

Patient KG

Year of birth 1982

What I find, for myself, in these practical training sessions, is that I'm not sure how to start asking questions. We didn't make up anything. I started asking KG about her work. She is a Social Worker in Palliative Care. She has been at her current job for 3 years, and a Social Worker since 2008. Previous to social work she was a Home Care Manager. She made the switch at a time when there were major changes happening within the Healthcare system.

She works mainly with adult patients and their families. Having the patient feel comfortable about sharing is not always easy. Some patients share willingly, some don't "open up". She suspects that has to do with their lives in general. They probably have a difficult time sharing in any/all relationships. When asked what techniques she uses to encourage patients to share she mentioned that she checks in with them on a regular basis; although her role may be as emotional support, she finds other ways to help them that meet their physical needs. By meeting them where they're at it helps them to "open up" to her where they may need to go/be. She also mentioned that some people just don't want help. They may feel as though they have all the support they need from family and friends.

When I asked her how she deals with the struggles, such as patients not being willing to share, she mentioned that Social Workers in Saskatchewan have a code of ethics that they are required to follow. Patients are allowed to self-determination. This guidance helps her remember to respect each patient.

When asked how she manages the potential of burnout she talked about the importance of separating her work life from the personal life. There can be certain patients that she develops a closer connection to, due to their circumstances. At these times she appreciates having a team to rely upon. Debriefings at work more readily allow her to leave the situation at work, leave work and enjoy her personal life. Her personal life does include 3 young children. Where her work life collides with her personal life is when young children are involved. She will connect with these patients more readily.

We did start talking about how important consent is, but it was time to switch roles. The one thing she mentioned was that she is a tactile person. She feels as though touch is important to patients.