Long-Term Care Facilitator's Guide for Educational Resources

Nursing Home Alzheimer’s Disease and Related Disorders

Training for Long-Term Care Staff

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Facilitator’s Guide

Nursing Home Alzheimer’s Disease and Related Disorders Training for LTC Staff

Description and Purpose
This training is designed to satisfy the state of Florida’s requirement for one hour of training on dementia for nursing home staff. The training consists of a DVD, an Educational Handout for the learner, and two instructor-led question-and-answer sessions.

Learning Objectives
This training is designed to help the user achieve the following learning objectives:

- Define dementia
- Understand the differences among the cognitive changes of normal aging, delirium, and dementia
- Describe and recognize the characteristics of the early, middle, and late stages of dementia
- Define “quality of life” and “quality of care” and recognize their importance by individualizing a care plan
- Understand and explain the person-centered care approach to residents with dementia
- Understand the basic components of human communication, including verbal and nonverbal modalities
- Understand the progressive changes in communication that occur during the progression of dementia
- Recognize nonverbal expressions of pain and discomfort
- Demonstrate basic skills of communication with residents with dementia including those with challenging behaviors
- Describe cultural differences in communication

Target Audience
- LPNs
- Other nursing home staff

Procedures for Implementation
This training has four stages/parts:

1. First section of the DVD (Introduction to Dementia)
2. Instructor-led practice exercises and questions
3. Second section of the DVD (Communication with Residents with Dementia)
4. Instructor-led practice exercises and questions

The first section of the DVD is an introduction to dementia; the second section focuses on communication with residents with dementia. Each practice exercise session is designed to reinforce what was presented via DVD multimedia. This format gives the instructor time to address dementia-related questions from the learners.

Questions for the students are given in the Educational Handout (answers indicated here).
Section 1: Introduction to Dementia

1. Dementia is defined by changes in which of the following abilities? (Mark all that apply.)
   A. Memory
   B. Abstract thinking
   C. Digestion
   D. Communication ability
   Answer: A, B, and D are correct.

2. Little or no memory remaining is most likely to occur in which stage of dementia?
   A. Early
   B. Middle
   C. Late
   Answer: C

3. Mild confusion is most likely to occur in which stage of dementia?
   A. Early
   B. Middle
   C. Late
   Answer: A

4. Moderate to severe communication difficulties are most likely to occur in which stage of dementia?
   A. Early
   B. Middle
   C. Late
   Answer: B

5. Visual hallucinations are usually associated with:
   A. Normal aging
   B. Delirium
   C. Dementia
   Answer: B

6. “Progressively unable to care for himself, eventually requires total assistance” best describes:
   A. Normal aging
   B. Delirium
   C. Dementia
   Answer: C

7. “Mild forgetfulness, but able to use reminders” best describes:
   A. Normal aging
   B. Delirium
   C. Dementia
   Answer: A

8. Which of the following describes quality of life? (Mark all that apply.)
   A. High quality of life resides in the full expression of life’s potential
   B. Is not important for dementia residents
   C. Is made better through improved communication, environment, activities, etc.
   Answer: A and C are correct.
Section 2: Communication

1. Increased difficulty in comprehending others is a common problem in which stage of dementia?
   A. Early
   B. Middle
   C. Late

   Answer: B

2. In which stage of dementia is vocabulary often reduced to a few words or phrases?
   A. Early
   B. Middle
   C. Late

   Answer: C

3. In which stage of dementia is difficulty finding words a common problem?
   A. Early
   B. Middle
   C. Late

   Answer: A

4. Which of the following are good ways to improve verbal communication? (Mark all that apply.)
   A. Allow time to respond and present one idea at a time, minimizing information overload.
   B. Use the resident’s formal name instead of the name used by friends and family.
   C. Praise and encourage the person; show affection.
   D. Speak warmly, quietly, and with eye contact (when appropriate).

   Answer: A, C, and D are correct.

5. Which of the following are good ways to improve nonverbal communication? (Mark all that apply.)
   A. Smile.
   B. Use simple gestures to enhance what you say.
   C. Maintain a reserved, cool expression.
   D. Approach interactions in a calm manner.

   Answer: A, B, and D are correct.

6. Which communication behavior(s) are always good to use regardless of the resident’s cultural background? (Mark all that apply.)
   A. Give simple choices.
   B. Maintain eye contact and close proximity.
   C. Use nonthreatening gestures.
   D. Ask personal and family questions.

   Answer: A and C are correct.

Required Resources for Learners
- DVD Player and TV monitor
- One Educational Handout for each learner
Learning Objectives for Section 1: Introduction to Dementia

The LPN (or other nursing staff) will be able to:
- Define “dementia”
- Describe the differences among the cognitive changes of normal aging, delirium, and dementia
- Describe and recognize the characteristics of the early, middle, and late stages of dementia
- Define “quality of life” and “quality of care” and recognize their importance by individualizing a care plan
- Understand and explain the person-centered care approach to residents with dementia

Summary of Section 1: Introduction to Dementia

In summary, dementia has many causes, but the most common cause is Alzheimer’s disease. The signs and symptoms of dementia may vary from person to person, but in general, the signs and symptoms continue to worsen over time. The loss of function caused by dementia often results in the need for long-term care.

Dementia can be mistaken for delirium. Delirium is a very different disease, with a rapid onset of confusion often caused by a sudden illness, infection, or pain. Delirium is a medical emergency.

The quality of life of the resident with dementia can be improved by using an interdisciplinary team approach to care planning. The LPN is a core team member. The person-centered care approach is essential to quality care because it recognizes the resident as a person and prioritizes the resident’s preferences and needs.

Learning Objectives for Section 2: Communication

Through this training the LPN will be able to:
- Understand the basic components of human communication, including verbal and nonverbal modalities
- Understand the progressive changes in communication that occur during the progression of dementia
- Recognize nonverbal expressions of pain and discomfort
- Demonstrate basic skills of communication with residents with dementia including those with challenging behaviors
- Describe cultural differences in communication

Summary of Section 2: Communication

Communication is crucial to interaction with residents with dementia. Incorporating basic communication skills that take into consideration cultural and ethnic differences will facilitate the care of residents with dementia. As verbal communication skills decline, behaviors often become the usual form of communication. Acquiring good communication skills lessens the possibility that you will miss important medical problems. Good communication can also reduce distress behaviors and result in improved quality of life and care for the resident with dementia.
Assessment of Learner Knowledge

Assessment of knowledge acquisition for each unit is achieved through responding to a series of pre- and post-test questions derived from the learning module material. To ensure that learners have the opportunity to gain clarity and ask questions, the facilitator is asked to discuss the content of the pre- and post-test questions with the learners after they have watched the module content.
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   **Answer:** A

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   A. Early
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   C. Late

   **Answer:** B

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Continued on the next page…..
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   B. Maintain eye contact and close proximity.
   C. Use nonthreatening gestures.
   D. Ask personal and family questions.
   Answer: A and C are correct.
**MDS MEDICARE PPS ASSESSMENT FORM (VERSION JULY 2002)**

**A1. RESIDENT NAME**
- a. First
- b. Middle Initial
- c. Last
- d. (SP)

**A2. ROOM NUMBER**

**A3. ASSESSMENT REFERENCE DATE**
- Last day of MDS observation period
- Day
- Mon, Wed, Fri

**A4. DATE OF REENTRY**
- Days of stay from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days)
- Days

**A5. MARITAL STATUS**
- Never married
- Married
- Widowed
- Divorced

**A6. MEDICAL RECORD NO.**

**A8. MEDICAL HISTORY**

**A9. IMMUNIZATIONS**

**A10. ADVANCED DIRECTIVES**
- (If these items are completed in the medical record, check all that apply)
- a. Do not resuscitate
- b. Do not hospitalize

**A11. COMMUNICATE**
- (Resident's ability to communicate)

**A12. MEMORY**
- Recall of what the resident knows
- Short-term memory OK
- Long-term memory OK

**A13. MEMORY/RECALLABILITY**
- Current resident
- Location of resident
- Staff recognition

**A14. SKILLS FOR DAILY DECISION-MAKING**
- Independent—decisions consistent with resident's desires
- Moderately impaired—some difficulty in new situations only
- Severely impaired—requires constant assistance

**A15. INDICATORS OF DECREASED PERIODIC EXCITED, DROWSY, THINKING AWARENESS**
- Indicators of decreased periodic excitement

**A16. MOOD PERSISTENCE**
- One or more indicators of depressed, sad, or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days
- 0. No mood
- 1. Indicators present
- 2. Indicators, not easily altered

**C4. MAKING SELF UNDERSTOOD**
- (Expressing information content correctly)
- 0. UNDERSTOOD
- 1. USUALLY UNDERSTOOD
- 2. SOMETIMES UNDERSTOOD

**C5. ABILITY TO UNDERSTAND OTHERS**
- (Understanding verbal information content—however able)
- 0. UNDERSTANDS
- 1. USUALLY UNDERSTANDS
- 2. SOMETIMES UNDERSTANDS

**D1. VISION**
- (Ability to see in adequate light and with glasses if used)
- Adequate—sees only fine detail, including regular print in newspapers/ books
- Moderately impaired—sees large print, but not regular print in newspapers/ books
- Severely impaired—vision limited to able to see newspaper headlines, but cannot identify objects
- Very severely impaired—vision limited to able to recognize shapes, objects, or colors

**E. INDICATORS OF DECREASED PESSIMISM, ANXIETY, SAD MOOD**
- (Code for indicators observed in last 30 days, irrespective of the suspected cause)
- 0. Indicator not exhibited in last 30 days
- 1. Indicator of this type exhibited up to three days a week
- 2. Indicator of this type exhibited daily or almost daily (6 or 7 days a week)

**VERBAL EXPRESSIONS OF DISTRESS**
- a. Resident makes negative statements—e.g., "Nothing matters; I would rather be dead. What's the use?"
- b. Resident expresses feeling of hopelessness—e.g., "I have lived too long. Let me die."
- c. Resident makes suicide threats—e.g., "If I were to die, who would be left?"
- d. Resident makes death threat—e.g., "I want to die."
- e. Resident makes physical threat—e.g., "I will kill myself."

**RELIGIOUS EXPERIENCES**
- a. Resident is a member of a religious group
- b. Resident participates in religious activities
- c. Resident expresses religious preferences

**SOCIAL INTERACTIONS**
- a. Resident is able to interact in a social setting
- b. Resident is able to interact in a group setting
- c. Resident is able to interact in a family setting

**ADVERSE PHYSICAL GEOMETRY**
- a. Resident is unable to move freely
- b. Resident is unable to move independently
- c. Resident is unable to move with assistance

**NUTRITION AND MEALTIME BEHAVIOR**
- a. Resident refuses food
- b. Resident refuses to eat
- c. Resident refuses to eat in quantity

**OBSERVATIONS AND MEASUREMENTS**
- a. Resident's weight
- b. Resident's height
- c. Resident's blood pressure

**PHYSICAL FUNCTIONING**
- a. Resident's mobility
- b. Resident's ability to walk
- c. Resident's ability to stand

**MENTAL FUNCTION VARIABILITY**
- a. Resident's variability in thinking
- b. Resident's variability in behavior
- c. Resident's variability in mood
User Feedback – TRAINER Version

Nursing Home Alzheimer’s Disease and Related Disorders Training for LTC
Staff: Basics (“Understanding Dementia” and “Communication”)
DVD Version 1.0

After viewing the materials on the accompanying DVD, please take a few minutes to provide
us with your feedback. Your input will help us improve the prototype DVD and thus create a
better training tool for helping nursing homes and their staff provide high-quality care for
their residents with dementia.

Background

1. Name: ___________________________________________
2. Position: _________________________________________
3. Institution/Organization: _____________________________
4. What methods does your facility use to provide training? (Mark all that apply.)
   a. Lecture
   b. Workshop or practicum
   c. PowerPoint presentation
   d. Videotape
   e. DVD
   f. Handout
   g. Computer-based training
   h. Web-based training

Section 1: Understanding Dementia

5. How well will Section 1 serve as an introduction to the dementia training for LTC
   Staff?

<table>
<thead>
<tr>
<th>poorly</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>very well</th>
</tr>
</thead>
</table>

Please comment:

6. How well will Section 1 train LTC Staff in understanding the characteristics of
dementia and the special needs of the person with dementia?

<table>
<thead>
<tr>
<th>poorly</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>very well</th>
</tr>
</thead>
</table>

Please comment:

7. How well will Section 1 train LTC Staff in defining dementia?

<table>
<thead>
<tr>
<th>poorly</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>very well</th>
</tr>
</thead>
</table>

Please comment:
8. How well will Section 1 train LTC Staff in understanding the differences between cognitive changes of normal aging, delirium, and dementia? [poorly 1 2 3 4 5 very well]

Please comment:

9. How well will Section 1 train LTC Staff in describing and recognizing the characteristics of the early, middle, and late stages of dementia? [poorly 1 2 3 4 5 very well]

Please comment:

10. How well will Section 1 train LTC Staff in defining quality of life and quality of care and recognizing their importance by individualizing the care plan? [poorly 1 2 3 4 5 very well]

Please comment:

11. How well will Section 1 train LTC Staff in explaining the person-centered approach in residents with dementia and its importance? [poorly 1 2 3 4 5 very well]

Please comment:

Section 2: Communication

12. How well will Section 2 serve to act as a foundation for further LTC Staff skill development and learning related to the care of persons with dementia? [poorly 1 2 3 4 5 very well]

Please comment:

13. How well will Section 2 train LTC Staff in adapting communication to the cognitive/emotional needs of persons with dementia? [poorly 1 2 3 4 5 very well]

Please comment:

14. How well will Section 2 train LTC Staff in understanding the basic components of human communication, including verbal and nonverbal modalities? [poorly 1 2 3 4 5 very well]

Please comment:
15. How well will Section 2 train LTC Staff in explaining changes in communication that occur during the course of dementia?  

| Poorly | 1 | 2 | 3 | 4 | 5 | very well |

Please comment:

16. How well will Section 2 train LTC Staff in recognizing nonverbal expressions of pain and discomfort?  

| Poorly | 1 | 2 | 3 | 4 | 5 | very well |

Please comment:

17. How well will Section 2 train LTC Staff in demonstrating basic skills to communicate with residents with dementia including those with challenging behaviors?  

| Poorly | 1 | 2 | 3 | 4 | 5 | very well |

Please comment:

18. How well will Section 2 train LTC Staff in describing cultural differences in communication?  

| Poorly | 1 | 2 | 3 | 4 | 5 | very well |

Please comment:

19. What did you like best about the DVD-based curriculum on dementia?  

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

20. What didn’t you like? What changes would you recommend for the DVD or the other materials?  

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

21. Have we provided a good quality product? Does the module set reflect experience/competency/quality?  ___ yes ___ no

22. Does it provide a value for education in-service?  ___ yes ___ no

23. Will this product reflect well on you the trainer?  ___ yes ___ no

24. Does the product meet a need?  ___ yes ___ no

Please FAX the completed Feedback Form to: 305-762-1472. Alternately, you may complete the Form online at:  http://ltc.geriu.org