

Career Narratives in Healthcare Series

Students read one or more healthcare career narratives, develop and answer questions about it using question stems. Then they research one healthcare career of their own choosing.

ACTIVITIES IN THIS SERIES

1.1 • Using Question Stems to Read Healthcare Career Narratives

1.2 • Computer Research: Career Narratives in Healthcare



45 MINUTES

Using Question Stems to Read Healthcare Career Narratives



Students read one or more healthcare career narratives, then develop and answer questions as a reading strategy.

PREP

In the preceding class, have students sign up to read the healthcare narrative of their choice. It's okay if there is a career that no one signs up for.

Be prepared to discuss the utility of this activity for students who are interested in sectors other than healthcare.

- › *Examples of uses include improving reading skills, practicing developing questions about reading, expanding vocabulary, learning about healthcare professions they may come in contact with as a patient.*

MATERIALS

- *Career Narratives in Healthcare Sign-up*
- *Career Narrative Questions* handout
- *Career Narratives*

EXPLAIN

- 1 Distribute the *Career Narrative Questions* handout. Ask students to complete the first three prompts explaining why they chose the story, what they predict it will be about and what they expect to learn from reading it.
- 2 Ask students to annotate their reading, marking parts they thought were important, interesting, surprising or confusing.
- 3 Distribute the career narratives, and give students time to read and annotate.
- 4 When students have finished reading, direct them back to the questions page. Explain that research shows that when people ask their own questions, they remember more of what they read. Here, part of the question is written for them, and part of the question they will have to fill in. Ask students to complete the questions. You may want to have students read aloud a few of the questions once they are completed, or you can circulate to check progress.
- 5 After students write the questions, ask them to answer the questions.



Career Narrative Sign-up

In the space below, sign up to read a story about one of the following careers:

- Certified Nurse's Assistant
- Emergency Medical Technician (EMT)
- Massage Therapist
- Medical Translator
- Community Healthcare Worker

Name	Career Narrative

Career Narrative Questions

Before reading the story, complete the statements below:

1 I chose the story about being a _____ because _____

2 I predict this story is about _____

3 I expect to learn _____

_____ from reading this story.

After reading the story, complete and answer the following questions:

1 What does a _____ do every day?

2 What are the best parts of being a _____?



- 3 What are the challenges of being a _____?
- 4 Why did _____ say _____? What does it mean, and why is it important?
- 5 What is one other surprising and/or interesting thing you learned about being a _____?
- 6 What else do you want to find out about being a _____ that's not explained in the article?
- 7 Do you think you would want to be a _____? Why or why not?

A Typical Day for an EMT

Adapted from <http://www.shmoop.com/careers/emt/typical-day.html>

EMT Wendy Cureall starts her 24-hour shift at midnight. The private company that employs her is under contract to cover a suburban community Monday through Friday. Volunteers take over the duty on weekends.

Wendy's partner, Luke Tardy, has not arrived at the ambulance station yet. The ambulance, aka "the rig," needs to be checked at the start of each shift. A written checklist has to be completed to be sure that all medical equipment is working, enough supplies are on hand, and the vehicle itself is ready to drive. It's embarrassing to have to stop for gas on the way to the hospital. The last crew to use this rig was responsible for replacing any supplies they used, but you never know.

Rig check takes about two hours. It's a hassle to do, but you don't want to be on an emergency scene and find out that you don't have something you need. Example: During this rig check, Wendy finds out that one of the portable oxygen tanks is empty. The last crew used it and neglected to refill it. If you need to change tanks on a job and the spare you grab is empty, the patient could end up hurting, i.e. not breathing.

Wendy and Luke finish the rig check at 2:30am and head for the cots in the squad room. With any luck, it will be a quiet night of uninterrupted sleep. At 3:45, Wendy is sleeping deeply when some strange noise intrudes. It's the sound of her radio alarm activated by the 911 dispatcher. She heads out to the ambulance bay where Luke is already starting the rig.

The call is for a collapsed elderly male at a private residence. Luke knows where the street is without asking the dispatcher for directions. One of an EMT's responsibilities is to know the area they cover, including street names. One nice thing about being dispatched at 3:45am is that there isn't much traffic. Luke will not need to use the siren, which is good, because you never know how motorists will react.

Pulling onto the patient's street four minutes later, the house with the patient is identified by the flashing lights of two police cars outside. Wendy is first out of the rig. She grabs the first aid and respiratory kits. Luke brings the oxygen bag and defibrillator.

A police officer at the door directs her upstairs. The patient is sitting on the hallway floor leaning against the wall flanked by a police officer and a younger woman...



his daughter? He is conscious and turns his head to face Wendy, which causes her stress level to fall dramatically. It's always a relief to find your patient alert and breathing. The woman reports that the man, whose name is Hector and is her father, apparently got up to go to the bathroom. She woke up with a loud noise and found him unconscious on the hallway floor.

While Luke takes Hector's health history from the woman, Wendy starts her examination. Talking quietly to the patient while she works, she finds that his vitals are satisfactory, but notices several problems. His speech is slurred and he is leaning to one side. He has trouble formulating answers to her simple questions, like his age. Wendy goes downstairs out of earshot to call in her findings to the ER physician. He agrees with her suspicion that Hector has probably suffered a stroke. The faster a patient is treated after the onset of a stroke, the better the outcome, so Wendy wants to get him to the hospital quickly.

Luke and one of the police officers carefully move Hector to the ground floor using a stair chair. There, they transfer him to the stretcher that Wendy has brought from the rig. The transport to the hospital is uneventful. At this hour, 5am, there is no waiting, so the EMTs can quickly transfer the patient and leave. No one thanks them for their work.

Wendy says it is too late to go back to sleep. Luke offers to buy breakfast. He is still trying to make up for the siren scare back at the station. Wendy is on her second bite of pancakes in the diner when the radio alarm goes off. The 911 dispatcher: "Mountain View nursing home requesting transport for a patient with dehydration." Wendy heads out to start the rig while Luke pays.

The lobby of the nursing home is completely dark and empty as Wendy and Luke enter with the stretcher and first aid kit. They have no idea what room the patient is in. Wendy goes right and Luke goes left as they search for a staff member. Eventually, Wendy spots a maintenance worker at the end of a corridor. He calls for the duty nurse on his walkie talkie. She soon appears and guides Wendy and Luke to the right room.

The smell as they enter is overwhelming. It is obvious why the patient, an elderly woman named Maria, is dehydrated. She has been suffering from diarrhea in her bed. After taking the patient's vital signs, Wendy starts her on an IV as per the ER doctor's orders. The EMTs and nurse carefully lift Maria from the bed to the stretcher for an uneventful run to the hospital. By this hour, the ER has begun to fill up, so the EMTs must stay with their patient for 30 minutes until a bed opens up. After the patient has been moved, they disinfect the stretcher and are ready to leave.

They are scheduled to stand by at a high school football game at 4:00pm. Until then, they spend the time at the ambulance station taking a nap, watching TV, and playing cards. They also spend time on the computer taking online courses for the continuing education credits they will need for re-certification.

When they arrive back at the station, the dispatcher calls them out to an MVA (motor vehicle accident) on Treadway Avenue. Upon arriving at the scene, they find a young female driver behind the wheel of a subcompact. Apparently she didn't see the back of the tractor trailer truck stopped in front of her. (Want to bet she was texting?) Wendy realizes that extrication tools will be needed to get the woman out of the car. She confirms that the police on scene have already dispatched the fire department with its hydraulic tools known as the Jaws of Life. Firefighters live to cut up cars. While waiting for the firefighters, Wendy squeezes into the back seat of the car to stabilize the woman's spinal column while Luke takes her vitals through the window. It seems that the driver is more frightened than injured, but spinal injury is always a possibility in an MVA so Wendy applies a cervical collar. The firefighters arrive to remove the car door and they help the EMTs to put the driver onto a spineboard and move her into the rig.

The rest of the shift is uneventful. The relief crew arrives at 11:45pm and makes small talk with Wendy and Luke. As these two get ready to go home, the radio alarm goes off at 11:58. Technically, Wendy and Luke are still on duty, but the relief crew offers to take the call if they get an IOU for dinner. Wendy and Luke gratefully promise to pay up.



It's Just Who I Am – A Hospice Nursing Assistant's Story

*Posted on June 5, 2013 by Celtic Healthcare in Hospice
www.celtichealthcare.com*

After 16 years working with hospice, Connie Marshall, Celtic Hospice CNA (Certified Nursing Assistant) says, “It’s just who I am. I have always been the one who takes care of everyone. If someone needs help – I help them. I love what I do, and I would never think of doing anything else.”

Even when probed about a bad day or bad experience, Connie is the most positive, warm, caring person you might ever encounter. There is never a day she feels like quitting or doing something different. She is where she is meant to be. And Celtic Healthcare is certainly fortunate to have her!

What does Connie love most about being a Hospice CNA?

“I like both the emotional and physical aspects of my job,” says Marshall.

“It makes me happy to go to work when I know I have built a caring and trusting relationship with my patients and their families... to know they are comfortable with me coming in... knowing that they can share those sometimes deep, dark secrets that they can’t with anyone else, but need to let go of to attain peace.”

Connie shared the story of one of her patients, Veteran Tom*. As a young man, Tom was engaged to be married to his sweetheart when he was drafted to serve his country. After several years of serving his time, Tom lost contact with this young lady. He came home, but he never reconnected with her. Time passed and life moved on. Tom fell in love with someone else, married, and lived a happy life. But Tom was haunted with the shame and guilt of just leaving his first love to hang – never personally talking to her and properly ending the relationship. He never told his wife or family, but finally unburdened the story on Connie during one of her visits with him during his last few days. Connie comforted him, and Tom was released of this ghost he could never share.

“It is such a privilege to be with people who are so comfortable with you that they can tell you these important secrets that need to be unburdened.”

Connie also loves the physical care she provides as a hospice nurse’s assistant.

“Massaging, bathing my patients, getting them relaxed and comfortable and feeling fresh,” comments Marshall, “makes me feel good too.” “Seeing them feel good, putting on a brightly colored top, applying lotion to soothe their skin – the physical contact is really important.”

When asked about the hardest part of her job, Connie revealed it is losing patients that she has become attached to.

“After they pass, you know you did your job and took care the best you could,” remarks Marshall, “but it is still hard sometimes.”

“Fortunately,” continues Marshall, “we have an amazing support system within our Celtic hospice team. If I am feeling down, I call one of my fellow co-workers – maybe another aide or a nurse, maybe the chaplain or bereavement counselor, or maybe someone in the office. Everyone is so supportive and understanding. We lean on each other for support.”

Connie recalls a particular son of one of her patients from years ago. This son, Jake*, wasn’t ready for mom to be terminally ill. He wasn’t ready to lose her. So every time Connie visited her patient, she made sure she spent some time talking with Jake too. Little by little, she would explain things to him that were happening, and every time she could see Jake feeling a bit more comfortable. By the time Mom passed, Jake was ready. For years after that, Connie received Christmas cards from Jake.

“Helping families get prepared” is one of Connie’s favorite aspects of her job. She will never forget Jake, and Jake will most likely never forget Connie.

Some days are a little harder than others. “It’s the little old ladies,” Marshall chuckles, “that can sometimes be a challenge.” Connie has the bruises and scrapes to prove it as she’s been hit, kicked, pinched and poked more times than she can count, but Connie calmly states: “You just have to be gentle and calm them down and do the best you can to help them through this difficult time. In their mental state, they don’t realize what they are saying or what they are doing. I realize they are sick and just do what I can for them.”

“Hard days are also when the patients are young,” continues Marshall, “I recall one patient who was much younger than I expected when I arrived. He and his wife were just newly married with what should have been a long exciting journey ahead, but it was not meant to be for them. I made it through the visit fine, but after I got to my car, I broke down sobbing and called my husband who comforted me through it. Young people are more challenging because they haven’t lived their lives yet, and that makes me sad.”

As if bathing, comforting, being kicked and punched aren’t enough to be all in a day’s work, Connie also reports to the office two afternoons a week with the responsibility of ordering and inventorying all the hospice supplies.

In her spare time, Connie loves to bake. In fact, she is baking the wedding cake for her son’s upcoming wedding in just a few weeks. It’s a full life, but Connie Marshall is just where she loves to be – caring for people at work and at home. As Marshall so simply states, “It’s just who I am.”

If you would like more information on hospice services or working as a hospice aide, please visit our website at www.celtichealthcare.com.



On the Job: Community Health Worker

Specialized outreach worker reduces barriers to care

By Tara Bannow / *The Bulletin*

Adapted from: <http://www.bendbulletin.com/health/3004536-151/on-the-job-community-health-worker>

Elva Lopez is invaluable to Mosaic Medical. If patients with complicated cases - severe health issues and personal hardships such as homelessness - go off the providers' radar and can't be reached by phone, she goes out and tries to find them. Sometimes that means going to their homes. If they don't have homes, she goes to where they might be. "We'll just go," Lopez said. "We'll meet under a bridge. We'll jump under a couple fences, if need be, to get a hold of the patient."

Lopez is a community health worker. She connects patients with important services and other necessities that are not directly related to the treatment of their physical health conditions. In many cases, it's helping them enroll in health insurance. It's helping them find affordable housing. It's helping them pay for their medications. It's finding a place where they can get dental care.

Asked the full list of things she does, Lopez's eyes widen. "There are so many!"

MANY FACTORS TO HEALTH

The factors that contribute to a person's health extend well beyond treatments and medications. If people lose their homes or jobs, they probably aren't going to be thinking about going to the doctor, said Elaine Knobbs, Mosaic's director of programs and development.

"They have some crisis in their life and all of a sudden they're staying with someone else and their lab work and prescriptions aren't at the top of their minds," she said. "They're thinking, 'What am I going to eat?' But at the same time, we don't want them to get sicker."

Lopez said her job is to remove those social, financial or logistical barriers so people can focus on improving their health. For example, she's working with a patient who wants to start exercising again but has an ostomy, a surgically created opening in the abdomen to allow waste or urine to leave the body. "She needs to start feeling better. She wants to do that," Lopez said. But patients with ostomies have pouches covering the openings that collect the waste but aren't waterproof. Lopez and her team at Mosaic were recently approved funding for a device that will cover the opening and allow the patient to swim.

In another case, Lopez helped secure funding through state and federal programs to fix an electric wheelchair for a patient. The process, however, took two years.

Lopez also helped get dentures for an uninsured patient who suffered from depression because of her bad teeth. She wouldn't smile and often held her hand over her mouth.

Lopez connected the woman with insurance and got her an appointment to have the dentures fitted. “She got her dentures and, my gosh, no more depression, none of that,” Lopez said. “She goes out in the community now and just does for herself. She was going downhill so much, and it was just one little thing: dentures.”

And there’s the patient who brings Lopez nearly to tears to think about: a homeless man who initially came to the clinic very angry. “He felt like everybody was just pushing him away,” she said. It turned out the man had an enlarged heart and had been told he was going to die from the condition, Lopez said. He simply wanted to know that his two children would have a place to live and someone to look after them once he was gone. Lopez secured housing for the kids and the man, in addition to a caregiver who agreed to stay with the kids. She also secured insurance through the state for the man. “He eventually did pass away, but he got better before that actually happened,” she said. “For me, that’s one of the stories that has stayed with me for the longest time. Even if it’s not helping the patient now, it’s helping them somewhere in their lives.”

COMMUNITY NEED

Not everyone can do what Lopez does. It requires an extensive knowledge of the community and a wealth of connections to the various local organizations that provide the services patients need. Lopez was one of Mosaic’s first employees when it opened in 2002, starting as an outreach worker and then transitioning to become a community health worker nine years ago.

Many community colleges have community health worker training programs, after which students can apply for certification through the state. The challenge now is getting the entities that pay for health care to provide reimbursement for community health workers, she said. As a federally funded community health center, Mosaic already gets funding for outreach workers, which it uses to pay community health workers, Knobbs said. But for other clinics, paying for such positions is a challenge, she said.

On a recent Friday, Lopez spent the morning documenting what happened at a home visit the previous day. Then she met with a couple of patients who were transitioning into assisted living facilities to see what help she could offer. She checked in with another patient who needed vision help. She called up some patients to see how they were doing. She did a home visit for a patient her team hadn’t been able to reach.

On a typical day, Lopez said she sees between five and 12 patients, depending on which Mosaic clinic she’s working at. The most important thing about being a community health worker is having a passion for helping people, Lopez said. “We love it,” she said. “We love what we do. This is our calling, and not many people can say that. It’s what we were born to do.”



A Day In The Life of a Massage Therapist

Adapted from: http://dept.clcillinois.edu/biodv/healthlibrary/pdf/life_MessageTherapist.pdf

One of the reasons many get into the career of Massage Therapy is due to its flexibility and possibilities. Whether a person is just entering the work world or leaving a life of 9 to 5 for something completely different, there is something available in this health field for everyone.

It's hard to give just one idea of what a day in the life of a massage therapist looks like because it's different for all therapists. So I'll tell you a couple different experiences I've had in my short, but full, 4 year career as a MT, and how I went about making the choices I have made.

When making my decision to go into this field, I asked myself many questions: Am I looking to massage full time or part time? What environment can I see myself working in? What type of clientele would I enjoy seeing? Do I want to work at one place or multiple? Or do I want to work for myself? There are many questions I had to ask in determining what my day may look like, and the above are just a few to get me started.

When entering MT School I thought I was going to use massage as a way to supplement my income. I wanted something extremely flexible that I could do anywhere, anytime. What I didn't realize was how drastically my life would shift upon seeing all the possibilities available in this career choice. With the bowling industry struggling to stay afloat, and not too many places for a female bowler to compete, I decided to look at other opportunities. Some of the most common employers of Massage Therapists are spas, chiropractic offices, physical therapy offices, health clubs, hotels, and privately owned massage studios. Another option I considered was working for myself. That may mean opening a storefront, traveling to clients' homes, working out of my own home, or renting space from someone.

A month into school, I was completely enthralled. I couldn't get enough of what I was learning. I decided that I wanted to get started right away and learn as much as I possibly could.

I started looking for a job that would allow me to be in the field I was so captivated by, so that when I was licensed, I would have a full working knowledge of the industry. When looking at the above choices, I decided the best bet for me was to work for someone else to learn the ins and outs of all that went into running a massage business. Within weeks I found myself working at a privately owned massage studio. My rationale was I would learn more working for an independent company with many areas that I could take part in.

Prior to finishing school, my day was mostly cleaning and administrative duties, but I also completed my hands-on outreach hours for school while at work. Once licensed, my role was massage therapist and manager of that massage studio. Of course, first

priority was servicing clients needing massages but when there weren't bodies to massage, I was making advertisements, e-newsletters, adding to our client database, and other administrative/advertising/marketing activities.

My day looked something like this:

<i>10:30am</i>	<i>Walk to work</i>
<i>11:00am</i>	<i>Shift started</i>
<i>11:00–12:00pm</i>	<i>If no client, check messages, return calls, start laundry</i>
<i>12:15–1:15pm</i>	<i>Greet client, take history, massage session</i>
<i>1:15–1:30pm</i>	<i>Use restroom, ring up that client, get table ready for next appointment, and switch the laundry</i>
<i>2:30–3:30pm</i>	<i>Greet client, take history, massage session</i>
<i>3:45pm</i>	<i>Lunch</i>
<i>4:45–5:45pm</i>	<i>If no client, create an e-newsletter; add to client database, laundry, etc</i>
<i>5:45–6:45pm</i>	<i>Greet client, take history, massage session</i>
<i>6:45–7:00pm</i>	<i>Use restroom, ring up client, get table ready for next appointment, and switch the laundry</i>
<i>7:00–8:00pm</i>	<i>Last Massage Session of the day – Greet, history, massage</i>
<i>8:00pm</i>	<i>Close up duties: Clean table, fold laundry, etc.</i>
<i>8:30pm</i>	<i>Walk home/dinner</i>

The above was a pretty typical day for my first two years of employment in the Massage Therapy industry. I worked 5 days a week, 11am to 8pm or 12pm to 9pm, and weekends, as this is when most people are free to receive massage. My days off were Monday and Wednesday, or two days during the week. Some days I would have as many as five clients and some days as little as 0 or 1. Days with 5, all I did was massage, laundry, and lunch. Days with very little massage were geared toward getting more people in the door. If I was working for myself, the day would be very similar except I would have leeway to decide if I wanted to leave early, when I want to book clients, maybe I need a full day to work on generating clients etc.

Wages: There are a few different options in payment arrangements. Generally in MT, a therapist is either an employee paid hourly with tips or an independent contractor working on a percentage split, that is unless one is self-employed. The example above, I was an employee at \$14/hour with tips. If working on a percentage split a MT might expect to take home 30% or 40% of what the client paid, while the employer keeps the rest. A good split for a therapist would be 50/50. The benefit of being an employee is making a stable, dependable income. However, as an independent contractor, the benefit is the high earning potential.



Being a Medical Interpreter

by Kristie North

Adapted from: <http://lrc.wfu.edu/careersinlanguages/main/article-north.htm>

A crying child who misses his mother. A woman who ecstatically receives the news that she is pregnant. A couple who has tested positive for a serious STD. These are only a few examples of the situations that I encounter every day.

I am a medical interpreter. I am also a student. I am very thankful that the interpretation certification program came to Wake Forest University during my time here. In May, I will be one of the first two students to graduate with the certificate.

I decided to take the Interpretation and Translation survey class with Dr. Furmanek last year more out of curiosity than any other reason. After discovering that I have an interest in and affinity for the work, I am taking the course in consecutive and simultaneous interpretation and performing a paid internship to complete the requirements.

I have quickly discovered that, while I do not plan to make Spanish/English interpretation my career, it is a growing field which can open doors to other professional opportunities. No matter if a student is interested in business, law, or medicine (like me), interpreting in your chosen field gets you involved in ways that most interns can only imagine.

After volunteering as a medical interpreter for a year and a half, I was offered a job this semester interpreting at a local OB/GYN center. Not only can I make a contribution to patient's medical care, but I also get the invaluable opportunity to observe professionals at work. I am involved and actively consulted as doctors take a medical history, perform a physical exam, and offer a diagnosis and treatment. The people with whom I work know about my aspirations and make a special effort to teach me. They explain symptoms, let me watch procedures, and show me interesting specimens under the microscope.

My best experience as an interpreter, however, was just a couple of weeks ago. A woman for whom I had interpreted came in for her post-partum checkup. She brought her newborn with her to the appointment. His name is Javier. As his mother was examined, and I interpreted, I held Javier and stroked his hair. Every so often his big brown eyes would open to squint at me before falling closed again. It was just so incredible to think that I played a very small part into bringing this healthy, beautiful child into the world. In the field of interpreting, you bring people together; and together, people can do amazing things.