Resident Dining in the Long-Term Care Setting
Facilitator's Guide
TABLE OF CONTENTS

INTRODUCTION

A. GENERAL INFORMATION FOR EDUCATORS……… 4
   Preparation
   Group Size
   The Education Session
   Using the DVD-based Curriculum

B. EDUCATIONAL MATERIALS……………………….. 5-11
   Section 1 What is Dignity?
   Section 2 Highlighting Dignity in Long-Term Care
   Section 3 Examples from “Dining at Home” Program
   Section 4 Communication and Dignity
   Section 5 Residents with Special Needs
   Section 6 What About Your Dining Program?
   Section 7 Being Comfortable with Change

C. ROLE-PLAY SCENARIOS.................................. 12-13

D. CASE STUDIES............................................. 14-15

E. GLOSSARY..................................................... 16

F. CULTURE CHANGE RESOURCES..................... 17
   References
   Dining at Home
   Websites
INTRODUCTION

Resident Dining in the Long-Term Care Setting

Dining is an ordinary but important daily activity for all of us. Persons who live in long-term care have individual mealtime memories and preferences in addition to the mealtime assistance they may need from others. Individual dignity is enhanced by a dining experience that is respectful of each resident’s choice and preferences as well as need for supportive care. A comfortable, home environment that provides varied meal presentations is one important way to create a person-centered approach to dining. By incorporating the images and experiences of the Teaching Nursing Home (TNH) program called “Dining at Home”, this DVD-based curriculum provides a basic teaching tool for creating or strengthening a dining enhancement program in the nursing home and highlighting resident dignity in nursing home dining practices.

Target Audience for this DVD-based Curriculum

While the target audience is direct care staff in various nursing home departments, the goal of this educational program is to raise awareness among all staff regarding the many opportunities that exist to enhance resident dignity within the daily dining experience.

Overview of Educational Objectives:

Person-centered care is the underlying philosophy of this educational curriculum. Learners will:

- Be able to illustrate resident dignity and identify the absence of dignity in ordinary daily nursing home interactions.
- Be able to describe staff actions that support resident dignity through respectful communication related to mealtime.
- Become familiar with the use of specific dining practices and how they enhance resident dignity.
- Observe the Learning Circle, a tool for sharing ideas among staff and including residents.
- Explore the dining enhancement techniques found to be meaningful and effective in the “Dining at Home” program model.
- Identify various challenges to resident dignity.
- Discuss the quality goals of state and federal agencies.

The 35-minute DVD is divided into seven sections, each of which begins with Learning Objectives and ends with Questions and Answers. Although the full DVD is recommended, each section may be used alone, along with the appropriate Facilitator’s Guide section materials, to provide a brief educational session or to stimulate further group discussion. Filmed nursing home interactions and photographs of nursing home life as well as dialogue between professional actors were combined to produce scenes that would both inspire and educate the learner.
A. GENERAL INFORMATION FOR EDUCATORS

Preparation:
- Before implementing the education session, educators should watch the DVD in order to identify content that might require additional explanation.
- Before implementing the education session, review the Glossary (Part E of this Facilitator’s Guide) to familiarize yourself with terms used and their definitions.
- Ideally, this DVD will be accompanied by other activities that are moving your home to a person-centered or culture change care experience. The Culture Change Resources (Part F of this Facilitator’s Guide) will provide a selection of references and websites that can enhance your growth in this area. It is recommended as preparatory reading.
- Be prepared for person-centered dining topics in this DVD that may prompt group discussion, such as the use/non-use of clothing protectors and concern about dignity regarding residents with dementia (as in Section 5 - DVD). Your advance planning about how to handle controversial topics will enrich the learning experience and discussion.

Group Size
- Ideally, the group will be twelve or fewer to encourage discussion and sharing of ideas.
- The group may include any staff members, but will be most effective where direct care work teams view the DVD together and actively engage in some discussion of the content.

The Education Session using the DVD-based Curriculum
- When using the DVD-based curriculum all in one session (just less than 35 minutes total viewing time), one hour of allotted instruction time is recommended to allow for discussion and clarification between sections.
- The Educational Materials component of the Facilitator’s Guide contains Learning Exercises that support each section of the DVD as well as educator strategies for using the material. Role-play scenarios and case studies that are related to content in several sections are also in the Facilitator’s Guide.

How to Use this DVD at Your Nursing Home
- Consider implementing this DVD-based curriculum as a way to initiate the staff conversation about culture change, or to enhance a discussion that has already begun in your home regarding the introduction of person-centered dining practices.
- If your home is currently on its culture change journey, use this DVD to strengthen involvement and orient new staff.
- Don’t be limited by the ideas you see here. Dining in residential care is as varied and unique as our nursing home communities.
- Explore the concept of culture change and the philosophy of person-centeredness in activities beyond the dining room.
- Use the EDUCATIONAL MATERIALS (Page 5-11) in this Guide to create a learning environment around one or more sections of the DVD.
- Become familiar with the CULTURE CHANGE RESOURCES (Page 17) in this Guide in order to enhance culture change practices throughout your home.
B. EDUCATIONAL MATERIALS

Section 1: What is Dignity?

Learning Objectives
Learners will be able to:

• Illustrate dignity and the characteristics of dignity.
• Identify respect and dignity in long-term care.
• Discuss how dignity can be missing.

Strategies for presenting the content:
Three key points for educators in this section are:
1. Participant will have their own images and beliefs about the concept of dignity so taking time to explore this will be useful.
2. There may be a need to encourage participants to stretch their thinking if dignity is tied to what a person has or what they can do.
3. Our actions as caring staff have a lot to do with the dignity of others.

Suggested Learner Activities
Discussion topics:
• What do you picture when you think of dignity? Surface characteristics may be mentioned – try to get participants to the deeper quality of basic human dignity.
• What is the connection between dignity and respect?
• Do people lose dignity as they age? Explore ways in which staff can enhance dignity in aging persons.
• Does everyone have dignity?
• How might a staff member’s action lead to a loss of resident dignity?

Role-play suggestion: Your Communication Makes a Difference (page 12)

Questions & Answers (from DVD content)

An example of showing dignity in resident care:
  a) Speaking over the head of the resident
  b) Resident encouraged to make everyday choices
  c) Having residents at the business meeting.

Dignity is not shown when:
  a) Residents are ignored
  b) Residents are not included in decisions
  c) Residents are hurried
  d) All of the above
Section 2: Highlighting Dignity in Long-Term Care

Learning Objective
Learners will be able to:
- Identify areas of care where resident dignity can be supported

Strategies for presenting the content:
Four key areas to stress with participants:
1. Respectful communication… between staff & resident and staff & staff.
2. Creating a familiar environment enhances a person’s sense of self and dignity
3. Encouraging personal preferences boosts self-esteem
4. Providing needed assistance in a respectful way

Suggested Learner Activities
Discussion topics:
- Describe a time when staff to staff communication was not respectful.
- What is a familiar mealtime environment to you? How would it help you feel more connected and more comfortable?
- What examples in the DVD seemed pretty easy to do? Why are even these easy things a challenge in the day’s work schedule?

Role-play suggestions: 
- When the Resident is Non-Verbal (Page 12)
- Providing Assistance (Page 12)

Questions & Answers (from DVD content)

Name 3 areas of long-term care where resident dignity can be enhanced.
- How decisions are made that affect the resident.
- How information is communicated.
- The dining program.
- **d) All of the above.**

Which resident would need to be treated with dignity?
- The independent resident.
- A person who is chair-bound.
- A resident who is yelling out.
- **d) All of the above.**

(Additional)

What are two important ways we can boost a resident’s self-esteem?
**Answers may include:** providing a choice at mealtime; setting up dining room tasks with which residents are familiar; asking resident preferences; inviting resident to special activities instead of assuming they will attend; asking resident to be part of a planning team.
Section 3: Examples from the “Dining at Home” Program

Learning Objectives
Learners will be able to:
• Recognize what your staff and residents think about mealtime.
• Observe how to share ideas in a Learning Circle
• Discuss how your dining program can enhance dignity

Strategies for presenting the content:
Initially the Learning Circle looks too simple. By acting it out and following the rules, learners can appreciate the need to let everyone have a say. And they experience the surprise of finding common ideas and perspectives among staff, as well as unexpected differences. In addition, by starting with our own preferences we can really understand how residents have preferences too. Staff members become so accustomed to “knowing best” for residents – this challenges their thinking and opens the door for change.

Suggested Learner Activities
Discussion topics
• Why do we start with a discussion of our own mealtime preferences?
• What does the program title “Dining at Home” make you think of?
• Do some of the residents in your home have meal preferences? What are they?

Role-play suggestion: Learning Circle (Page 13)

Questions & Answers (from DVD content)

One big benefit of a Learning Circle is:
  a) It is easy to do.
  b) Everyone has a say.
  c) Nobody reports it.

To enhance resident dignity in your dining program you should consider:
  a) Collecting satisfaction feedback from residents and families.
  b) Finding out food preferences.
  c) Including results in planning.
  d) All of the above.

(Additional)

What do you think is the most challenging aspect of adopting the dining program changes suggested here?
  a) Budget constraints. (The least common challenge)
  b) Working directly with residents on the team.
  c) Prioritizing the large number of ideas from the team. (The most common challenge)
  d) Getting staff members on the same path.
Section 4: Communication and Dignity

Learning Objectives
Learners will be able to:

- Identify behaviors that illustrate dignity in communication between a staff member and a resident.
- Recognize examples of a person-centered approach to nursing home dining.

Strategies for presenting the content:
In the short video clip, a staff-resident communication scene is reenacted. It is important to encourage participants to explore the positive elements (Betty’s compassion and her focus on the resident, who is unable to make her needs known directly) as well as the negative aspects (the rude interruption from behind and the other staff member’s lack of patience and resident focus). While the scene may appear to be “staged”, it was taken from examples that occur in real life. Another focus for you as an educator is the list of dining practices that support dignity.

Suggested Learner Activities
Discussion topics:
- Have you ever observed similar rudeness in staff communication? Explore the reasons behind this and the lack of respect it shows to both residents and other staff members.
- How can we stop letting our busy task assignments interfere with relationships and good communication? How did this section of the DVD identify task-centered staff activity?
- What are some other task-related activities that get in the way of good communication?

Role-play suggestion: Revisit Mrs. Sheffield and Betty (Page 12)

Case study suggestion: The Dessert Cart (Page 14)

Questions & Answers (from DVD content)
Which communication behavior would preserve the dignity of a resident?
  a) Asking someone else to attend to the resident’s needs.
  b) Having the resident wait until you had more time to talk.
  c) Listening carefully, at eye level.

List four dining practices that support resident dignity: (open-ended)
  Possible answers identified in this DVD include:
  Menu choices, flexible mealtimes, food-related activities, supportive dining environments, diets that honor preferences.

Culture change in long-term care refers to:
  a) The fact that many people are from other countries.
  b) An ongoing transformation based on person-centered (resident-directed) values that restores control to elders and those who work closest with them.
Section 5: Residents with Special Needs

Learning Objectives
Learners will be able to:
• Explore how residents’ special needs (like being frail) could affect their dignity.
• Discuss how a resident could possibly lose dignity.

Strategies for presenting the content:
Sometimes we help too much and we protect residents from failing, especially when residents have physical limitations or dementia. This section is designed to help staff discover how that protectiveness also can limit a person’s self-esteem and sense of personal dignity. Balancing the need to protect residents from falling, choking and other injuries is a challenge. Direct care staff may even be blamed when injuries happen, and this makes them even more protective. The DVD suggests asking a resident at every meal whether he wants a clothing protector or not – this may seem unnecessary or repetitive but it does allow the resident to choose. The staff meeting in the section was “staged” but was re-enacted from a real meeting where old culture practices were discussed in light of new dining ideas. Often, direct care staff is not invited to this kind of discussion and you may need to explore their ideas on how it feels when care decisions are made without them. The DVD referred to the use of observation tools. Your reference list contains two articles showing examples of these tools.

Suggested Learner Activities
Discussion topics:
Review Staff Meeting: Judy (Staff Development); Cristina (Dementia Unit RN Director); Diane (DON) and Betsey (Lead CNA)
• Who is the “resident champion” in the staff meeting video clip?
• Who has a more protective viewpoint about residents with dementia?
• Who is concerned about getting tasks done as well as enhancing dignity?
• Do you think this Real Meal Team will make changes? Why or why not?
• Did you hear anything familiar that you could apply to your own home or unit?

Role-play suggestions: When Resident is Non-Verbal (Page 12)
Providing Assistance (Page 12)
Real Meal Team II (Page 13)

Questions & Answers (from DVD content)

Which of the following is an example of a dining practice that may show a lack of dignity?
   a) Automatically putting a “bib” on the person as she is brought to the table.
   b) Providing portions of the meal separately rather than all together.

An important way of keeping the dignity of the resident in your mind is:
   a) To learn the person’s history and be able to address some of it in conversation with the person, even if one-sided.
   b) To speak over the head of the resident whom you think cannot understand you.

Section 6: What About Your Dining Program?

Dining and Dignity Facilitator’s Guide 9
Learning Objectives
Learners will be able to:

• Explore creative ways to provide more help at mealtime.
• List two practices that could contribute to resident dignity at your home at mealtime?

Strategies for presenting the content:
This section may create some criticism about having such a variety of staff volunteers in the dining room. You might want to also bring up the fact that some homes have staff eat with residents routinely. It actually adds to socialization and fun as well as appetite. It can’t be the staff member’s meal break – that has to happen separately. This section encourages the learner to really look creatively at their place of work for new ways of enhancing dining. It is important to allow the staff the freedom to dream rather than add your own practical reasons why some ideas may not work. Regulations generally come up at this point if they haven't already. CMS has been firmly behind dining changes, so there is more and more literature available on how to be creative within state regs. When staff asks a question about a regulation or a survey issue – make a commitment to look up the regulation or make a call and get a clear answer to share with them.

Suggested Learner Activities
Discussion topics

• Do you think there are other employees that want to volunteer like Terri and Sharon do in the DVD? How would you find out?
• Have you ever eaten a meal in your home’s dining room? What do you think it would be like? Would you volunteer to do that?
• What do your residents say about your dining program?

Role-play suggestion: Filling out the Menu (Page 12)

Case study suggestion: What’s the Problem Here? (Page 15)

Questions & Answers (from DVD content)

What are some ways in your home to provide extra help at mealtime?
(open-ended)

What would the “Dining at Home” program look like in your nursing home?
(open-ended)

(Additional)

Are there some ways that community volunteers could be helpful in your dining program?
(open-ended)
Section 7: Being Comfortable with Change

Learning Objectives
Learners will be able to:

- Discuss how person-centered dining changes affect staff.
- Explore the effect of regulations on a new approach to dining.

Strategies for presenting the content:
Having the staff and leadership (Mike and Lori) from the pilot site talk about what the dining changes were like for them should put to rest all the easy excuses about survey, expenses, staff turnover, resident nutrition indicators and family satisfaction. Mike and Lori told you their jobs were easier and their residents happier and their outcomes were positive. But…. it’s still hard to change, even when we know we should. Encourage your group to think of small increments of change. Easy-to-do and easy-to-measure differences. The first dining actions accomplished by the pilot site for Dining at Home were the Soup Cart and the volunteer Soup Lady! The residents loved it so much – getting a bowl of soup and a smile as soon as they sat down in the dining room – that the team was energized to do the next thing! Culture change is contagious… and you can never go back to the old way again!

Suggested Learner Activities
Discussion topics

- What successful change have you ever been involved in? What did it take to make it successful? How could that work here?
- What makes it seem like the survey team has a different goal than you do?

Role-play suggestion: Dining Action Team Meeting (Page 13)

Questions & Answers (from DVD content)

Which of the following person-centered dining changes may benefit staff?

a) Staff having input along with residents into dining program decisions.
b) Staff having more tasks and responsibility related to menu planning.

What one way do current mealtime regulations fit into a changing approach to dining?

a) The quality goals of federal and state agencies are the same as ours.
b) All the regulations are changing.

(Additional)

What are some things you could do very easily and quickly to enhance your home’s current dining program?

(open-ended)

The Administrator and Dietitian shared their thoughts about their residents and the dining program. What do you think about what they said? What would you like to ask them?

(open-ended)
C. ROLE-PLAY SCENARIOS

The following scenarios may be adapted to fit your situation and you may want to add or delete actors or change genders. The “LOOK FOR” box below each scenario will provide appropriate focus and related themes.

**Your Communication Makes a Difference**

3-4 actors: Mrs. J. (resident); Sam (CNA); Barbara (CNA); Miss Adams (Nurse Manager) 5-7 minutes

Nurse Manager Miss Adams notices that Mrs. J. has not participated in the main dining room meal all week. Miss Adams visits with Mrs. J and is told that the reason is related to personal appearance – Mrs. J. believes that she looks worse than the other residents and someone made fun of her hair. Miss Adams asks the two CNAs Sam and Barbara to see what they could do to encourage Mrs. J. to the dining room at mealtime.

“LOOK FOR” resident choice, availability of beauty shop and other services, relationships between residents, dining room atmosphere

**When the Resident is Non-Verbal**

3 actors: Mr. B. (resident); Jane (CNA); Maria (CNA) 5 minutes

Mr. B. is sitting alone in the unit dayroom at mealtime. Even though he is non-verbal, demonstrate 2-3 ways to invite Mr. B. to the main dining room.

“LOOK FOR” respect for individual dignity; offer to accompany him the first time, ideas for showing him the dining room in advance.

**Filling out the Menu**

2-3 actors: Miss K. (resident); Charlie (CNA); Marge (CNA) 5 minutes

Using a monthly or weekly menu from your home’s current dining program, Charlie and Marge are asked to assist Miss K in filling it out, making sure to include Miss K’s preferences.

“LOOK FOR” preferred foods & food preparations, preferred time for meals, ways to adapt unusual preferences, inclusion of special cultural foods, respectful dialogue with the resident and interest in why she likes foods.

**Providing Assistance**

2 actors: Mr. T. (resident); Sarah (CNA) 3-5 minutes

Mr. T. is just sitting and looking at his plate, fiddling with the utensils. How would you begin to assist him?

“LOOK FOR” getting information about Mr. T’s preferences; asking Mr. T. about himself; learning about his usual capability; careful observation

**Revisit Mrs. Sheffield and Betty**

3 actors: Mrs. Sheffield, Betty and Bill (CNAs) 5 minutes

Re-do the scene from the video in Section 4, improving Bill’s actions.

“LOOK FOR” Bill’s approach from the front instead of behind, communication at eye level, respectful communication with the resident.
**Learning Circle**

8-12 actors: staff members from various departments (dietary, nursing, administration, housekeeping, activities, etc...) and 2 residents 10 minutes

Directions and Rules for the Learning Circle:
- Generally the topic is known ahead of time (try “Dining” or “Mealtime”)
- Everyone sits in a circle with no barrier (no tables, etc…)
- The Facilitator asks for a volunteer note taker.
- There are generally 3-4 questions, for this role-play, we’ll use 2 questions.
- The Facilitator asks the first question; everyone thinks and then the first person ready with an answer responds in just a few brief words.
- The person to either side of the speaker may answer next.
- The answers proceed around the circle in that person’s direction until everyone has had a chance to answer.
- You may pass, but the Facilitator returns to them for another chance.
- After the circle is complete, the second question is asked and answered using the same method.

Questions for this shortened role-play experience:
1. What do you most look forward to about mealtime?
2. How could mealtime at your nursing home include this kind of experience?

“LOOK FOR” ..following the rules of the Learning Circle; no interrupting; respect for each answer; recognition of the different perspectives of various department members; perhaps discussion of using this technique in real life.

**Dining Action Team Meeting**

6-8 actors: staff members from various departments (dietary, nursing, administration, housekeeping, activities, etc...) and 2 residents 10 minutes

The Dining Action Team has been formed after the Learning Circle that discussed resident dining. As a group come up with five inexpensive ideas to improve resident dining in your home.

“LOOK FOR” ..everyone having a voice; use of the Learning Circle technique as one way to accomplish the task; someone taking notes; respectful dialogue; perhaps discussion of using this is real life.

**The Real Meal Team II**

6 actors: same as DVD (Section 5) plus 2 dietary staff 10 minutes

Play the DVD film clip showing the staff team meeting again. Think about what the next meeting will include. What kind of dining changes will be suggested?

“LOOK FOR” ..we can do these changes; an expressed understanding of resident dignity; ideas of how to encourage and reward change; special consideration of persons with dementia.
D. CASE STUDIES

The following two case studies provide opportunities for learners to add their own ideas to a situation or creating potential solutions to a problem. The “LOOK FOR” box below each case study will provide appropriate focus and related themes.

**The Dessert Cart**

In a Learning Circle, staff and residents in a nursing home had the idea of using a Dessert Cart in the main dining room, which would be rolled from table to table with residents selecting their dessert choice, special toppings or combinations, with attention to special diets as necessary. The Dessert Cart was a big success with both the kitchen and the residents. After a few weeks, it seemed like too much trouble to get the cart around to all the tables, and the staff said they already knew what each resident would want anyway, so the Dessert Cart now stays in the middle of the dining room. Individual plates are prepared on the Dessert Cart by the staff. Mr. Quentin, the Dietary Manager, asks the Dining Action Team to think about how they can get back to the original idea.

What are some possible solutions and how should the Team go about solving the problem?

(List answers here)

“LOOK FOR” .. learners to question whether the original idea was feasible; how to honor resident preference in other ways; request for a smaller cart; decision to ask the residents; plan to rearrange the tables; idea to have a “sample tray” that can be carried by staff from table to table for residents to choose as in a restaurant.
**What’s the Problem Here?**

Mr. C. has lived in your nursing home for a year. He is quiet and does not complain. He returned his meal satisfaction survey filled out below.

1. *I like the meals here.* ___ Yes **X** No

2. *(for family) My mother enjoys her meals.* ___ Yes ___ No

3. *The food is hot and tasty.* ____ Most of the Time ____ Some of the time **X** Rarely

4. *The monthly menu contains a variety of entrees and accompaniments.* ___ Yes **X** No

5. *My favorite breakfast is: grits, fried ham & tomatoes & two soft-boiled eggs – HOT!!*

Of the selection of answers below, what would you choose as an action? (can have more than one answer). Be prepared to discuss why you made that choice.

___ Nothing, most people like the food.

___ Nothing, breakfast can’t be this special for one person!

___ Dietary should stop in to see him, but try to get him to see it can’t be that special.

___ Ask Mr. C. what would be a good time to talk about it, then ask specifically about each answer and what it means.

___ Discuss the survey response with the Dietitian, Dietary Manager, Nurse, and CNA.

___ Make a date to revisit Mr. C. in a week to see if there have been satisfactory changes.

___ Ask the Dietary Staff how often Mr. C. can get his favorite breakfast.

___ Other ideas: ________________________________________________________

“LOOK FOR” ..answers that want to meet Mr. C’s needs rather than restrict him; suggestions that something else is going on with him; suggestions about how we sometimes ignore or dismiss the quiet residents.
E. GLOSSARY
Alphabetical definition of key terms used in the DVD content, including references where appropriate.

Culture change:
According to the Pioneer Network (http://pioneernetwork.net), culture change is an ongoing transformation based on person-centered (resident-directed) values that restores control to elders and those who work closest with them. This transformation includes changing core values, choices about the organization of time and space, relationships, communication, rules, objects used in everyday life, rituals, contact with nature, and resource allocation.

Culture change practices:
Culture change practices are the elements and actions in everyday life in long-term care that demonstrates the transformed culture. Resident-directed decisions about daily life, about how residents spend their time and what they eat and when, are an example of culture change practices.

Dignity: An innate quality that is rooted in being a human person. We recognize personhood in other people and we accord them the dignity they already possess by our actions toward them and our conversation about them.

Learning Circle:
Learning Circle is a form of group communication that allows everyone and equal voice. A description of how to conduct a Learning Circle follows:

Rules for the Learning Circle:
- The topic is decided and communicated ahead of time.
- Between 8 and 20 people is ideal, from all levels of the organization.
- Everyone sits in a circle with no tables or barrier.
- The Facilitator asks for a volunteer note taker.
- There are generally 3-4 questions, moving from general to specific about the topic, or there may be a unique reason to have a Learning Circle with just one topic.
- The Facilitator asks the first question; everyone thinks and then the first person ready with an answer responds in just a few brief words.
- The person to either side of the speaker may answer next.
- The answers proceed around the circle in that person’s direction until everyone has had a chance to answer.
- Participants may pass, but the Facilitator returns to those who pass for another chance.
- After the circle is complete, subsequent questions are asked and answered using the same method.
- The volunteer note taker provides the discussion notes to the Facilitator.
- Copies of these Learning Circle notes are shared with the group participants.
- The notes are used to set the questions for the next Learning Circle or an Action Team may be formed to develop next steps toward a desired outcome.

Person-centered care (Resident-directed care):
Approaches to care and decisions about care that are rooted in the individual person’s preferences, personal history and future goals.
F. CULTURE CHANGE RESOURCES

Reference List

Culture Change:

Dignity:

Observation at Mealtime:

Quality of Life:

The Dining at Home Program
The pilot phase of the Dining at Home program (2004-2007) demonstrated that culture change practices in dining could be accomplished and sustained while nutrition indicators improved and staff turnover rates declined. The Dining at Dignity DVD-based staff training curriculum is intended to enhance resident dignity and strengthen culture change dining practices by providing staff with basic information, images of a changed culture, learning exercises and resources. The Dining at Home program process begins with an Organizational Culture Change Readiness Assessment, which may include recommendations for culture change education prior to a home’s consideration of a dining program. The Readiness Checklist is provided on the DVD under Additional Materials. Next steps include Learning Circles, Dining Action Team and Dining Plan development, ongoing organizational communication of successes, and measuring selected outcomes. The program is an individualized journey and can benefit from culture change coaching, available from a variety of sources.

Related Websites
Eden Alternative [www.edenalt.com](http://www.edenalt.com)
Florida Pioneer Network [http://www.sraflorida.org/home.aspx](http://www.sraflorida.org/home.aspx) (click on Programs)