4. *Offer Emotional Support:*
   - Engage if possible a social worker who can provide emotional support to both Francine and her family members. Provide resources for coping with difficult decisions.
   - Respect Grief and Emotions: Understand that family members may be grieving and experiencing a range of emotions. Validate their feelings and offer resources for grief support.
5. *Regularly Review and Adjust Care Plans:*
   - Emphasise that care plans can be adjusted over time to accommodate changes in Francine's condition or evolving preferences. This reassures family members that decisions are not set in stone.
   - Schedule regular follow-up meetings to review the care plan, discuss any concerns, and ensure that everyone remains informed and involved. Acknowledge the ways in which the adult children are part of the care team.

6. *Document and Respect Advance Directives:*
   - If Francine has documented her advance directives or designated a POA, ensure that these are respected.
7. *Encourage Self-Care for Family Members:*
   - Provide information about support groups and resources for family members to help them cope with the emotional challenges of decision-making.
8. *Maintain Focus on Francine's Best Interests:*
   - Continually emphasise that all decisions should prioritise Francine's best interests, comfort, and quality of life, aligning with her stated wishes and values.

Case Study #6

Empowering Frontline Staff, Giving Praise, Teamwork, Communication, Emotional Support

Introduction

With today's workforce challenges, LTC frontline staff find themselves having to cover roles in addition to their own, make difficult decisions impacting residents, family and team members and often there is little acknowledgement of their efforts. The frequent presence of grief is also an element of this work that gets dismissed, minimised or completely overlooked.

Learning Objectives

- Recognize the presence of grief as an integral part of long-term care work and the importance of addressing it appropriately.
- Explore effective communication strategies in supporting residents, families, and team members during crisis situations.
- Recognize the importance of documentation in LTC and its role in ensuring transparency, accountability, and compliance.
- Discuss the significance of acknowledging and addressing the emotional well-being of nurses and other professionals in high-stress environments.
- Recognize the unique workforce challenges LTC frontline team members face, including covering multiple roles and making challenging decisions impacting residents, families, and team members.

Case Description

History/Background

In this small, rural Birch Lake Lodge LTC home in northern Ontario weekends can be a challenge for the team. Often there are more families coming to visit but less team members on hand to support the residents. On this Saturday night in July, Blair the nurse in charge had his hands full with a new resident that had moved in on Friday, a suspected COVID-19 outbreak in the secured wing of the home and then just prior to dinner Mrs. Garver was unresponsive in her room. The physician was called, came in and pronounced her death. Somehow, he and the 3 PSW's, Environmental Services Lead, 2 Nutrition Service team members and the weekend receptionist had navigated these circumstances and cared for the needs of the residents and their families with a calm outward appearance. They huddled briefly every hour to check in and update their tasks to best support everyone. Blair was focused on the grieving Garver family members who arrived throughout the evening as well as keeping the DoC apprised by text of the events. At the end of the shift, he gathered the team together to take their pulse in the wake of the loss of dear Mrs. Garver. They all left exhausted and saddened.

On Monday afternoon, the DoC asked Blair to meet with her to discuss the events of Saturday. Prior to their meeting, Blair was replaying the weekend developments over in his mind to conceive how he could have handled things more effectively. He was sure there was going to be criticism levelled at his management and clinical judgement.

Outcomes

In actuality, the DoC had received three calls from the Garver family commending Blair and the team for their support and compassion to them and for the excellent care the home had provided to Mrs. Garver for so many years. The DoC had reviewed his documentation and found it to be thoughtful and thorough - very helpful during the upcoming investigation by the coroner. Lastly, they discussed any concerns he might have about being the charge nurse again next weekend.

Discussion Questions

- What set up this challenging situation to have some good outcomes?
- How might the DoC convey praise to Blair? To the other team members?
- What learnings might come out of this kind of situation that could be useful next weekend?
- How does your home let team members know when they have done well?
- How did open communication and collaboration among team members contribute to the care provided on this particular Saturday night?
- Discuss the significance of documentation in long-term care, especially in scenarios involving unexpected deaths and investigations. What might have happened if Blair's documentation was inadequate?
- What are the ethical considerations when managing grief and supporting families in LTC settings? How can LTC professionals strike a balance between compassion and professionalism?

Taking a Deeper Dive:

I Ethical Dilemmas

- *Balancing Professionalism and Compassion*: Nurses must navigate the balance between providing compassionate, relationship-centered support to residents and grieving families and maintaining professional boundaries and clinical responsibilities during emotionally challenging situations
- *Workload and Quality of Care:* LTC team members often face heavy workloads due to staffing challenges, which can raise ethical concerns about the quality of care provided to residents, families and colleagues.
- *Providing Compassionate, Relationship-Centered Care:* Nurses or team members have an ethical responsibility to honor the dignity, preferences, and relationships of residents and supporting families with compassion, even during periods of high workloads and competing priorities.
- *Transparency and Communication*: Nurses must communicate transparently and compassionately with families during crises while respecting privacy, confidentiality, and the individual information needs of residents and their families.
- *Supporting team members:* Leaders have an ethical responsibility to recognise the emotional labor of their team members, provide opportunities for reflection and support, and promote a psychologically safe environment.
- *Documentation and Accountability:* Accurate, timely documentation is an ethical and professional responsibility that supports communication, continuity of care, accountability, investigations.
- *Promoting a culture of learning:* Following difficult situations, leaders have responsibility to encourage a culture of reflection, share learning, recognition and quality improvement rather than perpetuating fear of making mistakes, anxiety and blame.

Additional Resources

- INNPUT Model for team debriefs after a death http://www.palliativealliance.ca/assets/files/Alliance_Reources/Org_Change/Peer_Led_Debriefing-_Final.pdf
- Communication at End of LIfe eLearning Series www.clri.ca/ceol-elearning/
- CNO Professional Boundaries and Nurse-Client Relationships standard https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41033_therapeutic.pdf
- Moving from Person-Centred Care to Relationship-Centred Care file:///C:/Users/pschneid/Downloads/personcentredcare_vs_relationshipcentredcare_fact_sheet.pdf