**Riverbend City: Stages of Dying and Stages of Grief**

Introduction: Welcome to Riverbend City

Expository Text: Eighty-three year old Sheldon Greenberg has learned that the bone cancer he thought was in remission has come back and is terminal. Sheldon, his family, and his caregivers must now navigate the unique challenges of the end-of-life experience.

Instructional Text: Regardless of practice setting, human services professionals not only are likely to work with clients facing terminal illness, death, and grief but also are well positioned to meet the needs of individuals and families at this difficult time.

**Characters in this Mission:**

Susan Florman – Hospice Social Worker, Compassionate Choice Hospice

 Shirley Greenberg – Riverbend City Resident

 Sheldon Greenberg – Riverbend City Resident

 Bruce Greenberg – Sheldon Greenberg's Son

 April Nguyen – Riverbend Senior Services

 Charlotte Lambert – Hospice Nurse, Compassionate Choice Hospice

 Rabbi Moshe Zimmermann –Senior Rabbi, Beth Shalom Synagogue

 Dr. Gavin Murphy – RCMC Oncologist

 Mary Ellen Strafford– Community Organizer

**Scene 1: RIVERBEND CITY MEDICAL CENTER, DOCTOR'S OFFICE**

Expository Text: Coming to terms with the knowledge that a loved one has a terminal illness can be overwhelming. For Shirley and Bruce Greenberg, the news that Sheldon's cancer has returned aggressively is devastating. As they try to determine the next steps in his treatment, they must also process the loss they are facing.

**Dialogue 01: Shirley describes her life with Sheldon.**

**SHIRLEY**:

I feel like this happened so suddenly. I know he had cancer, but he was doing so well, and the doctors said that people with multiple myeloma can live with it for years.

**CHANDRA:**

I know what a shock this is, Mrs. Greenberg. I understand you’ve been married for 60 years?

**SHIRLEY:**

Yes. We started dating when I was sixteen. I can’t even imagine living my life without Sheldon there. He’s been around so long he’s like a part of my body.

JUSTINE:

I can only imagine, Mrs. Greenberg.

**SHIRLEY:**

Sheldon does so many things for me. He pays the bills, he fixes things. He does all the driving when we leave town. I don’t like to drive on freeways. How am I going to cope without Sheldon?

**BRUCE**:

Mom, Terri and I and the girls will always be there for you. You’ll never be alone.

**CHANDRA:**

Bruce, how are you coping?

**BRUCE:**

I’m doing the best I can. One step at a time. (sighs) My youngest daughter just got engaged, and we’re all really sad he’s not going to be there for the wedding. I’m an only child, so my dad and I have always been close. He’s the kind of dad who never missed one of my ballgames.

**CHANDRA:**

We have support groups at the hospital for families of terminally ill patients. Would the two of you like more information about them?

**BRUCE:**

That sounds like a good idea.

**Dialogue 02: Bruce introduces some ideas about where Sheldon should receive hospice care.**

**BRUCE:**

I know we have to discuss where Dad is going to spend the end of his life. The doctors think he’s going to be with us for another few months. I know he doesn’t want to die in the hospital.

**JUSTINE:**

You mentioned you were thinking about another hospice.

**BRUCE:**

Yes. Our rabbi was talking to us about a Jewish hospice that’s very close to my home. I’ve heard good things about it. But I’m not sure that’s what my dad wants either.

**SHIRLEY:**

I want to bring Sheldon home. I know that’s what he wants too. But I don’t know how I’d be able to take care of him by myself.

**CHANDRA:**

You wouldn’t have to care for him alone, Mrs. Greenberg. If your husband goes home, he’ll have home hospice workers assigned.

**BRUCE**:

I’d like to bring him home too. But how do we arrange for that kind of care?

**CHASE:**

I can help you with that.

**Scene 2: RIVERBEND CITY MEDICAL CENTER, MEETING ROOM**

Expository Text: Having met with the Greenberg's, the RCMC social workers now need to explore the various options available for in-home hospice care. One such option is Riverbend Senior Services — RSS. April Nguyen, a liaison worker for RSS, has come to meet with John Conklin and Rita Wilson to discuss the case.

**Dialogue 03: April asks some questions about the Greenbergs and their needs.**

**APRIL:**

It’s good to see you both again. How have you been?

**JON:**

Busy, but good. Yourself? It seems like RSS is always in the news. You’ve been expanding your outreach, haven’t you?

**APRIL**:

We sure have. Of course, that means we’re all busier than ever, but it’s good knowing that we’re making a difference.

**JON:**

Well, I am hoping that you can help here. Let me give you the digest version of the Greenberg’s situation. Sheldon presented with respiratory issues after exposure to the chemical spill the other day. On examination, though, it was determined that his bone cancer, which had been thought to be in remission, had metastasized to multiple locations. His wife, Shirley, is having a very

difficult time accepting this and has been in conflict with the nursing staff over his treatment — particularly in terms of pain management. The family would like to take Sheldon home and receive in-home hospice care — preferably aligned to their Jewish faith.

**RITA:**

Normally, that’s exactly what we’d be encouraging the family to do. But the wife’s inability to accept that her husband is dying concerns us. I just wonder — will she be able to care for him? She would definitely need in-home help, but can hospice provide enough help to ensure that Sheldon receives appropriate palliative care throughout the process of dying?

**APRIL:**

These are good questions and I can help with some of them. We’re going to want to tap more than one source of help. Let’s start at the beginning, though. Here, I’m going to take notes on the whiteboard while we talk.

**JON**:

Sure … let me grab my laptop from my office, too. I’ll be right back.

**Scene 3: RONDO NEIGHBORHOOD, GREENBERG HOME**

Expository Text: Having explored several options, the Greenberg family has settled on bringing Sheldon home for hospice care. Susan Florman, the social worker from Compassionate Choice Hospice, has arranged an initial meeting at the Greenberg home to discuss the family's needs and concerns. She has arranged that the Greenberg's rabbi be present for this initial meeting as well as the hospice nurse, Charlotte Lambert, who will be providing much of Sheldon's care.

**Dialogue 4: Susan sets the context for the meeting.**

**SUSAN:**

One of the first things I learned in this job is how difficult it can be to set up meetings with busy professionals, so let me start by saying how much I appreciate all of you putting Mr. Greenberg’s needs first and making time for this meeting. I know this is a difficult time for you, Mrs. Greenberg … Mr. Greenberg. I hope we’ll be able to help provide the tools and support you need.

A lot of people believe that when you begin hospice care, it means giving up on the person – giving in to death. We don’t look at it this way. We like to think that hospice is for life. We strive to help you and your loved one live all the moments left to him.

**BRUCE:**

That’s a very nice way to put it. Thank you.

**RABBI ZIMMERMANN:**

It is a good way to put it. I’m sure you know that Jewish tradition holds that Pikuach Nefesh is perhaps our greatest mitzvah – commandment.

**CHARLOTTE:**

Peek-oo-ach neffesh?

**RABBI ZIMMERMANN:**

The obligation to save a life. It is the most important commandment. If someone is dying of starvation and the only thing to eat is a cheeseburger … he should eat that cheeseburger!

**SUSAN:**

Forgive my ignorance, but what would be wrong with a cheeseburger if a person wasn’t starving?

**SHIRLEY:**

It’s not kosher. You don’t mix dairy and meat if you keep kosher. Though … we don’t really keep strict kosher here. We don’t eat pork or seafood, but I admit that I’m not as careful as my mother was.

**RABBI ZIMMERMANN:**

People work out for themselves how to observe halacha. I’m not telling you what to do. But it may be that you and Sheldon will find comfort in becoming more observant.

**SUSAN:**

That’s often the case for people. Hospice care is by its nature very multidisciplinary. The hospice team consists of a social worker — in our case, me — a hospice nurse — Charlotte — a chaplain for spiritual needs — that would be Mark Bachmann, who couldn’t make it today — as well as home health aids, volunteers, and your primary physician — that’s Dr. Murphy — Sheldon’s oncologist?

**SHIRLEY:**

(distressed) Yes, but who is this Bachmann person? A chaplain?

**RABBI ZIMMERMANN:**

Miss Florman, there are very specific teachings in Judaism when it comes to this time in a person’s life. I don’t wish to appear rude, but will your chaplain be familiar with our customs and beliefs?

CHARLOTTE:

I’ve worked with him before and I believe he takes a non-denominational approach.

**SUSAN:**

This is actually a good point to talk about what I hope to accomplish today. We need to determine what the plan of care is — for Sheldon, but also for you, Shirley and you, Bruce. Hospice care extends to the whole family and we need to make sure we understand what everyone’s needs are.

But… often in a situation like this, people want to go straight to what they call problem-solving. What I’d like to propose is that we begin by talking about the facts. What do we know about this situation?

That should take about half the time we have available, so 30 minutes at least for this discovery work. Then, the next 20 minutes of our time should be spent on talking about what these facts mean. This is the interpretation of the facts and this is where we’re likely to see disagreement and a lot of different perspectives.

Finally, the last part is talking about solutions and we should reserve about ten or fifteen minutes for that part of the discussion, though it’s possible that we won’t finish that work today.

How does this sound to the rest of you?

**BRUCE:**

I’ll be honest — it doesn’t sound very efficient. It seems like we could start with the big issues and get an idea of what everyone sees as possible solutions and then discuss them.

**SUSAN**:

Most people would agree with you, Bruce, but it’s my experience that when I’m working with a multidisciplinary team, it’s important to try to find a solution that will stick.

The model you suggested is more familiar to most people, but what often happens is that people come in with their own ideas about what should be done and they argue for those ideas rather than working collaboratively. The solutions that sort of group arrives at are often not as good as ones that come from an open discussion of all the options.

**RABBI ZIMMERMANN:**

I am interested to see how this model works. It’s always good to learn new ways of problem-solving. What did you say this model is called?

**SUSAN:**

The Hourglass Model. The basic idea is that you have two parts — the top part is all about gathering the facts about the situation and the second part is for interpretation and finding a solution. So, you have half your time going into data gathering and then the second half is split — discussing the interpretations and then working on a solution.

So … let’s give it a shot. What are our facts? How about the issue that started this (…) Sensitivity to and understanding of the Greenberg’s Jewish faith is very important.

**Dialogue 5: Shirley tries her hand at describing the facts of the situation.**

**SHIRLEY:**

Well … it’s a fact that I don’t know if I can do all the things Sheldon will need me to do. When he was in the hospital, it seemed like there were all these nurses doing things all the time. I won’t be able to do all the things a nurse can do.

**SUSAN:**

(writing and talking) Shirley will need help with caregiving.

**RABBI ZIMMERMANN:**

Another fact is that the teachings are very clear that no action can be taken that will hasten death — even in the name of comfort.

**BRUCE:**

But we don’t want Dad to suffer. There’s no justification for that, Rabbi.

**SUSAN:**

Let’s keep talking about the facts — I’m hearing two here. First, that we need to be clear about the purpose of what we’re doing. Rabbi, I’m guessing that you’re thinking about medications and morphine specifically?

**RABBI ZIMMERMANN:**

Exactly.

**SUSAN:**

Alright — so how about I put down “Concern that morphine could hasten Sheldon’s death.” And also “Bruce wants Sheldon to be comfortable and as pain-free as possible.”

**CHARLOTTE:**

Well, if we’re just pulling information together, you could put down that I’ll coordinate with the doctor to get all of Mr. Greenberg’s medication prescriptions set up through Compassionate Choice. There’s a pharmacy service that will deliver everything you need right to the home.

**BRUCE:**

That’s very convenient.

**SHIRLEY**:

You all seem so concerned about medications. I don’t want this to be like when Sheldon was in the hospital.

**BRUCE:**

No, that would be bad. But, mom, you need to trust the people we have helping us.

**SUSAN:**

How about I put down something like this “There is concern and distrust around the area of medication (specifically use of morphine)”?

**SHIRLEY:**

That’s exactly right. There \*is\* distrust.

**SUSAN:**

And it’s important that we acknowledge that if we’re going to be able to find a real solution.

**Dialogue 6: Bruce describes his concerns for his father's care and his worries about his mother's needs.**

**BRUCE:**

For me, the biggest issue is that Dad be kept comfortable and as pain free as possible. And that mom get the support she needs. We promised her that if Dad came home, she’d have help with caring for him.

**SUSAN:**

Can you describe what these things look like to you? What does it mean when you say you want your father to be comfortable and pain free?

**SHIRLEY:**

I want the same thing. But when he was in the hospital, I thought they were going to give him so much morphine he’d go into a coma and never wake up again. He doesn’t want to be so drugged up that he can’t even be with us anymore. What kind of life is that?

**CHARLOTTE:**

It is a goal of hospice nursing that the patient not have to suffer needlessly.

**SHIRLEY:**

Sheldon and I have talked about this. He wants to be able to talk to his granddaughters and to Bruce and to me. Can’t we make him comfortable with Tylenol or some other pain killers that aren’t so strong?

**SUSAN:**

This is definitely an issue that we’re going to need to discuss thoroughly. Does anyone have any other issues that need to be addressed? Alright… let me take a minute to summarize what we have and then we can talk about our perspectives on each of these issues.

**SHIRLEY:**

Can I get anything for anyone…? Some coffee or tea?

**BRUCE:**

I wouldn’t mind some coffee. I’ll go with you and help you get everything together.

**Scene 4: SUSAN FLORMAN'S OFFICE, COMPASSIONATE CHOICE HOSPICE**

Expository Text: Back in her office at the compassionate choice hospice, Susan Florman is making calls to coordinate services for Sheldon's care and Shirley's support.

**Dialogue 7: Rabbi Zimmermann calls Susan to further discuss some of his concerns about the Greenbergs' cultural and religious needs.**

**SUSAN:**

Compassionate Choice Hospice, this is Susan.

**RABBI ZIMMERMANN:**

Good morning, Miss Florman, this is Rabbi Zimmermann.

**SUSAN:**

Oh, good morning, Rabbi. It’s nice to hear from you again. How are you, today?

**RABBI ZIMMERMANN:**

Oh, I can’t complain. Well, I suppose I could but what’s the point?

**SUSAN:**

I know some people who make it their only point. How can I help you?

**RABBI ZIMMERMANN:**

I wanted to talk to you about the Greenbergs. I must say that I appreciated the way you facilitated the meeting the other day. You really helped ensure that everyone contributed to finding solutions to the issues we were discussing. I know that Shirley and Bruce feel more confident about the future.

**SUSAN:**

I’m glad. Hospice care is a very multidisciplinary field, but even in hospice, people don’t always think about what it means to work collaboratively. It’s kind of my thing, though. I take it very seriously.

**RABBI ZIMMERMANN:**

I think you should. The work you do and the different people you are assembling for a team; they all have their own perspective. Collaborating may not necessarily come naturally to them. But… the issue I wanted to discuss is actually a little more sensitive. There are requirements in the Jewish tradition for how one treats the person who is a goes — this is a person whose death is

imminent — and what must be done with the body when death occurs. I know that you will have more than one person who will be helping the Greenbergs.

**SUSAN:**

Yes… Charlotte is the nurse, but we’re also helping Mrs. Greenberg and Bruce arrange for a home health aid to help with basic care such as bathing. I was also hoping to arrange for a volunteer who would simply provide companionship and support for Shirley.

**RABBI ZIMMERMANN:**

Well, there are resources available that talk about our beliefs and what is expected in terms of the people who are with the dying person. Could I send you some articles and other materials?

**SUSAN:**

That would be wonderful. I can read through them myself and also share them with the people providing care to the Greenbergs.

**RABBI ZIMMERMANN:**

Thank you so much. I’ll get those materials together and send them to you by email. Your email address is on the business card you gave me?

**SUSAN:**

Yes, it is. Is there anything else I can do for you today, then?

**RABBI ZIMMERMANN:**

No, no … that was all I wanted to talk about. Thank you, Miss Florman. Good bye for now.

**SUSAN:**

Goodbye, Rabbi Zimmermann.

**Dialogue 8: Mary Ellen Stafford, a volunteer with Compassionate Caring Hospice, returns a call from Susan.**

**MARY ELLEN:**

Hi, Susan … this is Mary Stafford. How are you doing?

**SUSAN:**

Not bad, yourself?

**MARY ELLEN:**

Good. I hear you have a new client for me?

**SUSAN:**

If you’re interested.

**MARY ELLEN:**

Yes. I was just thinking the other day that it has been a while since I did any work with you and I realized I missed it. What can you tell me about the case you have for me?

**SUSAN:**

The patient is an 83year-old gentleman with terminal cancer. He and his wife have been married for over 60 years and she’s really struggling with the thought of being without him. Also, the family is Jewish and they are a little concerned that we might be pushing Christian ideas on them.

**MARY ELLEN:**

Interesting. I haven’t ever worked with anyone who was Jewish … in a hospice situation, that is. Is it going to affect how I engage with the family or the patient?

**SUSAN:**

I don’t really think so. We’ve met with the family and the rabbi once already. I think we just need to be sure to ask questions if it seems like there’s a miscommunication.

**MARY ELLEN:**

Alright. Why don’t I come by tomorrow afternoon to review the file and talk about how I can help in more specific detail?

**SUSAN:**

That sounds great. I’ll talk to you then. Goodbye for now.

**MARY ELLEN:**

Good bye.

**Dialogue 9: Dr. Murphy, Sheldon's oncologist, calls to discuss hospice care for his patient.**

**SUSAN:**

Compassionate Choice Hospice, this is Susan.

**DR. MURPHY:**

Susan, this is Gavin Murphy. I’m calling in reference to Sheldon Greenberg.

**SUSAN:**

Yes. Hi … thanks for getting back to me. Mr. Greenberg has recently started hospice care and I know that you’re his physician. Our standard practice is to keep the primary physician as the medical contact for the hospice team.

**DR. MURPHY:**

Excellent. That’s my preference as well.

**SUSAN:**

I am still gathering information so we can put together a treatment plan for Mr. Greenberg. There seems to have been some tension between his family and the medical staff at RCMC. I’m trying to make sure we all understand the issues so we can avoid repeating those problems.

**DR. MURPHY:**

Good. These are good people, the Greenbergs, and they were utterly caught off-guard by this turn of events. I am concerned that Shirley will continue to have a hard time letting go. This may be a particular issue when Sheldon reaches that stage when he doesn’t want food or hydration. I don’t mean to sound like I’m perpetuating stereotypes, but I have this vision of her trying to feed him chicken soup and matzoh balls up to his last breath.

**SUSAN:**

I think this is a conversation we should have with him the next time I’m at their home. I’ll try to explain it in a way that isn’t upsetting.

**DR. MURPHY:**

That would be good. It’s very typical with the way his cancer metastasized that swallowing becomes very difficult. Also, as the person draws nearer to death, the body stops being able to metabolize food and water, but some caregivers don’t understand that and can go so far as to force food on the dying patient.

**SUSAN:**

I do have some literature on this issue. As I said, I’ll make sure we discuss this with Sheldon and Shirley now. I know from my conversations with their rabbi that it’s very important for them to not see hospice as something that will hasten death.

**DR. MURPHY:**

Well, it’s difficult for most people to see food and drink as anything but beneficial. It sometimes helps to explain the medical side of the issue. To make it clear that — as counterintuitive as it may seem — sometimes what was beneficial no longer is when a person is actually at the point of dying.

**SUSAN:**

Rabbi Zimmermann told me there are religious laws concerning the dying person … what was the term he used … a goses — that’s the word for a person whose death is imminent. I think he said within three days. I get the impression, though, that there can be resistance identifying a person as a goses. From what he has told me, the culture of preserving life above all else really makes some of these conversations difficult.

**DR. MURPHY:**

I’ll see if I can make some time to talk to the Greenbergs. I don’t think he’s going to be coming in to the hospital, but perhaps I can speak with him or Bruce on the telephone and help explain some of the physiological aspects associated with end of life.

**SUSAN:**

I think that would be helpful. Also, if you could write something to that effect for his hospice treatment plan, that would also be useful.

**DR. MURPHY:**

Absolutely. I’ll write up something and put it in his electronic health record. You do have access to that, yes?

**SUSAN:**

Not directly, but I can contact medical records at RCMC and get a copy. Thanks so much for your help with all this.

**DR. MURPHY:**

Well, he’s still my patient. Thanks for coordinating all this. I’ll talk to you later. Be sure to call or leave a message if you need anything else. Goodbye.

**SUSAN:**

Goodbye.

**Scene 5: RONDO NEIGHBORHOOD, GREENBERG HOME**

Expository Text: Susan returns to the Greenberg home to continue gathering the information she will need to create ineffective care plan. On this day, Sheldon is stronger and so she visits with him, Shirley, and Bruce to discuss the various issues associated with his care.

Instructional Prompt: Click on all highlighted characters to hear their contribution to the discussion.

**Dialogue 10: Susan sets the context for the meeting.**

**SHELDON:**

Who’d have thought that I’d be spending the end of my life entertaining young women in my bedroom?

**SHIRLEY:**

Sheldon! Shame on you!

**SHELDON:**

Well, at least you’re here to make sure I behave myself.

**SUSAN:**

You seem to be in a good mood today, Mr. Greenberg. How are you feeling?

**SHELDON:**

Not too bad, today. Somedays … not so good, but today, I can’t complain.

**BRUCE:**

Dr. Murphy told us that the exposure to those chemicals caused pleurisy, which caused all the pain. They drained his lungs and that’s helped a lot.

**CHARLOTTE:**

Good. That’s something we’ll want to keep an eye on. I’m glad they got it under control. Have you been having trouble with nausea at all, Mr. Greenberg?

**SHELDON:**

Not really. I don’t have much appitite, but I keep everything I do eat down. Some things I used to love, they just don’t taste right any more, but there’s probably not much you can do for that.

**CHARLOTTE:**

Not really. I’d say, eat what you’re in the mood for and however much you eat, that’s fine. You are going to see your appetite decreasing. That’s normal.

**SHIRLEY:**

I’ve been making him soup… a little boiled chicken, some vegetables. But, like he said, he doesn’t have much appetite. Is there something we can do to help that? He can’t keep his strength up if he doesn’t eat.

**BRUCE:**

Mom, remember what Dr. Murphy told us about this? That Dad isn’t going to be getting better.

**SHIRLEY:**

I understand that, but that doesn’t mean we all should just give up. Don’t you agree, Sheldon? You never know how much time you might have left if you eat well and let us take care of you.

**SHELDON:**

I’m doing my best, sweetheart, but we need to be realistic, too. I’m just happy that I have time to spend with my family. Even when we’re not talking about anything important, it’s just comforting to be with the people I love. It’s too bad that I have to be on my deathbed for it to happen.

**SHIRLEY:**

Sheldon! Don’t say that. You never know… miracles could happen. Your cancer could go away again.

**SUSAN:**

It could, but it probably isn’t going to. I think it’s important that Sheldon be able to talk about the fact that he is at the end of his life. At the same time, though Mr. Greenberg, it’s important to remember that you are still alive and your life has value even now.

**SHELDON:**

That’s a good point. I’m sorry, sweetheart, I didn’t mean to upset you. I just feel bad when I think about leaving you all alone.

**SUSAN:**

Perhaps we could talk about that. What your concerns are and how we might be able to help with them?

**SHIRLEY:**

That would be good. Sheldon, you were sleeping the other day when Susan was here, but she’s very helpful. We all talked about what we were worried about and then, after we all told our side of the problems, we all talked about ideas for what to do to solve the problems. She’s very good at her job, this young lady!

**Dialogue 11: Charlotte turns the conversation to Sheldon's medical issues.**

**CHARLOTTE:**

So, how has it been for you, Shirley, in terms of caring for Sheldon? I know you were worried about your ability to provide enough care.

**BRUCE:**

My wife and I have been helping with that, but it’s my understanding that hospice will be providing some help?

**SUSAN:**

Yes, I’ve been trying to arrange for a home health aide. I spoke with your insurance company and they will authorize someone to come in for three hours a day, Monday through Friday.

**SHELDON:**

What, so I don’t need help if it’s the weekend?

**SUSAN:**

I know. It can be very frustrating. The issue is that based on your current status, you aren’t qualified for a full-time aide.

**SHIRLEY:**

I don’t mind taking care of Sheldon. He’s my husband and that’s my job, but I just don’t know how to do some of these things. The girls in the hospital, they were just so fast and strong. I’m afraid if I try to help Sheldon to the bathroom or something, we’ll both fall and break a bone and then we’ll really be sunk.

**BRUCE:**

Mom, you definitely don’t want to be putting yourself at risk. We can figure something out that will get Dad and you the help you need.

**CHARLOTTE:**

Many people find it best if the aide comes in the morning and helps with bathing and other personal care issues. Then, the family members can usually handle helping the person get ready for bed.

**SUSAN:**

I’ll talk to the insurance rep again. Shirley’s age and strength may help justify more time with a home health aide.

**SHELDON:**

I hate that I am making more work for everyone. This isn’t what I wanted at all. I don’t want to be a burden to anyone, least of all to my wife and son.

**BRUCE:**

Dad, you’re not a burden. We’ll figure this out.

**Mission Summary**

Congratulations on completing Stages of Dying and Stages of Grief. As you prepare for the discussion question in your course room consider how Susan went about gathering the information necessary to complete a care plan. Are there other issues she should be considering? What other professionals might she need to coordinate with as she continues working with the Greenbergs?

**Summary Document Content**

MISSION TITLE

Stages of Dying and Stages of Grief

**RECAP:**

This mission illustrates the collaborative process that is used in multidisciplinary practice. In the first scene, you were able to see how Mr. Sheldon Greenberg came to need hospice services and how the human services professionals – hospital social workers and representatives from the

hospice organization – worked together to find an appropriate solution to the Greenberg family's needs. In the next scene, Susan Florman, the hospice social worker and case manager for the Greenbergs, facilitated a meeting with Mr. Greenberg's family and rabbi. In the next scene, Susan is in her office and is coordinating some of the solutions that came out of the previous two scene.

**LEARNING OUTCOMES:**

A multidisciplinary approach to human services practice is rooted in collaboration. In this mission, you were able to see various professionals applying collaborative skills in a variety of situations. Based on what you saw, you should be able to explain the importance of collaboration in the situation being illustrated. Additionally, you should be able to identify how the hourglass model, which you have discussed in the courseroom, was applied by the characters in the mission.

**RESOURCES:**

There are no downloadable resources or interactive exercises in this mission.