Home page – please change learning objective 1:

1. Define four caregiver communication types.

Pre-Test

Item 2, option 1

“Do not get involved. Let them work it out amongst themselves because family matters are not your business as a healthcare provider.”

Item 4 – PLEASE CHANGE ALL responses and item from carrier family member to “Carrier” caregiver:

You are caring for a family led by a “Carrier” caregiver. What will ~~you do~~ be most helpful to the “Carrier” caregiver?

Item 4, option 1

“Avoid communication with the carrier family member unless approached by him/her with a specific question regarding the patient.

Item 4, option 4

“Plan an immediate intervention to help the carrier family member facilitate patient requests.

Item 5 – PLEASE CHANGE ALL responses and item from loner family member to “Lone” caregiver:

According to the family member typology, which of the following is true regarding the “Lone” caregiver?

Item 5, item 1 “at the top”

Item 8, option 4 – “The caregiver has low health literacy”

Item 9, change from “Loner” to “Lone”

BOTTOM: Now that you have finished the pre-test, let’s begin.

Section 2:

Introduction ~~and Learning Outcomes~~

Family caregivers can experience a great deal of anger, stress, denial, and burnout when caring for a loved one. Watch this short video to hear some real stories from family caregivers about their experiences. As you watch the video, jot down thoughts that come to your mind about what challenges family caregivers face in providing care and what you might want to say and do to help them address those challenges.

Section 2, second page

~~Introduction and~~ Learning Outcomes

or how to balance this new role along with their other work and family obligations, or how to help them learn to ask for help.

As a health care professional, you play a critical role in facilitating communication among the patient, family caregiver, and other family members.

This module is one of several that is designed to provide you with the tools for supporting family caregivers. In it, we equip you with tools and strategies for communicating successfully with patients, family caregivers, and other family members during these times of distress and uncertainty.

Section 2, third page

Unfortunately, this scenario is not unusual. In many instances, not all members of the healthcare team are present when information is given to the patient and family.

FORMAT CHANGE:

New paragraph:

In this module, we walk through each of four caregiver types by:

(1) explaining the characteristics of the caregiver type

(2) identifying best practice approaches for you to communicate effectively with each of them

(3) practicing communication based on case study scenarios

But first we lay the foundation by discussing different family communication patterns as they may influence the way families communicate during these times of distress and uncertainty. We hope that approaching family caregiver communication concepts and skills in this way will ultimately prepare you to communicate effectively when you must share bad news with families as they navigate what is, for them, quite possibly uncharted territory.

Section 3

**Family Obligation** (a.k.a. Conformity) has to do with (a) how much time a family spends together, (b) how they share (or don’t share) resources,

1. High obligation families encourage harmony, avoid conflict, are interdependent, and share the same beliefs and values. There is a space in the highlighted word

**To gain a better understanding of family communication patterns theory, watch this short Prezi prepared and posted by Aaron Strange, Pauline Zamora, Angelina Guo, and Jason Williams:**

Section 4, first page

Change button from “Continue to section 4a” to “Continue”

Section 4a

**Manager caregivers** are at the top of the family hierarchy and appoint themselves to be the family spokesperson. They may be the most formally educated of the family members generally and have the highest health literacy specifically. Managers deal with their own uncertainty by taking control of the communication within the family and with ~~the~~ health care providers.

**To gain a better understanding of the Manager Caregiver ~~patterns theory~~, watch this short video and answer the upcoming questions.**

Section 4a, after the film

How would you describe the family patterns for these two sisters (high or low talk; high or low obligation) and why? This question is repeated for item one and only needs to appear once.

Section 4b, main page

**To gain a better understanding of the Carrier Caregiver, watch this short video and answer the upcoming questions.**

Section 4c ----FORMAT CHANGE

I would like the following (text below and including video) on its own page- it can be titled “Summary” after section 4d and before post-test because this video applies to all four types.

In summary, here is a short video that summarizes what to do to help ~~partner~~ caregivers and their families work together effectively in making decisions and providing care:

Section 4d

For example, this lone caregiver caring for her mother has five brothers:

Lone caregivers also tend to fixate on one aspect of care (e.g., hydration, diet, and upcoming procedure) related to the patient’s immediate physical needs. They don’t tend to self disclose about anything other than the immediate caregiving tasks at hand. They also have a difficult time accepting the overall disease process or prognosis.

**How to spot a lone caregiver:** As a coping mechanism, lone caregivers often appear detached. There is little or no observable family interaction or evidence of shared caregiver burden. They are heavily invested in short-term biomedical solutions and fixate on the patient’s immediate physical needs. They avoid discussing death, dying, the disease process and prognosis, caregiving plans, or quality of life issues. They may even become defensive when these subjects arise.

Section 4d- case study

Keith is Asian, 51 years old, college educated, and works full-time. He is married and has three children. Keith speaks English as a second language and is the primary caregiver, with assistance from his wife, to his father-in-law, Kai, who recently was diagnosed with lung cancer and has not yet begun treatment. Kai’s diagnosis came by surprise to his family. Despite Kai coming from a large family, Keith repeatedly shared how he has, no support from the family… nobody cares… it’s like [the family] tries to stay away from [Kai’s] problem. None of his sibling-in-laws are willing to provide regular care for Kai. Keith explains that his father-in-law “chose” him to serve as the caregiver: I have been helping him for years. According to Keith: “If it is related to medical or his treatment, I tell him everything. But everything else, I just keep to myself.”

I got to where the post-test page will be ☺