STAFF CAN LEARN
BASIC LIFE-SKILLS FROM PATIENTS
A PROJECT WITHIN BRIDGEPOINT HEALTH CENTRE 2009

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The Origin of the Project:

I've been visiting patients on the seventh floor since 2006. What I'm learning from patients is probably somewhat different from what others are learning because I'm an aging man whose body is becoming less reliable than it used to be. The patients have much to teach me because their disabilities are far more severe than mine and began far earlier than mine.

I'm challenged by patients because it is difficult for me to whine, even to myself, when I'm in their presence. I'm even more challenged, indeed inspired, when I see the profound inner wisdom which some patients bring to the difficulties that confront them day after day. In general, patients who suffer from complex, chronic dieases/disabilities have thereby been thrust into a very intensified learning process in how to cope with their arduous situation. It's as if they've been forced to learn how to swim by being thrown into deep water. And their challenge is not only, as in the analogy, devising ways to survive; it is also, and mainly, devising ways to uncover or create new hope and new meaning. Most of us find in our everyday life many activities to distract us from dealing with the raw essentials of human living that actually confront all of us all the time. These patients, however, can't avoid their need to draw forth or to create some basic life-skills. (I'll explain what I mean by "basic life-skills" in an Appendix at the end.)

As a volunteer, I don't have any particular technical expertise to offer. What I bring is simply myself as a fellow human being. I'm here to serve their needs, but one of their needs is to be appreciated, and I can meet that need by acknowledging what I'm learning from them. When a staff person brings technical, professional expertise, however, they appropriately draw on that expertise in their service to the patient. That's what they have trained to do, and it's what they are paid to do.

Nevertheless I've observed some staff, whether their expertise be in wellness or in physical health, doing something else as well: expressing their appreciation to patients. Usually the appreciation has to do with the patient's co-operation in the process, but sometimes it goes beyond this. Sometimes the staff person momentarily steps out of his/her professional role and acknowledges what he/she is learning from the patient as a human being. This could be happening more often. If it were to happen, professional service would continue, but the dynamics between staff and patients would be enriched by being humanized.

What can be done to foster such appreciation of patients by staff? The project that I am proposing is an answer to this question. The project is a gentle, quiet invitation to staff to participate in some subtle but significant changes if these changes appeal to them:

(i) An inner shift in staff attitude: an openness to learning from patients as a fellow human being

(ii) An outward shift in staff behaviour: where appropriate, expressing one's appreciation of the patient to the patient.

(iii) Within each circle of patient care, where appropriate, expressing to fellow staff (only within that circle) what one appreciates in the patient that is relevant to the patient's treatment.

Starting and "Cultivating" the Project

The project is not envisaged as a "campaign" involving dramatic public-relations-type advertising within the hospital. Only later on, when the project can report some identifiable progress would it be appropriate to publicize it within the hospital. For example, there might be indicatiions of a growing participation by staff memvbers who consent to be named. Indeed, most of the real progress will be happening very privately, between staff and patients!

Steering Committee: The project will be launched and developed by a Steering Committee consisting of a small number of staff. The Committee will consult Don Evans as needed.

Endorsement List: The Committee will list the names of a few Bridgepoint staff and/or administration who are willing to endorse the project.

Smale-Scale Events: Three kinds are envisaged in launching the project and then in cultivating it organically:

(1) Witnessed Staff-Patient Exchange:

A staff member expresses his/her appreciation to a patient and the patient responds in the presence of other invited staff. Several ingredients go into this exchange:

(i) The staff member has already privately expressed his/her appreciation to the patient and he/she has responded. Then the patient is invited to consider the possibility of doing something similar in the presence of other staff. The patient has agreed.

(ii) The patient's agreement is also required concerning who on staff is to be invited (e.g. only such-and-such persons, or also others whom he/she does not know?). The size of the group is also up to the patient.

(iii) If the event involving other staff is recorded in any way, the patient has sole right to that recording.

(iv) The staff-patient exchange will be preceded by a brief explanation of the project and followed by discussion involving all who are present. The discussion can include (a) questions to the patient concerning clarification of what he/she said (b)

expressions of their own reflections in response to the exchange (c) expresions of appreciation to the patient. Since both the staff person and the patient will have rendered themselves vulnerable in their exchange, no "grilling" of either will be allowed!

The main purpose of the event is to encourage staff to be appreciative of their patients and to express this to their patients.

Also, some staff might feel moved to raise with a patient the possibility of offering a similar – but perhaps different – exchange in the presence of other staff.

Also, some staff might inquire concerning the possibility of patient-appreciation during meetings of their circle of care.

(2) <u>Gathering to dicuss the project:</u>

The purpose of the project, including the idea of "basic life-skills" will be introduced at a gathering such as Grand Rounds, where staff from various circles of care or out-patient care are invited. After the introduction staff will respond, drawing on their own experiences and reflections.

This discussion can <u>not</u> include anecdotes concerning what anyone has appreciated in a particular patient unless the reference is so vague that nobody at the gathering or outside it could possibly identify the patient. It is possible to communicate what one has appreciated in patients without violating clinical-ethics guidelines on confidentiality. That is what I've done in my explanation of "basic life-skills".

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(3)" <u>Best-Practice Memo":</u> Notification by a patient-care manager who has initiated the possible inclusion of patient-appreciation within clinical meetings of the circle of care.

This "notification" would not need to be a detailed report, but simply a matter of letting another patient-care manager know that one has done this.

The purpose of this notification would be to invite another patient-care manager to consider the possibility of something somewhat similar in their circle of care, indicating one's willingness to discuss this if asked.

<u>Finally, what the project is NOT:</u>

<u>(1) The project is not a QUALITATIVE-RESEARCH PROJECT:</u>

The purpose of the project is to "raise consciousness" or "deepen consciousness" among staff in ways that involve changes in staff behaviour. The purpose of the project is not to gather information concerning how patients cope with their problems. That would be a comendable qualitative-research project, but something very different. No information will be gathered in any publicly-accessible form for others to read or hear or see.

(2) The project is not a PATIENT LIFE-STORY PROJECT:

A few years ago patients at Bridgepoint were invited to tell us their personal history. Another possible project through which patients can be encouraged to "find their voice" would be to invite patients to express their complaints and their suggestions concerning improvement in their treatment and/or to express their appreciation of staff.

The purpose of this project, however, is to encourage staff to appreciate patients.

Don Evans Refers to "Basic Life-Skills": What Does He Mean?

Every staff person, indeed every human being, has a different understanding of what's included in the "raw essentials of daily living" and different assumptions/conclusions concerning how best to deal with these. What each of us appreciates in another person depends mainly on what matters most to us, and that varies according to temperament, cultural background, life-experience thus far, etc.

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In this project what matters is appreciation, not agreement concerning what we appreciate. Indeed, the success of the project does not depend on whether what staff members appreciate fits within what I mean by "basic life-skill". What matters is that staff become more open to recognizing whatever it is in a patient that challenges or inspires them in their own lives as human beings.

Nevertheless what thus challenges or inspires staff will often fit my label, for the examples that I'm about to give do arise from what I've appreciated thus far in Bridgepoint patients as they cope creatively with otherwise-tragic situations. And what I say may also suggest to some staff some further additional kinds of practical wisdom to look out for. So I'm going to give some examples of basic life-skills for staff to consider.

(1) One basic life-skill is loving. Some patients are uncovering within themselves an inner practical wisdom concerning how to love themselves and how to love others in circumstances that make this very difficult. Their love for themselves involves compassion towards their own bodily selves, which don't function as they once did. And it involves cultivating and appreciating their own inner resources of courage or creativity or joy or "juicy" aliveness – all of which enhance loving! Their love for others similarly combines compassion and appreciation.

Growing in self-love and love for others is very difficult when life's possibilities seem to be narrowing – though on the other hand, as one patient said to me, "What else is left for me to do?" It would have been helpful for me to have had this insight decades ago, when life's possibilities seemed so plentiful that I was easilly distracted from growing in love by many other seemingly-essential concerns!

(2) Another basic life-skill is what I call "fanning the flames of life within oneself". Some patients know how to motivate themselves, how to encourage themselves and how to inspire hope in themselves. If we think of motivation and courage and hope as being like a small flame within ourselves, these can each be increased if we somehow breathe new life into them. Staff often help patients in this way in their interventions, "motivating" patients to persist in reducing their bodily limitations, stimulating their courage in various ways and sometimes even inspiring hope in them. But some staff don't appreciate the extent to which the patient is not only responding positively to their interventions, but already drawing on their own know-how wisdom, already "breathing life" into their mysterious human spirit.

(3) Humour can be another basic life-skill: As an aging man I've been learning much from the way in which some patients discover how to laugh at themselves in a kindly way. This reduces their tendency (and mine) towards falling into irritability or despair when one's body can't do what was formerly quite easy. Many "baby-boomers", now beginning to face a prolonged and eventually-challenging old age, could learn from such patients! Some jokes, of course, reinforce self-rejection or resentment, but a self-accepting humour is often crucial in reconciling oneself to loss of dignity and control.

Humour is one way of responding creatively to our vulnerability as human beings. The most basic vulnerability is our mortality: sooner or later, we all must die. And the lesser vulnerabilities, which vary from person to person, have to do with limitations imposed against our will, whether by our own bodies or by the "body politic". Sometimes these limitations are severe, involving an imprisonment of consciousness within one's body or bodily confinement within a literal jail. Often the limitations are less extreme, but they do involve some loss in obvious dignity and outer freedom. The limitations imposed on patients who have chronic complex diseases/disabilities make it difficult to flourish as a human being. Patients who somehow discover ways to flourish as human beings have much to teach all of us.

Some further reflections concerning basic life-skills: They are skills in that they involve knowing-HOW. They resemble other skills in this respect, skills that range from those of craftsmen who need to master only a minimal amount of technical information to surgeons who acquire very detailed and complex information over years of study. And there are also non-basic life-skills. Before a patient is discharged he/she ideally also learns how to cope in society, including knowing what institutional resources are available to help with this or that. If the patient lacks such life-skills (similar to "street-smarts"), social workers and others can help them. But such life skills, though important, are not the basic life-skills that we all need as human beings.

Basic life-skills, which can exist in any human being, involve minimal "knowing-that", whether this be information or theory. It's a matter of "knowing-how". Versions of basic life-skills existed before there was any civilization. Versions are also often present in children, in mentally retarded or minimally-

educated adults, and in patients suffering from chronic, complex diseases/disablities. Some of these patients are very articulate, intellectually reflective and highly-educated. Occasionally what I learn from them prompts me to realize, "I never thought about it in that way before" Others can not speak at all, and have become confused in their thinking, but they inspire me, sometimes even more deeply.

Staff can learn concerning basic life-skills from any of these patients. It's a matter of appreciating what they are "teaching" us, whether in their wise words or simply in the example they provide.