Bournemouth University

NHS
Health Education England

TIER 2 DEMENTIA TRAINING

Dementia Education And Learning Through Simulation 2 (DEALTS 2) programme

Workshop Resource Pack

Developed in partnership by Health Education England and the Ageing & Dementia Research Centre, Bournemouth University

Acknowledgements

The content has been developed by staff from the Ageing and Dementia Research Centre at Bournemouth University and shaped by previous work undertaken by the Skills for Health Standards (Health Education England); the National Institute for Health Research (NIHR) Collaboration for leadership in Applied Health Research and Care (CLAHRC) or Pen CLAHRC; Higher Education Dementia Network (HEDN); resources and evaluation findings from the Health Education England Thames Valley (HEE TV) Tier 1 Dementia Awareness Training Project that was undertaken by the Dementia Academic Action Alliance (DAAG); and findings from the What Works in Dementia Education Study being undertaken at Leeds Becket University. The draft materials were piloted in May 2017. Thank you to those that attended this session for sharing their valuable experiences and feedback which we used to develop the final versions of materials.

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Credits

Many thanks for the images used throughout, where appropriate attribution for individual images is detailed on each slide.

Sincere thanks also go to the Origami Resource Center for permission to use the origami swan materials http://www.origami-resource-center.com/

Contents

How to use this workshop resource pack

This Tier 2 Dementia workshop resource pack has been designed for trainers that will be delivering DEALTS 2 Tier 2 Dementia Training in health and social care settings. It is appropriate for all hospital staff who have regular contact with people with dementia and need Tier 2, including clinical and non-clinical and qualified and unqualified. The content is designed to provide opportunities for staff to understand the lived experience by putting staff into the shoes of a person with dementia. It has been designed to facilitate a positive impact on practice.

When delivering training sessions, trainers can encourage both clinical and non-clinical staff to attend the same sessions in the same learning space. Grouping staff from different fields of practice to focus on the lived experiences of the person with dementia and their families will promote inter-professional learning. Where applicable this can also be used to support organisational and cultural change.

DEALTS 2 is a simulation training programme that uses discussion and interactive activities, rather than other more involved approaches to simulation. Depending on previous experiences or perceptions of what simulation involves, some staff may feel uneasy about attending simulation training. To make it clear to staff what DEALTS 2 is and will involve, we suggest that you advertise the session and provide those attending with the following information beforehand:

The Dementia Education And Learning Through Simulation 2 (DEALTS 2) programme is Tier 2 dementia training for health and social care staff in hospital settings. The session is appropriate for all hospital staff who have regular contact with people with dementia and need Tier 2 training, including clinical and non-clinical and qualified and unqualified. The content is designed to provide opportunities for staff to understand the lived experience by putting staff into the shoes of a person with dementia. Simulation is used in the broadest sense and includes the use of video case studies, role play and other group discussion and interactive activities. To promote inter-professional learning and improve practice, staff from both clinical and non-clinical areas are encouraged to attend sessions together.

Teaching and learning resources you will need

This Tier 2 Dementia training package is predominantly an electronic package which was designed using PowerPoint with external internet websites that are linked to the content of the training material. It is recommended that trainers use the following teaching and learning resources when delivering the Tier 2 Training:

- A computer compatible with compatible with Windows 97-2003 editions to view Microsoft Office PowerPoint presentation.
- A computer with internet access to play MP3 and MP4 Videos directly from the internet, and videos stored on a DVD.
- A projector and speakers to play/hear the videos.
- A White Board or Flip Chart Paper and White Board or Flip Chart Pens.
- Laminated copies of the activities/simulation exercises included in this resource pack.
- Squares of plain paper for the communication simulation exercise.

Trainers need to familiarise themselves with the content of the workshop presentation slides and other materials prior to delivering these sessions.

Preparation and Getting Started

The lesson plans presented in this training manual must be read in conjunction with the PowerPoint presentation for each of the modules, including the notes pages.

Setting up the session

Before you start the session, arrive early to set up the room and check that the equipment is working and that you have internet access. Ensure that you have all the materials you will need to deliver the session – a list is provided at the start of each module in this resource pack. Allow some additional time after the end of the training in case any participants wish to talk to you or ask any further questions.

Video preparation

You be required to play several videos during your session. Please be aware that in some clinical settings the firewalls ay make it difficult to stream content from the internet. You should therefore talk to the IT department prior to the training session and ask them to enable content from YouTube. You may also wish to store videos on a USB stick or a Compact Disk (CD) or a DVD where possible. Be prepared for every possible eventuality.

Health and safety

You need to ensure the health and safety of your participants by checking for Fire Exits and planned Fire Drills or Fire Alarm Testing. Check with reception or the person who made the room booking to ensure that you know what the procedures are for the space you are working in. If a Fire Alarm Test is due when you are running the session please inform the participants before you start so that they are aware and to avoid minimal disruption to your session.

Length of sessions

This training can be delivered as one complete 4 hour session to small staff groups of up to 16. For groups of 16 or more staff members the content can be extended to a 6 hour session to allow for audience discussion and participation in activities. If you wish to increase the time to 6 hours this will give you longer to discuss the material and debrief the activities. Please remember to give the participants a break between each module so that they do not feel over loaded with information.

Establishing boundaries by setting ground rules

Welcome your participants and thank them for attending the training. Make sure you introduce yourself and ask all of the participants to introduce themselves to the group, including their name and job role/field of practice. You may also like to ask what their expectations of the training are before you start and you could write these on the White Board or Flip Chart. Remember to check you have met these expectations at the end of the session.

Ensure that you get the group to establish boundaries by setting ground rules at the start of the session (this should include information remaining confidential and not leaving the room – unless there is concern about the safety of a patient or staff member when a safeguarding alert may need to be raised).

Dementia is an emotive topic and so some participants may self-disclosure about their experience of dementia. It is important to recognise that some people may be experiencing dementia on a personal level. This may determine individual levels of participation and interest at the outset. You will need to remind them that they should only disclose information that they are comfortable with and they are happy for that information to be shared with other people once the training has finished. It is common for participants to become quite emotional and some may cry due to the emotional nature of the topic. You may wish to show care, consideration and personal interest by supplying small packets of pocket size tissues for any participants who may need them.

Other participants may become angry or disgruntled because of issues that they may have with the care that may have been delivered to their loved ones. Such participants may attend the sessions with a view to ventilate their own feelings of anger and frustration about their own situations. Should this happen, it is appropriately to acknowledge their feeling and then to tactfully but firmly redirect the participant to sources of support, which are available in abundance within this training pack. Feel free to offer them time to debrief after the session.

You may get some participants in the group who may begin the training by saying that they do not know anyone with dementia. However, as the session progresses, they discover that they do have some experience but they had not realised that it was dementia. Be mindful that the training session may act as a catalyst in bringing such experiences and emotions to the fore. Again, state that you will be available after the session to participants who may want to talk to you about issues that were raised during the training once it has finished.

Be aware that not everyone will be interested in dementia. When people feel valued and welcome, they are more inclined to relax and to have an open mind towards the facilitator and the content of the session.

Next steps

Thank you for attending the DEALTS 2 Train the Trainer Programme. HEE is keen for you to roll out DEALTS 2 within your own Trust. You will receive materials to enable you to roll out DEALTS 2, this includes this resource pack and some PowerPoint slides that will be available on the HEE website after you complete the Train the Trainer Programme.

As discussed in the Train the Trainer Programme it is recommend that you team up with other trainers in your region to provide peer support and feedback to each other when delivering your first sessions.

Evaluation

HEE have commissioned Bournemouth University to evaluate the roll out of DEALTS 2. We will be in touch with you to ask you more about the barriers and facilitators over the next few months. We will also be asking you to report back to us on the number of sessions that you have delivered and how many people have attended them. Please make sure that you keep accurate records of who has attended the training sessions, a register is provided in this pack to

help you do so. You must also ask each person that attends a DEALTS 2 training session to compete the participant evaluation form (available to download from HEE website).

Session aim and learning outcomes

Tier 2 Dementia Risk Reduction and Prevention; Person-Centred care; and Communication, Interaction and Behaviour in Dementia Care – 4 hour workshop

Organisation: **Number of participants in the group:**

Date: **Duration of Session:**

Venue:

Key words: Dementia, Risk reduction, Prevention, Person-centred care, Communication, Tier 2 Training, Behaviour, Distress, Unmet need.

Aim:
This training workshop has been designed to provide face to face training to clinical and non-clinical staff focusing on how to effectively support people with dementia in a variety of health and social care settings.

The session considers current evidence in terms of risk reduction and prevention of dementia, the importance of person-centred care and examples of effective communication and active listening skills to support the person with dementia, family carers and other colleagues.

The content has been developed by Bournemouth University and shaped by previous work undertaken by the Skills for Health Standards (Health Education England); the National Institute for Health Research (NIHR) Collaboration for leadership in Applied Health Research and Care (CLAHRC) or Pen CLAHRC; Higher Education Dementia Network (HEDN) and findings from the evaluation of the Health Education England Thames Valley (HEE TV) Tier 1 Dementia Awareness Training Project that was undertaken by the Dementia Academic Action Alliance (DAAG).

Learning outcomes:

Module 1: Risk Reduction and Prevention – Tier 2, Subject 3:

3a) know the lifestyle factors that may increase the risk of developing certain types of dementia and how lifestyle changes may delay the onset and severity of certain types of dementia
3b) understand motivational factors that may impact on the ability to make changes
3c) be aware of the challenges to healthy living that may be experienced by different socioeconomic and/or ethnic groups
3d) be able to signpost sources of health promotion information and support
3e) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals.

Module 2: Person-Centred Care - Tier 2, Subject 4:

4a) understand the principles of person-centred dementia care i.e.
- the human value of people with dementia, regardless of age or cognitive impairment, and those who care for them;

- the individuality of people with dementia, with their unique personality and life experiences among the influences on their response to the dementia;
- the importance of the perspective of the person with dementia;
- the importance of relationships and interactions with others to the person with dementia, and their potential for promoting well-being

4b) understand how person-centred care can provide insights into the experiences of the person with dementia and support care approaches and solutions to meet individual need
4c) understand the role of family and carers in person-centred care and support of people with dementia
4d) understand how a person-centred approach can be implemented, including the use of advance planning and life story work
4e) understand that a person's needs may change as the disease progresses
4f) know how to adapt the physical environment to meet the changing needs of people with dementia
4g) understand the significance of a person's background, culture and experiences when providing their care
4h) understand the importance of clear documentation to communicate the care needs of the person with dementia

Module 3: Communication, interaction and behaviour in dementia care - Tier 2 (subject 5):

5a) understand the importance of effective communication in dementia care
5b) understand the impact of memory and language difficulties on communication
5c) be able to demonstrate active listening skills
5d) be able to gain a person's attention before asking a question or beginning a task with them
5e) understand the importance of speaking clearly, calmly and with patience
5f) know how to adapt the environment to minimise sensory difficulties experienced by an individual with dementia
5g) know the importance of ensuring that individuals have any required support (e.g. spectacles, hearing aids) to enable successful communication
5h) know how life story information may enable or support more effective communication
5i) understand the importance of effective communication with family and carers and the expertise that they may be able to offer to support effective communication with the person with dementia
5j) be able to adapt communication techniques according to the different abilities and preferences of people with dementia
5k) be aware of the importance of non-verbal communication e.g. body language, visual images and the appropriate use of touch
5l) understand that the behaviour of a person with dementia is a form of communication and how behaviours seen in people with dementia may be a means for communicating unmet needs
5m) understand how a person's feelings and perception may affect their behaviour
5n) understand how the behaviour of others might affect a person with dementia
5o) understand common causes of distressed behaviour by people with dementia
5p) be able to recognise distressed behaviour and provide a range of responses to comfort or reassure the person with dementia.

A note to the trainer:
This session has been designed to be delivered as a face to face session. In preparation for the session, the trainer needs to read the accompanying PowerPoint presentation slides with additional information in the "Notes section" of each slide.

Resources for facilitators to hand-out at the start of the session

- ✓ Attendance Register for all to sign in

- ✓ Worksheet for Training Activities
- ✓ Tier 2 Dementia Training Evaluation Sheet – make sure that the participant's complete page 1 before the training

Resources for facilitators to collect at the end of the session

- ✓ Completed Tier 2 Dementia Training Evaluation Sheet
- ✓ Make sure that all have signed the attendance register
- ✓ Send the numbers trained to your Local Training & Education Lead – they will collate the numbers trained and keep a record.

Finally, it is important for you to signpost participants to further sources of support and information, depending on organisational and individual circumstances.

DEALTS 2 Attendance Register

Date: **Time:** **Venue:** **Name of Trainer:**

	Name	Job role	Email address
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Module 1: Session Plan – Dementia Risk Reduction and Prevention

Estimated Timings	Content	Facilitator Activity "What the facilitator will be doing"	Participant Activity "What the learners will be doing"	Resources needed	Tier 2 learning outcomes
8 mins	Welcome and introductions Setting of ground rules including disclosure of sensitive information and confidentiality Participant health and wellbeing – make yourself available to give a debrief and to signpost after the session has ended.	Facilitating discussion. Inform participants about length of session including the breaks between topics. Give out Tier 2 Training evaluation Form for each participant to complete page 1.	Sign the attendance register. Listening, participating. Complete page 1 of Tier 2 Evaluation Form.	Slides 1-3 Tier 2 Evaluation Forms, pens, coloured paper. Flip chart, pens, whiteboard. Handouts and other supporting materials.	n/a
1 min	Definition of Tier 2 training	Present content from slides	Listen and make notes if they wish	Slide 4	n/a
1 min	Overview of workshop	Present content from slides	Listen and make notes if they wish	Slide 5 and 6	n/a
1 min	Module 1 Dementia Risk Reduction and Prevention Sessions aims	Present content from slides	Listen and make notes if they wish	Slide 7 and 8	n/a
10 mins	Join up the sentences (Recap Tier 1) Split the participants up into groups of 3 or 4. Give them the worksheet and ask them to join together the sentences.	Ask the group to get into pairs, or teams of 3. Give them the worksheet and ask them to join together the sentences. Give them 5 mins and then ask them to feedback to the whole group. Start a discussion about the first sentence and see if the groups would like to contribute. Give as much detail as the	Get into teams of 3 or 4 and participate in quiz.	Slide 9 and activity sheet Tip: The sentences could be printed, cut out and laminated to use more than once. Perhaps keep them in separate envelopes and give one to each team.	Tier 1 recap

		group need. Some groups may be more knowledgeable than others so try to avoid repeating information they already know.			
2 mins	Dementia a public health priority and public concern	Present content from slides	Listen and make notes if they wish	Slide 10	Tier 1 recap
2 mins	Importance for health and social care workforce	Present content from slides	Listen and make notes if they wish	Slide 11	3d; 3e
3 mins	Pause and think: Who might be at risk of dementia? What lifestyle factors might increase risk of developing certain types of dementia?	Ask the participants who they think might be at risk of dementia and what lifestyle factors might increase risk? Refer to the activity sheet for discussion guidance.	Participate in discussion.	Slide 12	3a
3 mins	Identifying those at risk	Present content from slides	Listen and make notes if they wish	Slide 13	3a
6 min **(video 3 mins/ 3 mins group discussion)**	Video: 'Its ok to talk about dementia' Play the video clip and facilitate discussion, then play the other video clips	Ask the participants to watch the video and discuss Refer to the activity sheet for discussion guidance.	Watch video and discuss.	Slide 14	3c
2 mins	Good for the heart; good for the brain	Present content from slides	Listen and make notes if they wish	Slide 15	3a
2 mins	Protective factors	Present content from slides	Listen and make notes if they wish	Slide 16	3a
2 mins	Factors that may impact ability to make changes	Present content from slides	Listen and make notes if they wish	Slide 17	3b
4 mins	Social determinants of health model	Explain the model using the notes on the workshop slides.	Listen and make notes if they wish	Slide 18	3b
10 mins **(5 mins activity 5 mins debrief)**	Group activity Work in pairs: think about what you can do on a day to day to basis to positively influence practice?	Ask the participants to work in pairs to discuss the questions on the slide, then feedback to group. Debrief – ideas could include a notice board with information, patient information leaflets (different languages), etc.	Discuss in pairs and feedback to group.	Slide 19	3a; 3b; 3c; 3d; 3e

	Think about differing abilities/needs of people with dementia and carers from a range of different back grounds. How can you ensure that you meet the range of different needs and abilities? Feedback from the pairs to the group.	Is an acute setting the best place to diagnose? Public health agenda			
1 min	Signpost to sources of health promotion information and support	Present content from slides	Listen and make notes if they wish	Slide 20 Tip: Trainers can produce a hand out with local sources to give to participants	3d
1 min	Key points to remember	Present content from slides	Listen and make notes if they wish	Slide 21	3a; 3e
15 mins	Break			Slide 22	n/a

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Joined up sentences – Trainer instructions

1. Split the group into pairs, or threes. Move people if they already know the person next to them by giving them a number and asking them to join that group.

2. Give them the worksheet and ask them to join together the sentences. *If you prefer you can print out a copy of the sentences, cut out, laminate and put in an envelope – you will need several copies enough for one between each pair or group.*

3. Give the groups 5 minutes to join the sentences and then tell them that you will be asking them to feedback to the whole group at the end. If they have not finished in 5 minutes you will need to move them on by starting the discussion.

4. Start a discussion about the first sentence and see if the groups would like to contribute. Try to ensure that people from different groups participate and that one group or person does not dominate. Give as much detail as the group need. Some groups may be more knowledgeable than others so try to avoid repeating information they already know. Reassure groups or participants that seem hesitate or unsure. Keep going through the sentences, you have 5 minutes for discussion. If the group needs more time or seem unsure about the material you may want to consider whether they require a Tier 1 refresher first.

   If you would like more information about these facts please have a look at the sources listed below.

The correct answers are as follows:

1.	j	Dementia care costs the UK government approximately £26 billion per year This is more than cancer, heart disease and stroke together.
2.	c	Alzheimer's disease is the most commonly diagnosed type of dementia More than 820,000 people in the UK have Alzheimer's disease.
3.	b	Vascular dementia has the same risk factors as cardiovascular disease and stroke. So the same preventative measures are likely to reduce risk.
4.	a	Korsakoff's syndrome is a type of Alcohol-related brain damage.
5.	h	Mixed dementia is often a mixture of - Alzheimer's disease and vascular dementia.
6.	f	People with Posterior cortical atrophy (PCA) initially find it difficult to recognise faces, objects in pictures, literacy and numeracy

		They eventually develop memory loss and confusion.
7.	d	Dementia is not just associated with ageing Dementia affects 1 in 100 people aged 65-69, 1 in 25 aged 70-79 and 1 in 6 people aged over 80. Early-onset dementia affects people in their 30s, 40s, 50s and early-60s In the UK, at least 40,000 people under 65 have dementia.
8.	g	Approximately two thirds of people with Parkinson's disease go on to develop dementia. People with Parkinson's disease have a higher-than-average risk of developing dementia; around two thirds of people are affected.
9.	i	Dementia is progressive which means the symptoms will gradually get worse. There is currently no cure for dementia.
10.	e	Its is possible to live well with dementia Support and understanding is key to enabling people with dementia to live well.

Sources:

Alzheimer's Research UK 'Types of dementia'
http://www.alzheimersresearchuk.org/about-dementia/types-of-dementia/

Alzheimer's Society 'Dementia Guide'
https://www.alzheimers.org.uk/download/downloads/id/1881/the_dementia_guide.pdf

Alzheimer's Society 'Rarer causes of dementia'
https://www.alzheimers.org.uk/download/downloads/id/1767/factsheet_rarer_causes_of_dementia.pdf

Joined up sentences – participant worksheet

Working in your pair or group decide which of the sentences on the left (with numbers) match the sentences on the right (with letters) and draw a line to connect them.

1.	Dementia care costs the UK government	a type of Alcohol-related brain damage.	a.
2.	Alzheimer's disease is the	cardiovascular disease and stroke.	b.
3.	Vascular dementia has the same risk factors as	most commonly diagnosed type of dementia.	c.
4.	Korsakoff's syndrome is	with ageing.	d.
5.	Mixed dementia is often a mixture of	to live well with dementia.	e.
6.	People with Posterior cortical atrophy (PCA) initially find it difficult to	recognise faces, objects in pictures, literacy and numeracy.	f.
7.	Dementia is not just associated	go on to develop dementia.	g.
8.	Approximately two third of people with Parkinson's disease	Alzheimer's disease and vascular dementia.	h.
9.	Dementia is progressive	which means the symptoms will gradually get worse.	i.
10.	It is possible	approximately £26 billion per year.	j.

Module 2: Session Plan - Person-Centred Care

Estimated Timings	Content	Facilitator Activity "What the facilitator will be doing"	Participant Activity "What the learners will be doing"	Resources needed	Tier 2 learning outcomes
1 min	Module 2 Person-centred care Session aims	Present content from slides	Listen and make notes if they wish	Slides 23 and 24	n/a
3 mins	Principles of person-centred dementia care	Present content from slides	Listen and make notes if they wish	Slide 25	4a
12 mins **(3 mins each activity and 6 mins debrief)**	Group activity Life story activity Group to split into pairs and use a prop to tell the other person about themselves, 3 mins each. Debrief of life story activity	Divide into pairs Using an item you have with you (photo on your phone/piece of jewellery) tell the other person about the significance of this item to you The other person should just listen After 3 minutes change and let the other person tell you the significance of something Debrief (6 mins): How much did you learn in 3 minutes about the other person? What difference would this make, taking 3 minutes of your time to 'just listen' to your patient? - What do stories tell us? - What are the benefits of stories? - What's it like sharing your story? - What is it like to hear a person's story? - Emphasise the uniqueness of our own	Group activity In pairs use props to do life story work. 3 mins each person.	Slide 26	4a; 4b; 4d; 4e; 4g

		stories, that of others, that we share our humanity			
2 mins	Values of narratives	Present content from slides	Listen and make notes if they wish	Slide 27	4d
2 mins	Collecting patients stories	Present content from slides	Listen and make notes if they wish	Slide 28	4c; 4h
10 mins	Introduction of the humanisation values framework	Present content from slides	Listen and make notes if they wish	Slide 29 - 37	4a
2 mins	Link HVF to VIPS model of PCC	Present content from slides	Listen and make notes if they wish	Slide 38	4a; 4f
3 mins	Experiences of hospital care	Present content from slides	Listen and make notes if they wish	Slide 39 - 41	Background information can be skipped if necessary.
30 mins (15 mins activity 15 mins debrief)	Person- centred care Simulation exercise Debrief & summary from activity & what this means in practice	Follow the guidance in the activity pack	Participate in simulation	Slide 42 and activity pack	4b; 4c; 4e; 4f; 4g
2 mins	Best practice: people with dementia in acute settings	Present content from slides	Listen and make notes if they wish	Slide 43	4a; 4b If this reiterates points already covered can be skipped if necessary
2 mins	Importance of person-centred care	Present content from slides	Listen and make notes if they wish	Slide 44	4a If this reiterates points already covered can be skipped if necessary
1 min	Key points to remember	Present content from slides	Listen and make notes if they wish	Slide 45	4a; 4c
15 mins	Break			Slide 46	

Person Centred Care Simulation Exercise – Trainer Instructions

Setting the scene

During the session the importance of knowing a person's story has been discussed. Often when people are being cared for/treated the person caring for them does not know their story and sometimes does not know vital information that may help the person feel safe. On top of this, as care givers, we sometimes touch people or enter their personal space without consent or consideration of that person.

The following simulation exercise involves the participants carrying out a role play.

Divide the group into smaller groups of 3 or 4*. One member in each group will play the part of the person with dementia (patient); another member is to play the part of the care giver. The other member/members are to observe and take notes. Ask for volunteers to play the role of the care giver first and then the role of the patient.

The member who is playing the part of the person with dementia needs to be given a piece of paper that contains the patient instructions:

> You are currently on an orthopaedic ward after having surgery for a fractured arm after a fall. You are very frightened. You get very agitated when someone touches you; you have never liked to be touched. You do not understand what is happening, you want to see your partner.
>
> You can play this part as either being very withdrawn or you may want to be quite verbal. The key point is that you will have a very strong reaction when touched.

The person who is playing the role of the patient is to be sat in a chair.

The other person/people in the group are to observe the interactions between the patient and the caregiver and make notes of what happens for the discussion after.

Take the care givers out of the room and give them the piece of paper that contains carer instructions 1:

> When invited back into the room, you should return to your group. Identify the patient (as the person in the chair). You need to get the patient in your group to stand up, go over to the window and then over to the door. The first group to do so will win a prize.

Simulation

Invite the caregivers back into the room once each group is ready.

After the exercise, ask the caregivers to leave the room again, this time give them the piece of paper that contains carer instructions 2:

When invited back into the room, you should return to your group. Identify the patient (as the person in the chair). You need to get the patient in your group to stand up, go over to the window and then over to the door. The first group to do so will win a prize.

Here is some information about your patient before you begin:

Your patient is currently on an orthopaedic ward after having surgery for a fractured arm after a fall. They are very frightened. They get very agitated when someone touches them; they have never liked to be touched. They do not understand what is happening; they want to see their partner.

Discussion

After the repeat of the exercise has been completed lead a discussion about:

- What the observers noted and thought of the interactions (try to draw out if they noticed any differences between the first and second time the simulation was undertaken)
- What it felt like for the member playing the role of the patient
- What it felt like for the care giver
- Was it easier for the caregiver once they knew the information on the piece of paper?

Teaching points

Depending on the experience and approach of the caregiver it may or may not of been a very different experience once they knew the information – however we would anticipate that in most cases the care giver will feel more confident and sure of their approach with the additional information – in some cases this additional information can make a real difference to the care being provided. Try to draw from the different groups own experiences and link back to the value of narratives and the life story 3 minute exercise from the beginning of the session.

If you have access to additional resources you may like to use them to enhance this simulation exercise. This could include items such as spectacles, a 'This Is Me form', and GERT suits to simulate ageing, and goggles to simulate eye conditions.

**N.B. If you have a quiet group you can ask for volunteers to act out the scenario in front of the group, or run two groups and ask the rest to observe. Ideally though this simulation works best if all staff take part in groups (as they are acting out in front of a smaller number of people).*

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Person Centred Care Simulation Exercise – Participant Instructions

Please print this page, cut the three instructions and laminate. Print enough copies for each group.

Patient instructions

You are currently on an orthopaedic ward after having surgery for a fractured arm after a fall. You are very frightened. You get very agitated when someone touches you; you have never liked to be touched. You do not understand what is happening, you want to see your partner.

You can play this part as either being very withdrawn or you may want to be quite verbal. The key point is that you will have a very strong reaction when touched.

Care giver instruction 1

When invited back into the room, you should return to your group. Identify the patient (as the person in the chair). You need to get the patient in your group to stand up, go over to the window and then over to the door. The first group to do so will win a prize.

Care giver instructions 2

When invited back into the room, you should return to your group. Identify the patient (as the person in the chair). You need to get the patient in your group to stand up, go over to the window and then over to the door. The first group to do so will win a prize.

Here is some information about your patient before you begin:

Your patient is currently on an orthopaedic ward after having surgery for a fractured arm after a fall. They are very frightened. They get very agitated when someone touches them; they have never liked to be touched. They do not understand what is happening; they want to see their partner.

Module 3: Session Plan - Communication, interaction and behaviour in dementia care

Estimated Timings	Content	Facilitator Activity "What the facilitator will be doing"	Participant Activity "What the learners will be doing"	Resources needed	Tier 2 learning outcomes
2 mins	Module 3 Communication, Interaction and Behaviour in Dementia Care Session aims	Present content from slides	Listen and make notes if they wish	Slide 47 and 48	n/a
25 mins (15 mins activity/ 10 mins debrief)	Communication Simulation exercise	Follow the guidance in the activity pack	Participate in simulation exercise	Slide 49 and activity pack; Plain squares of paper; background ward noise video clip	5a; 5c; 5f
2 mins	Significance	Present content from slides	Listen and make notes if they wish	Slide 50	5a
2 mins	Humanised communication	Present content from slides	Listen and make notes if they wish	Slide 51	5a
3 mins	Humanisation - Head	Present content from slides	Listen and make notes if they wish	Slide 52	5b
10 mins **(6 mins to watch videos/ 4 mins to discuss)**	Video: Communication difficulties	You will play 2 videos of Terry Pratchett who had PCA, a rare form of dementia. Play the first video from 2008, explain that Terry was well educated and wrote a number of best selling books. Then play the second video from 2013) and draw out the differences in terms of language used (more simple language used in the second video), pausing to consider words etc.	Watch the videos and discuss the changes in Terry's communication skills	Slide 53	5b

3 mins	Humanisation - Head	Present content from slides	Listen and make notes if they wish	Slide 54	5b If this reiterates points already covered can be skipped if necessary
3 mins	Humanisation - Heart	Present content from slides	Listen and make notes if they wish	Slide 55	5m
3 mins	Humanisation - Hand	Present content from slides	Listen and make notes if they wish	Slide 56 and 57	5d; 5e; 5g; 5i; 5j
3 mins	What remains?	Present content from slides	Listen and make notes if they wish	Slide 58	5m If this reiterates material already covered can be skipped if necessary
3 mins	Behaviour is a form of communication	Present content from slides	Listen and make notes if they wish	Slide 59	5l; 5o; 5p
15 mins **(7 mins to watch video and 7 mins to discuss)**	Simulated activity Video Gerry Robson Gerry visited a care home that was struggling to support the needs of the residents and another home where participants were engaged and happy. The clips show Ken calling out, because his call bell has been tied up, and Gerry responding to him The 2nd clip is Gerry talking and LISTENING to Ken, thoughtful humanised communication. You also note how the staff patronise Ken . The 3rd clip is Evelyne, being placed in the wheelchair, ask how did the staff talk to her, what language did they use, did they acknowledge her pain response? Why did Evelyne respond in	Play the video clip of Ken and Evelyne and ask participants to note examples of humanised and dehumanised communication. Ask participants to feedback to group.	Watch video and note examples of humanised and dehumanised communication and discuss with group.	Slide 60	5h; 5k; 5n; 5o; 5p

	that way. The a new approach was adopted where the staff used their understanding of the uniqueness of Ken and Evelyne and purposeful activity in introduced. Ken feels 'alive'. And Evelyne cares for another – we are humans together. She responds to caring for and not being done to.				
5 mins	Group discussion Read this short story: One day an old man was walking down the beach just before dawn. In the distance he saw a young man picking up stranded starfish and throwing them back into the sea. As the old man approached the young man, he asked, "Why do you spend so much energy doing what seems to be a waste of time?" The young man explained that the stranded starfish would die if left in the morning sun. The old man exclaimed, "But there must be thousands of starfish. How can your efforts make any difference?" The young man looked down at the starfish in his hand and as he threw it to safety in the sea, he said," It makes a difference to this one!" At times in our lives, we are all the old man, the young man, or the starfish. Sometimes, as the old man, we don't see the purpose to actions. Sometimes, as the young man, we persevere and make a difference. And	Read the story Ask participants to first consider and then share examples of humanised care from your practice.	Listen and then participate in group discussion	Slide 61	5c

	sometimes, we are the starfish who just need a little help. Explain that small actions can make a big difference! Ask the group to consider and then share their own examples of humanised care from their own practice.				
1 min	Key points to remember	Present content from slides	Listen and make notes if they wish	Slide 62	5a
6 mins	Final thoughts/questions Ask the group if they have any questions.	Answer any questions	Ask any questions or points of clarification	Slide 63	n/a
10 mins	Evaluation	Ask people to complete form	Complete evaluation form	Slide 64	n/a
1 min	Acknowledgements	Inform the participants that this training has been created in a project funded by Health Education England. The materials have been developed by Bournemouth University drawing from work previously undertaken by the people named on this slide	Listen	Slide 65	n/a
3 min	References, useful resources and contacts			Slides 66 - 70	n/a

Communication Simulation Exercise - Trainer instructions

Throughout our day we carry out numerous tasks/activities. If you think about these tasks, they usually require a person to complete a sequence of events in an ordered way. Making a cup of tea, getting dressed or making a sandwich.

The idea of this exercise is to demonstrate how a sequenced task may become difficult if the instructions are unclear/muddled/confusing. It aims to show the participants how it may feel when you a person is confused with the order of a task or the instructions are muddled and unclear.

To demonstrate this you will be asking the group to make something out of paper (do not tell them it is an origami swan) hopefully no one is overly familiar with this but if they are see if they try to take over thinking they know what to do. You will need to print out the instructions for each group before the session starts (you could also laminate them).

You could offer an incentive for the participants to want to finish this, possibly a stress ball/pen.

1. Tell the group they are making something but DO NOT tell them what it is
2. Divide the group into 6 equal groups/individuals (if you only have 5 miss out a group)
3. There will be a prize for the first person/group finished (stress ball/free pen)
4. One group will be given clear instructions (Group 1 – print double sided)
5. One group will be given the instructions in a muddled order (Group 2 – print double sided)
6. One group will be given only the words (Group 3 - print single sided)
7. One group will be given the words in very very small print (Group 4 - print single sided)
8. One group will be given nonsense instructions (Group 5 – print single sided)
9. Another group will have the instructions read to them (Group 6 – print single sided). Do not read these clearly, hopefully the rest of the group will be noisy and it will be distracting. Possibly you could pretend to get frustrated with them and rush them, possibly at one point take the origami from them and do the step you are trying to get them to do

If anyone gives up or gets frustrated – that is good; this will help with the discussion after.

Group discussion

Once the group has attempted this, open a discussion relating to the difficulties someone with Dementia may have in following a sequenced task.

You could ask them:

- How did they feel?
- When did they want to stop/give up?

- Imagine if this feeling happened daily/frequently.
- What would it be like if you knew you previously could do something or you knew what the end result was that you wanted – a cup of tea/a sandwich/to get dressed?

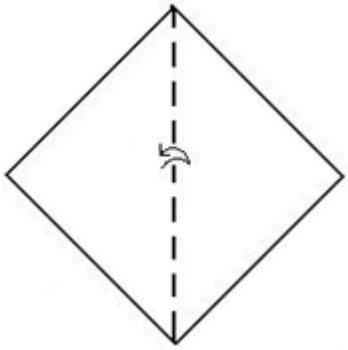
Note that people with dementia can have difficulty processing information, understanding language, sequencing activities

This activity is an opportunity to explore how difficult it can be to undertake simple tasks when you have a cognitive impairment.

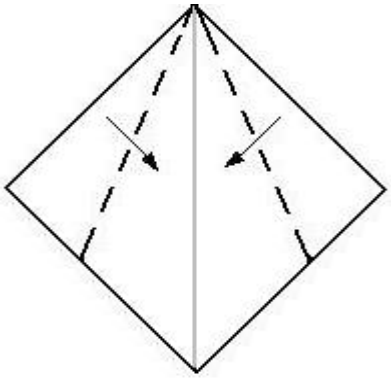
The instructions vary and are confusing, not in order, no pictures, print too small, etc. To represent the difficulties that people with dementia might have in sequencing when washing, dressing, going to the toilet etc.

Source:
Original origami from Origami Resource Center
http://www.origami-resource-center.com/

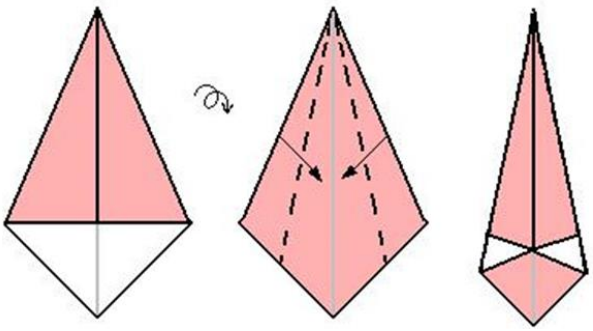
Instructions - Group 1



1. Start with a square sheet of paper. Fold in half on the diagonal. Unfold.

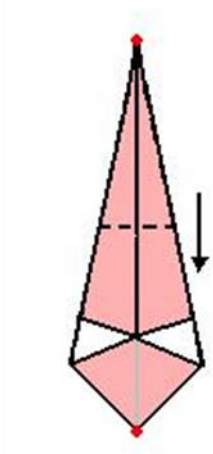


2. Fold the left and right edges of the paper to meet the central crease made above.



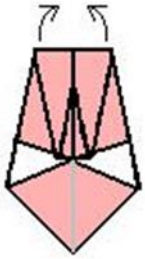
3. Turn the paper over and repeat: fold the left and right edges to meet the central crease.

Source:
Original origami from Origami Resource Center
http://www.origami-resource-center.com/

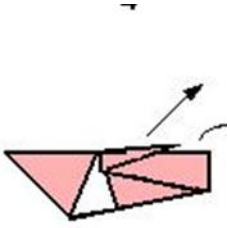


4. Fold the model in half so the sharp point meets the corner on the opposite side (align the red dots).

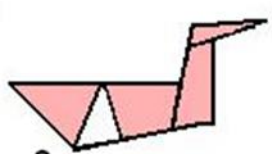
5. Fold the sharp point back again about a third of the way; exact distance not important.



6. Fold the model in half vertically (mountain fold to create left and right side of swan). Rotate quarter turn.



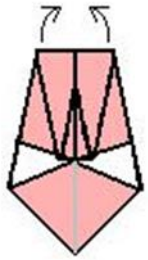
7. Gently pull the neck and head of the origami swan away from the body. Done.



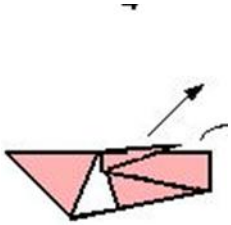
Congratulations - you have made a swan

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

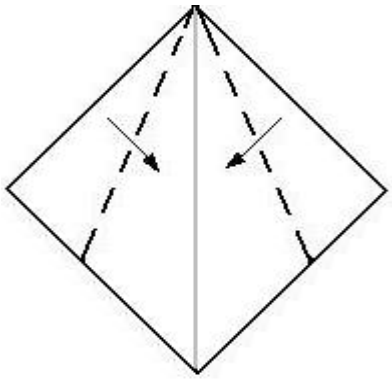
Instructions – Group 2



Fold the model in half vertically (mountain fold to create left and right side of swan). Rotate quarter turn.

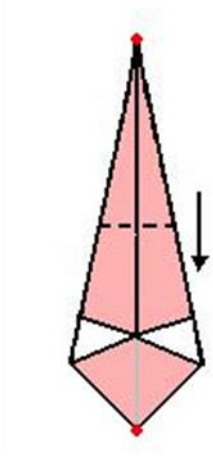


Gently pull the neck and head of the origami swan away from the body. Done.

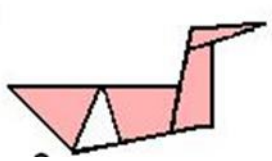


Fold the left and right edges of the paper to meet the central crease made above.

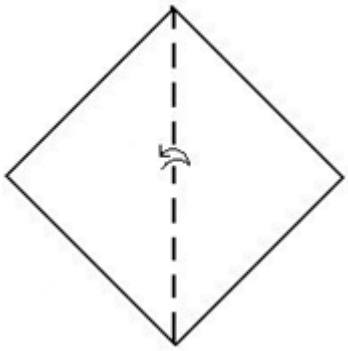
Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/



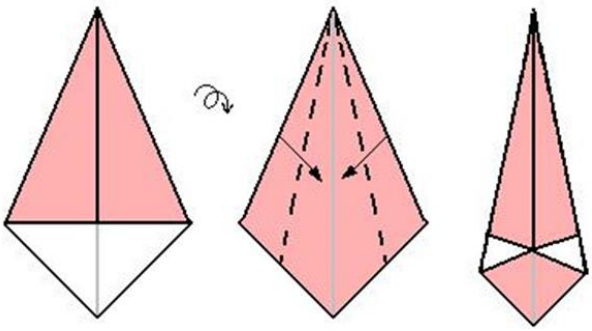
Fold the model in half so the sharp point meets the corner on the opposite side (align the red dots).



Congratulations - you have made a swan



Take a square sheet of paper. Fold in half on the diagonal. Unfold.



Turn the paper over and repeat: fold the left and right edges to meet the central crease.

Fold the sharp point back again about a third of the way; exact distance not important.

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

Instructions – Group 3

1. Start with a square sheet of paper. Fold in half on the diagonal. Unfold.

2. Fold the left and right edges of the paper to meet the central crease made above.

3. Turn the paper over and repeat: fold the left and right edges to meet the central crease.

4. Fold the model in half so the sharp point meets the corner on the opposite side (align the red dots).

5. Fold the sharp point back again about a third of the way; exact distance not important.

6. Fold the model in half vertically (maintain fold to create left and right side of swan). Rotate quarter turn.

7. Gently pull the neck and head of the origami swan away from the body. Done.

Congratulations - you have made a swan

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

Instructions – Group 4

1. Start with a square sheet of paper. Fold in half on the diagonal. Unfold.

2. Fold the left and right edges of the paper to meet the central crease made above.

3. Turn the paper over and repeat: fold the left and right edges to meet the central crease.

4. Fold the model in half so the sharp point meets the corner on the opposite side (align the red dots).

5. Fold the sharp point back again about a third of the way; exact distance not important.

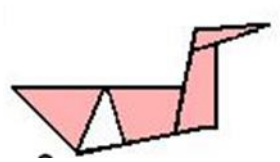
6. Fold the model in half vertically (mountain fold to create left and right side of swan). Rotate quarter turn.

7. Gently pull the neck and head of the origami swan away from the body. Done.

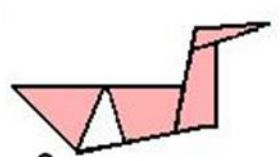
Congratulations - you have made a swan

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

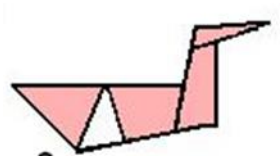
Instructions – Group 5



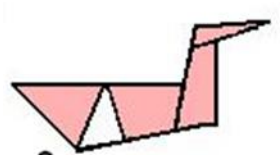
1. Start with a banana of paper. Fold in flour diagonal. Unfold.



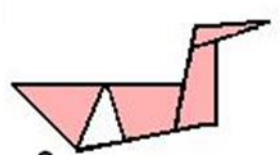
2. Fold the car of the paper to meet the Amsterdam made above.



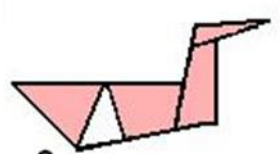
3. Turn the paper hamster repeat: fold the left and puppy crease.



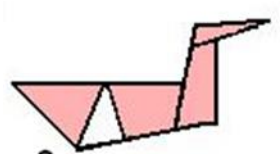
4. Fold the model in houses so the sharp doctor the corner on the opposite side (align the ill).



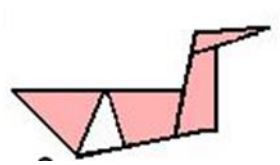
5. Fold the computer again about a third of the way; exact times important.



6. Fold the fountain pen (mountain fold to create toast). Rotate quarter turn.



7. Gently pull the cup of coffee away from the body. Done.



Congratulations - you have made …..

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

Instructions – Group 6

Trainer to read these instructions to the group: Do not read these clearly, hopefully the rest of the group will be noisy and it will be distracting. Possibly you could pretend to get frustrated with them and rush them, possibly at one point take the origami from them and do the step you are trying to get them to do

1. Start with a square sheet of paper. Fold in half on the diagonal. Unfold.

2. Fold the left and right edges of the paper to meet the central crease made above.

3. Turn the paper over and repeat: fold the left and right edges to meet the central crease.

4. Fold the model in half so the sharp point meets the corner on the opposite side (align the red dots).

5. Fold the sharp point back again about a third of the way; exact distance not important.

6. Fold the model in half vertically (mountain fold to create left and right side of swan). Rotate quarter turn.

7. Gently pull the neck and head of the origami swan away from the body. Done.

Congratulations - you have made a swan

Source:
Original origami from Origami Resource Center http://www.origami-resource-center.com/

Simulated Activity - Gerry Robinson Video

In this activity you can show participants clips from the documentary 'Can Gerry Robinson Fix Dementia Care Homes?'. You will need to purchase a copy of the DVD from Dementia Care Matters: Telephone: 01273 242335 or email infor@dementiacarematters.com.

Play the video clips of Ken and Evelyn and ask participants to note examples of humanised and dehumanised communication. You can print out the worksheet for this activity to refresh participants of the Humanising Values Framework.

In the DVD, the timings for the clips are as follows:

Clip	Approx. time on DVD	Approx. time on Box of Broadcasts
Ken calling out	04.25-05.16	05:47-06:40
Gerry Talking to Ken	13.53-16.57	15:37- 18:52
Evelyn being moved to the wheelchair	03.05-03.50	04:30-05:08
Gerry talking to Evelyn	07.10-07.34	08:44-09.10
Following the introduction of a focused person centred approach,	47.10-50.00	49:31-52:00

The clips show a distressed Ken and Evelyn before a more person centred approach is adopted with recognition of the importance of knowing the persons story and how this can help with care delivery.

Group discussion

Ask participants to feedback to the group on what they felt were humanised and dehumanised examples of communication – using the worksheet for this activity.

- Notice how Gerry communicated with Ken – simple language - eye contact
- Consider how the staff communicated with Ken and Evelyn.
- Did the staff listen to what Ken and Evelyn were actually saying?
- Discuss with the group how this might relate to their practice – why might staff behave in that way?
- Note the value in responding to Ken and Evelyn beyond their diagnosis. That Ken was involved in activity and Evelyn was able to care for another and not always be a recipient of care.

Humanising Care Toolkit - Worksheet to use with Gerry Robinson Video

Forms of humanisation	Forms of dehumanisation
Insiderness **Care takes account of your feelings and how things are for you on the inside; attends to feeling uncertain or scared**	**Objectification** Care that labels you and treats you as a person as invisible; treated as an object, without thoughts or feelings
Agency **Having a say and a sense of control; free to make choices and decisions; asked for your opinion and treated as knowledgeable about your health and wellbeing**	**Passivity** Passive recipient of care; no say in decisions; others decide for you; little or no control over what happens
Uniqueness **Treated as an individual with your own particular likes, dislikes, preferences and priorities**	**Homogenisation** Categorised into a group; not treated as an individual but with a 'one size fits all' Approach
Togetherness **Feeling connected to other people who share your experiences and interests; a sense of belonging and community**	**Isolation** Isolated and alone with your experience; no one to share what you are feeling and experiencing
Sense Making **Understanding what's happening; care that helps you make sense of your condition, treatments and recovery**	**Loss of meaning** Hard to make sense of your care, what's happening and why; feeling lost and bewildered
Personal Journey **Care and treatment that helps you find continuity; connecting your past with who you are now and future hopes and aspirations**	**Loss of Personal Journey** A lack of continuity with who you are as an individual; care that is short term or feels disconnected from you and your life
Sense of Place **feeling familiar & 'at home'; Environments, surroundings, architecture, culture that help you feel relaxed and at ease**	**Dislocation** Feeling uncomfortable and alien; displaced; feeling out of place or in an alien context that doesn't fit with or feel familiar to you
Embodiment **Care and treatment for you as a person and in your bodily connections with the world; attending to mind, body, mood, relationships. Being alive to the world and what your body is telling you.**	**Reductionist Body** The whole focus is on medical diagnostics and symptoms and the impact of your condition on your physical body. Geared towards fixing a body part.

Source: Pound, C., Sloan, C., Ellis-Hill, C., Cowdell, F., Todres, L., Galvin, K. (2016) The Humanising Care Toolkit, http://www.btfn.org.uk/library/directory_listings/337/Humanising%20Care%20Toolkit.pdf

Space for notes

Space for notes

Contacts

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