



Planning dementia care through case conferencing

Take a CALM approach to conflict in a Facilitated Case Conference

C

Come prepared:

Be prepared using the pre case conference questionnaire responses for family and staff. Have the relevant information. Set ground rules for sticking to the agenda and respectful listening at beginning of the case conference

A

Be **alert** but **not alarmed**:

Be **alert** to emotional responses in yourself, staff, and the resident and family members. Come to the meeting in control of your emotions, prepare your staff as needed. The conflict can be over an issue; between family members; between staff and family; between staff. If the situation becomes **alarming** (high anger or hostility) de – escalate the situation if possible, for example by active listening. You may need to consider if a person (s) should be asked to leave; suggest a short break in the meeting or to meet again later.

L

Active **Listening**:

Seek to understand the perspective of the family – on the course of dementia and co morbidities of the resident, and any influence of culture and religious beliefs influence treatments they want. What are their concerns? Acknowledge family emotions. Allow time for each perspective to be heard. Use active listening to repeat back their points.

Work as collaborators with the family seeking to identify solutions that best meet the resident’s needs.

M

Make a plan:

Negotiate a plan together. Let go of your own solution (*even though you may be right!*) Document the points discussed and agree on a ‘do-able’ plan. The plan may include that further discussions are needed.

Modified from Pomm, H. A., Shahady, E., & Pomm, R. M. (2004). The CALMER approach: teaching learners six steps to serenity when dealing with difficult patients. *FAMILY MEDICINE-KANSAS CITY-*, 36(7), 467-469.