Resolve Through Sharing®

Bereavement Education Model
Position Paper



Since 1981, Resolve Through Sharing® (RTS) has been the gold standard in bereavement care and education. We have trained nearly 50,000 people from the United States, Canada, Ireland, and military bases around the world. What accounts for the long-running success? This position statement identifies the principles and practices of the Resolve Through Sharing education model.

Principles

We use a relational learning approach. We base our relational learning approach on the following principles, which are the underpinning for the best practice model for Resolve Through Sharing bereavement training.

Development of professional skills in carina for families when a loved one dies is anchored in human relationships and experience and is, therefore, situated within a social context (Rogoff, 1990). Relational learning supports growth and transformation on both a professional and personal level. Relational learning occurs dynamically through three different levels of relationships or parallel processes: participants with each other, participants with presenters, and presenters with each other. Relational learning is competency-based (being with, knowing and relating, doing the job or task, communicating, regulating emotion) (Pridham et al., 1998). Relational learning is a guided approach with more experienced, resourceful faculty guiding less experienced, but equally resourceful, participants. Both are teachers, both learners (Pridham et al., 2006). Telling and listening to stories promotes self-awareness, reflection, and transformation, necessary components of sensitive, compassionate bereavement care (Browning & Solomon, 2006). The teaching and learning environment is built on respect, trust, and integrity. Each person's stories are important.

Best Practice Model

Process is central to our uniquely-designed, standardized, bereavement training. Course instructors and participants connect with each other. This happens through a) small group work, including participants' comments and reflections in the on-going process of the training, and b) faculty who are "known" by the participants, faculty who speak about and model the highest level of bereavement care. Key components include

- ✓ Two course instructors co-present most of the didactic material, alternating slides.
- ✓ Both facilitate all the "work" the participants do, such as small group discussion, reporting out, role play, and other exercises.
- ✓ Small-group work includes opportunities to role-play.
- ✓ Small-group work requires participants to reflect on their own emotions.
- ✓ A multidisciplinary approach to perinatal bereavement care is woven into the training.
- ✓ Participants are invited to share stories. Course instructors balance didactic content with participants' spontaneous offering of personal narratives.
- ✓ All 2-day trainings include a family panel presentation followed by interactive discussion.
- ✓ Relevant content from DVDs is intermingled with didactic presentations and discussion. Processing time is included when the DVD content is emotionally laden.
- ✓ Tissues are readily available.
- ✓ Course instructors are available—even briefly—to those participants who come to them to share personal suffering.
- ✓ Each participant has her or his own practice handbook to allow for note taking, flagging pages, and to use over and over as a personal resource.

In Summary

In summary, Resolve Through Sharing education is uniquely designed to foster relationship within the training itself and afterward through participants' care of bereaved families. It highlights relationship competencies and makes being with others who are suffering central to caring. It connects learning to experience.

To read more about the ideas summarized in this paper, see:

- Browning, D. (2002). To show our humanness—relational and communicative competence in pediatric palliative care. *Bioethics Forum*, 18(3/4), 23-28.
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 Transformative education and the culture of medicine. *Child and Adolescent Psychiatric Clinics of North America*, 15, 795-815.
- Lave, J., & Wenger, E. (1991). Situated learning: legitimate peripheral participation. Cambridge (UK): University of Cambridge Press.
- Limbo, R., & Kobler, K. (2013). Meaningful Moments: Ritual and Reflection When a Child Dies. La Crosse, WI: Gundersen Medical Foundation.
- Pridham, K., Limbo, R., Schroeder, M. S., Krolikowski, M., & Henriques, J. (2006). A continuing education program for hospital and public health nurses in guiding families of VLBW infants in caregiving. *Journal of Continuing Education in Nursing*, 37(2), 74-85.
- Pridham, K. F., Limbo, R., Schroeder, M., Thoyre, S., & Van Riper, M. (1998). Guided participation and development of care-giving competencies for families of low birth-weight infants. Journal of Advanced Nursing, 28(5), 948-958.
- Rogoff, B. (1990). Apprenticeship in thinking: Cognitive development in social context. New York: Oxford University Press.

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