

Holy Cow! Nobody Told Me That in Grad School!

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Objectives

- Identify factors to enhance securing the right position
- Identify strategies to improve communication with unwilling/hostile family members
- Identify strategies to improve communication with resistant care providers (nurses and doctors)
- Identify strategies to address ethical issues of service delivery in the acute/subacute care setting

Becoming Employed

- The Interview Process:
 - Questions regarding your experience
 - Questions regarding personal ambitions and personal values
 - Questions candidates should ask potential supervisor/employer

The First Days At Work

- Identify colleagues/support staff
- Survey materials/evaluation forms
- Identify clinical record keeping procedures
- Identify billing forms and requirements
- Become familiar with the layout of the facility

The First Days At Work

- Shadow seasoned colleagues
 - Observe chart reviews
 - Become familiar with medical abbreviations
 - Become familiar with rating systems of patients (i.e. RUG or FIM levels)
- Participate in rounds, MBSS'
- Increase caseload

Integrating Into The Therapy Team

- Caseload expectations
- Clinical cases
- Surprises on the job
- Your evaluation
 - 90 day review
 - Annual review

Issues Encountered With Patients

- Non-compliant
- Cultural differences
- Challenging families

Issues Encountered With Patients

- “Entitled patients”
- Patients/family in the medical field
- Family dynamics affecting encounters

What Are Realistic Expectations?

- Speedy response to needs
- Communication
- Professionalism
- Continuity of care

Why Patients' Families Become Upset

- A perception of rudeness/indifference
- Being ignored
- Having expectations unfulfilled

Strategies To Deal With Upset Patients/Family

- Respond appropriately
- Be aware of non-verbal communication
- Allow them to vent

Strategies To Deal With Upset Patients/Family

- Hear
- Empathize
- Apologize
- Rectify
- Thank

Strategies To Deal With Upset Patients/Families

- Decide on action and follow through
- May need to set limits
- Don't become defensive

Specific Examples of Situations

- Pt. NPO, order sent at 4 pm for MBS now so they can eat.
- Pt. on bi-pap, “hungry” cannot be assessed, family upset because pt “needs to eat”.
- Patients who bite, kick, swear, grasp, play in stool. Therapists need to learn how to redirect pt for optimal intervention.

Specific Examples of Situations

- Patients who strike a nerve
- Patients who are tragedy cases

Dealing With Difficult Colleagues

- “He swallows just fine”
- Evaluation was done by nursing
- Denial of conversation regarding recommendations
- “Forgetting” to include diet recommendations in patient hand-off/transfer.

Dealing With Difficult Colleagues

- Scheduling treatment around OT/PT/RT
- Scheduling treatment around medical tests
- Scheduling treatment around dialysis

Ethical Issues

- Choice of patient
- Billing for services not rendered
- Group treatment but charging for individual therapy

So Why Work in the Acute/Subacute Setting?!

- Ability to make a huge impact on people
- Rewards go beyond monetary, last a lifetime
- Make the world a better place

CASE STUDIES

- Discussion
- Questions
- Adjourn

The End!

And Your Beginning....