

Summer 2023



LTCSWI Fall Conference

The fall conference is scheduled for Friday, October 27, 2023, at the Gateway Hotel and Conference Center in Ames.

Trisha Easton, LISW, Hospice Social Worker Care Initiatives Hospice, will lead us in a seminar on **Care Planning Toward Teamwork**.

Department of Inspections, Appeals, & Licensing Hot Topics, will be covered by Christopher Dunn, RN, Long-Term Manager Unit II, Department of Inspections, Appeals & Licensing.



We end the day with a session on **Demystifying Huntington's Disease: Tools for Providing Person-Centered Care**, by Amy Lemke, PhD, LISW, Clinical Social Worker & Coordinator, Huntington's Disease Center of Excellence University of Iowa Hospitals and Clinics.



Mark your Calendars!
LTCSWI Fall Conference
Friday,
October 27,
2023

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5.5 Continuing Education Units

Brochures are available on the website
www.ltcswi.com

And will be mailed out in early September

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Social Work CEUs



- Minimum of 27 hours of continuing education required every two years.
- The two year period begins January 1 of each odd-numbered year and ends December 31 of the next even-numbered year. (Current Period: January 1, 2023 - December 31, 2024)
- A minimum of three hours in social work ethics which must meet the *Rules of Conduct* including such things as *informed consent, competence, privacy and confidentiality, access to records, dual relationships and conflicts of interest, and sexual relationships.*
- Those who regularly examine, attend, counsel, or treat dependent adults must complete 2 hours of training within six months of employment or self-employment, unless otherwise specified by federal regulations, and requires one hour of additional training every 3 years.
- Those who serve in a supervisory role must complete 3 hours of continuing education in supervision.
- The licensee should maintain a personal file with all documentation of the continuing credits obtained.

For more information visit:

idph.iowa.gov/Licensure/Iowa-Board-of-Social-Work/Laws-and-Rules



~Submitted by Ceci Johnson

Sometimes It's Not About What You Tell Your Patients, But How You're Saying It

By Miluna Fausch, Ph.D.

Author, *Uplevel Your Communication: Evolve Your Presence and Speech to Change Everything*

Health Care News, August 9, 2022

In a world where harshness is the prevailing attitude and genuine care for people too often is an afterthought, patients seek a kinder, better experience at the doctor's office.

I recently fired a concierge physician who presented himself as a kind, caring, integrative physician. But what I encountered was a messy, jeans-wearing man who was blunt, cold and emotionally crippled. He had an inability to listen and seemed to be more interested in his new telemedicine app venture.

So much for "bedside manner." The business of doctors is supposed to be the care of humans. Remember the Hippocratic Oath? According to the National Library of Medicine and the National Institutes of Health, "The Hippocratic Oath (Ορκος) is perhaps the most widely known of Greek medical texts. It requires a new physician to swear upon a number of healing gods that he will uphold a number of professional ethical standards."

I take issue with the male-centric language and focus; however, professional ethical standards seem to be called for just about now. Especially in terms of how doctors and other medical professionals talk to patients. Stop talking down to them. Try to listen to them and, as much as possible, lift them up.

In short, give your professional voice more of a personal touch.

I've worked as an SP – standardized patient – for students at the Johns Hopkins University School of Medicine in Baltimore and for the School of Medicine at UCI – University of California, Irvine. As a professional actor, I assumed the role of a patient with an illness to teach the medical students both bedside manner and how to communicate with patients. The SP program is invaluable and should be implemented by all medical schools. But for now, here are my suggestions for medical practitioners to

improve their communication skills with their patients and put their patients more at ease.

Hire front-desk people who love people

The first thing I hear when I call a doctor's office should not be an "I'm-so-busy," unfriendly voice giving me rules and regulations or the fact that you are not seeing any new patients. Or that I must have a referral. Or that your waiting list is six months long.

Give Your Professional Voice More of a Personal Touch

This type of language and dogma speaks to a medical system, an HMO, or a PPO – not a human being who is seeking the care of a qualified, caring doctor when we have a shortage of qualified, caring doctors. A practice that talks at you in these ways comes across as arrogant. We know you're busy, but guess what, so are we. We know that COVID has greatly affected your office; it has greatly affected our lives, too. Some people visit holistic doctors such as a chiropractor or acupuncturist primarily and may not have a "regular" doctor who can refer them. Why not offer us an opportunity to leave a message to have a real conversation with a member of your team?

Have the conversation recorded

One of the best techniques I experienced at a local doctor's office was that our conversation was recorded and transcribed by a nurse elsewhere in the office. This works beautifully with folks who have hearing challenges, cognitive challenges, or are just too scared to really hear what you are saying.

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Having a written record post-visit can clear up any misunderstandings and give the patient a chance to go over protocols, prescriptions and have time to ask questions. Consider building this into your practice because it will lead directly to a well-informed, engaged, and happy patient who will refer others to your practice. You might also suggest to your patients that they record the conversation. Most patients would really appreciate it because it strengthens trust.

Listen and have compassion

Patients often live in a space of fear, based on not feeling well and being worried that their condition might be serious. But too many medical practitioners act clinical and are so emotionally detached that it appears they have little to no compassion for the patient. They don't connect with the patient, who needs emotional support as well as expert medical advice.

Actively listen when talking with the patient. Most people reveal a lot about themselves and ask for what they want if they feel heard and cared for. Talk to us as partners (we're in this together), not with a tone that may signal superiority. Establish an immediate connection to us with a warm introduction, deeply listen without judgment, and do your best to give us the time we need.

Don't be upset when folks have done research (right or wrong) online – it's what we do. Illness and pain cause most of us to be fearful. We go online seeking knowledge and comfort and we want to talk over these things with a skilled and caring doctor. Your willingness to be vulnerable with us helps both of us both emotionally and spiritually.



Don't generalize based on age

Many doctors are guilty of this. They'll suggest certain medical things are happening because you're over 50. Please don't do that. A good number of older people are sensitive about their age, and when they work out and take good care of themselves, they don't want to be lumped in with those who are sedentary and obese, or afflicted by certain diseases that might have been prevented had they exercised and eaten right.

I realize that you as medical practitioners might have been taught these age-focused things in medical school or learned from our cultural norms here in the United States that don't value elders, but statements like these do not bring us comfort or offer power over our life. And don't talk down to the younger generations either, assuming they have limited life experiences. No matter the patient's age, part of properly respecting them is not stereotyping them medically, educationally and socially.

A kinder, better experience at the doctor's office starts and ends with treating patients as equals, as people, and it's really as simple as that. Don't be too busy or too educated to be real, welcoming and even comforting to your patients.

*Dr. Miluna Fausch (www.MilunaFausch.com) is an intuitive sound healer and the author of *Uplevel Your Communication: Evolve Your Presence and Speech to Change Everything*. She created her proprietary Vocal Archetypes™ to train conscientious C-suite executives and thought leaders in confident, high-frequency speaking, voice and presence. Dr. Fausch has a Ph.D. in holistic psychology, is certified as a holistic health counselor practitioner and as a Miracle-Minded Coach by Marianne Williamson. She has extensive training in voice, acting, and energy healing.*

~ Submitted by Lori Miller, LBSW

7th Annual

Geriatric Behavioral Health Conference

November 10, 2023

Attend at DMU
or Online



The 7th Annual Geriatric Behavioral Health Conference will be held on November 10, 2023, in person at Des Moines University in Des Moines, IA, and streamed live online via Zoom.

The World Health Organization defines health as "a complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It is estimated that 20% of people aged 55 years or older experience some mental health concerns. The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bi-

polar disorder). In its 7th year, the Geriatric Behavioral Health Conference brings together behavioral health professionals to learn about geriatric dementia and other mental health disorders in older adults. The conference is open to all interested healthcare professionals. Continuing education credit is available.

For More Information:

<https://cme.dmu.edu/GBH-2023>

DIA becomes DIAL!

On July 1, 2023, multiple programs across four agencies became part of the Iowa Department of Inspections and Appeals (DIA) as a new organizational structure for state government goes into effect. DIA is now the Department of Inspections, Appeals, and Licensing (DIAL).

When you do it right, social work
is a feeling that is larger than
your own life.



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The Long Term Care Social Workers of Iowa is a statewide organization, promoting the professional status of social work in long term care facilities. Our purpose is to facilitate your professional growth in long term care, offer continuing education opportunities for you, and provide the means with which you can enrich the lives of long term care residents and their families. Anyone who works in long term care is welcome to join!

Member Benefits

- ◆ Conference Discounts
- ◆ Quarterly Newsletter
- ◆ Membership Directory
- ◆ Discussion Forum

Application Form Available: ltcswi.com

Fall Conference Preview

Friday, October 27, 2023

Gateway Conference Center, Ames

Care Planning Toward Teamwork

Trisha Easton, LISW

Hospice Social Worker
Care Initiatives Hospice

Department of Inspections, Appeals, & Licensing Hot Topics

Christopher Dunn, RN

Long-Term Manager Unit II
Department of Inspections, Appeals & Licensing

Demystifying Huntington's Disease: Tools for Providing Person-Centered Care

Amy Lemke, PhD, LISW

Clinical Social Worker & Coordinator
Huntington's Disease Center of Excellence
University of Iowa Hospitals and Clinics

Continuing Education Credits: 5.5 Contact Hours

**See you at the
Fall Conference!**

Conference Brochure: www.ltcswi.com

