Bournemouth University

Health Education England

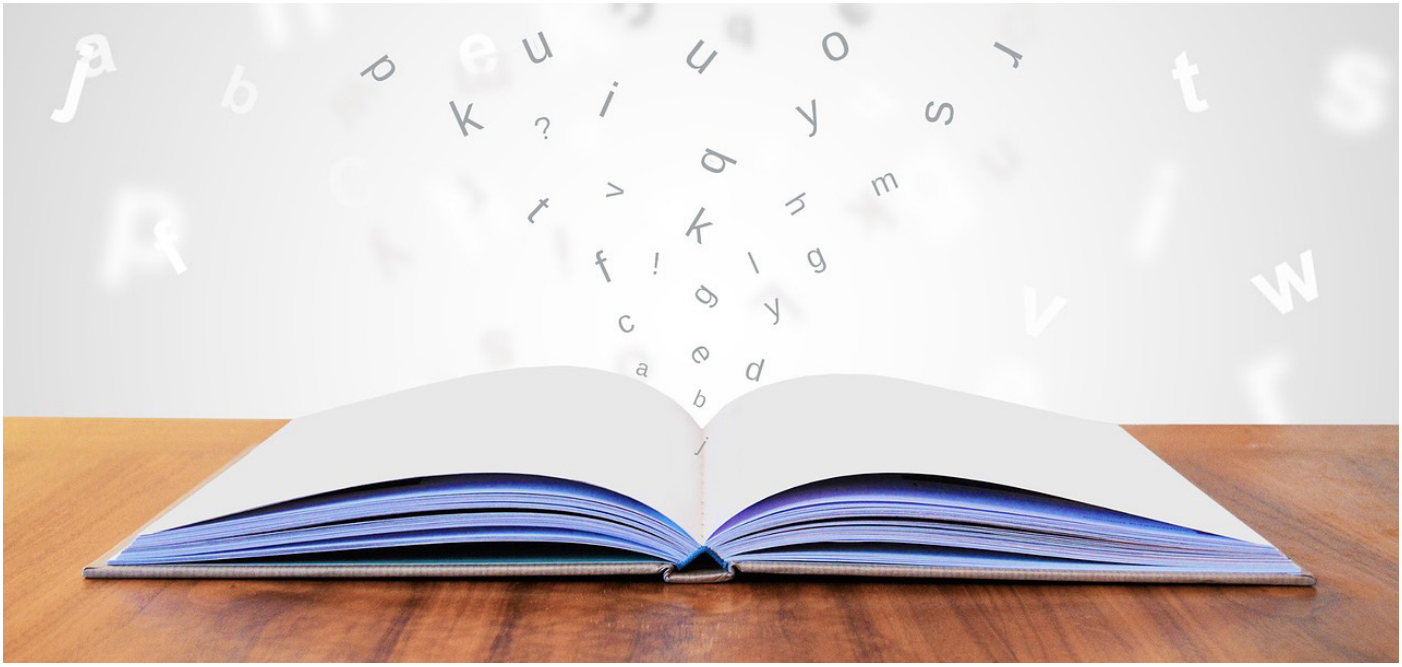
Tier 2 Dementia Training

Synchronous Collaborative e-Learning Dementia Education and Learning Through Simulation 2 (e-DEALTS2) trainer toolkit

Version 1.0

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

Contents



1. About the e-DEALTS2 toolkit

1.1 Welcome

Welcome to the e-DEALTS2 dementia training toolkit.

A team of researchers from the Ageing and Dementia Research Centre (ADRC) at Bournemouth University (BU) were commissioned by Health Education England (HEE) to develop the e-Learning Dementia Education And Learning Through Simulation 2 (e-DEALTS 2) programme. This was in response to a need for alternative approaches to face to face dementia training highlighted by trainers working in hospitals during the COVID-19 pandemic and the ongoing requirement for blended training delivery approaches across the acute care sector.

To create this new toolkit to support trainers to deliver dementia training online through platforms such as Microsoft teams or Zoom, we have adapted the DEALTS2 toolkit published in 2018. The Dementia Training Standards Framework (Skills for Health et al., 2015; 2018) outlines the knowledge, skills and attitudes for health and care staff in settings where they are likely to have roles that have regular contact with people living with dementia and defines this as Tier 2. The e-DEALTS2 training covers 3 of the 12 subject areas at Tier 2: risk reduction and prevention; person-centred care; and communication, interaction, and behaviour.

1.2 e-DEALTS2 toolkit development

This e-DEALTS2 toolkit has been coproduced by staff from the Ageing and Dementia Research Centre at Bournemouth University, South Warwickshire NHS Foundation Trust, Princess Alexandra Hospital NHS Trust, and Oxford Health NHS Foundation Trust. The coproduction process involved several meetings to discuss and reshape the content to ensure suitability for online delivery. Once a toolkit was drafted it was piloted and evaluated in dementia training with staff at South Warwickshire NHS Trust in April 2021. To ensure effectiveness of the toolkit and the simulation approach the toolkit was further evaluated in dementia training sessions with staff at South Warwickshire NHS Foundation Trust and Princess Alexandra Hospital NHS Trust between May and August 2021. Throughout this iterative process feedback was obtained from the staff and trainers involved and used to improve the e-DEALTS2 toolkit.

1.3 Acknowledgements

Individual contributions to the e-DEALTS2 toolkit are outlined in the table below. Thanks to the staff at South Warwickshire NHS Foundation Trust and Princess Alexandra Hospital NHS Trust who took part in the training sessions and contributed to the evaluation. e-DEALTS2 is informed by the DEALTS and DEALTS2 programmes.

Name	Organisation	Contribution
Jane Murphy	Bournemouth University	Project lead, contributor at development meetings; commented on toolkit drafts; commented on evaluation methods and questions
Michelle Heward	Bournemouth University	Facilitated development meetings; developed materials for the toolkit; drafted toolkit; designed and led evaluation.
Michele Board	Bournemouth University	Contributor at development meetings; commented on toolkit drafts.
Ashley Spriggs	Bournemouth University	Contributor at development meetings; commented on toolkit drafts.
Raysa El-Zein	Bournemouth University	Contributor at development meetings; developed materials for the toolkit; developed evaluation methods and questions.
Caroline Jones	Bournemouth University	Design work on toolkit.
Rikki Lorenti	South Warwickshire NHS Foundation Trust	Contributor at development meetings; developed materials for the toolkit; commented on toolkit drafts; delivered training sessions as part of the pilot.
Marie Mumby	South Warwickshire NHS Foundation Trust	Contributor at development meetings; commented on toolkit drafts; supported delivery of delivered training sessions as part of the pilot.
Caroline Ashton-Gough	Princess Alexandra Hospital NHS Trust	Contributor at development meetings; delivered training sessions as part of the pilot; commented on toolkit drafts.
Caroline Mooring	Oxford Health NHS Foundation Trust	Contributor at development meetings; commented on toolkit drafts.

1.4 Disclaimer

We aim to ensure that the information in this toolkit is as up to date and accurate as possible, but please note that that fluidity of research means that we can only say it was current at the time of publishing in 2021.

Please note that the inclusion of websites, companies, products, services, or publications in this toolkit does not constitute a recommendation or endorsement by Bournemouth University, Health Education England or any other organisations involved in developing this toolkit.

2. How to use the e-DEALTS2 toolkit

This Tier 2 dementia training toolkit is designed to be used by trainers who wish to deliver dementia training to staff and volunteers in health and social care settings using an online platform such as Microsoft Teams or Zoom. It is appropriate for all staff and volunteers who require Tier 2 training (i.e. individual who have regular contact with people with dementia), including clinical and non-clinical and qualified and unqualified.

When delivering training sessions, trainers can encourage both clinical and non-clinical staff to attend the same sessions in the same virtual 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.

2.1 Advertising e-DEALTS2 training to staff and volunteers

e-DEALTS 2 is a simulation-based 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. It is advisable to make it clear to staff and volunteers what the e-DEALTS2 training will involve. We suggest that you advertise the session and provide those attending with the following information beforehand:

e-Learning Dementia Education And Learning Through Simulation 2 (e-DEALTS 2)

The e-Learning Dementia Education And Learning Through Simulation 2 (e-DEALTS 2) programme is Tier 2 dementia training for health and social care staff and volunteers in hospital settings. The session is appropriate for all hospital staff and volunteers who require Tier 2 training (i.e. those who have regular contact with people with dementia), including clinical and non-clinical and qualified and unqualified. The content is designed to provide opportunities to understand the lived experience by putting attendees into the shoes of a person with dementia.

Simulation is used in the broadest sense and includes the use of video case studies, group discussion and interactive activities. To promote inter-professional learning and improve practice, staff and volunteers from both clinical and non-clinical areas are encouraged to attend sessions together.

This training will be delivered virtually, and you will be required to attend over Microsoft Teams/Zoom. To ensure that you get the most from this training we encourage you to be using a device with a camera and to have it switched on so that you can engage with the trainer and others present, as if you were in a face to face session. If you are not already familiar with this technology and would like to practice logging in with the trainer ahead of the training, please contact (specify name and email address of trainer) as soon as possible.

2.2 e-DEALTS2 resources

This toolkit works alongside the e-DEALTS2 PowerPoint presentation slides to support trainers with additional information and resources to enable delivery of the slides. Trainers can adopt the slides and use them as we have outlined or adapt them to suit the training requirements of the organisation they are working in and/or add in any local information or resources that might be relevant.

The content is designed to put staff and volunteers into the shoes of a person with dementia to facilitate understanding of the lived experience of dementia. We hope that after taking part in this training that staff and volunteers may make positive changes to how they care and support people with dementia and their family carers.

2.3 Teaching and learning resources you will need to deliver e-DEALTS2

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 Microsoft Teams/Zoom and Microsoft Office PowerPoint presentation.
A computer with internet access to play MP3 and MP4 Videos directly from the internet.

Trainers need to familiarise themselves with the content of the toolkit and other materials prior to delivering these sessions. Delivering training online using platforms such as Microsoft Teams/ Zoom is very different to face to face training, and you may well experience technological difficulties such as poor internet connection when you are delivering these sessions. Staff and volunteers may experience technological difficulties when they try to log into the sessions. Therefore, we suggest that you run your first few sessions with a smaller group whilst you familiarise yourself with the technology and the content. If possible, we suggest having two people to facilitate the training sessions, the first to facilitate and deliver the content and the second to provide technical support to staff, manage the chat box, PowerPoint slides and videos. Once you are used to delivering training in this format you may not need a second facilitator but be warned you are relying heavily on technology and the internet to deliver this session. Be prepared for every possible eventuality.

2.4 Preparation and Getting Started

The lesson plans presented in this toolkit must be read in conjunction with the PowerPoint presentation for each of the modules, and the notes in the teaching materials section of this toolkit.

Setting up the session

Before you start the session, log in early to check that your computer is working and that you have internet access. Stay connected to the meeting for some additional time at the end of the training in case anyone wishes to talk to you or ask any further questions.

Video preparation

You be required to play several videos during your session. Ensure that you have access to all the video clips that you will be using during the session – and make sure you can play them, and the sound is good. Please be aware that if you are delivering this training from a clinical setting, the firewalls may 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.

Length of sessions

This training can be delivered as one complete session or as three separate modules. For small groups of up to 5 we suggest a guide of 5 hours for the complete session. For groups of 6-10 staff members you will need to extend to a 6-hour session to allow for audience discussion and participation in activities. This training has not been evaluated for large group sizes of more than 10, but if you wish to use with a larger group we recommend increasing the time appropriately to ensure you have enough time to discuss the materials and debrief the activities.
Please remember to give attendees a break of at least 30 minutes between each module so that they do not feel overloaded with information and fatigued from the online delivery. Encourage them to take a break from the screen, get refreshments and go to the toilet so that they are ready for the next session. If you wish to deliver the training in three separate sessions, you can easily split the content per module. Remember to add in an icebreaker activity which is a refresher for the previous module at the beginning of the second and third module. Make sure you keep a register of attendees so that you can ensure all staff receive all three modules of training.

Establishing boundaries by setting ground rules

Welcome your group and thank them for attending the training. Make sure you introduce yourself and ask everyone else to introduce themselves, including their name and job role/field of practice. You may also like to ask them what their expectations of the training are before you start, and you could note these on the Microsoft Teams/Zoom White Board. 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 virtual room – unless there is concern about the safety of a patient or staff member when a safeguarding alert may need to be raised).
You should be aware that talking about dementia can be emotive for staff and volunteers, particularly if they have personal experience with family or friends. This may mean some attendees are more interested in the session to start with, and as such may participate more than others. Remember not everyone will be interested in dementia so encourage those that are quiet to contribute to discussion when you can. Remind attendees to only disclose information that they are comfortable with, and happy for others to know about and possibly share outside of the group (as you/they will have no control over this after the session even if you have made group rules). Personal information is not usually necessary, and it is possible to talk about patients, family, or friends without identifying them. Remind them that the only time you will need to share information outside of the group is if they raise anything that could be a potential safeguarding issue. Attendees may become emotional, cry or become angry at times because of the care delivered to loved ones – be prepared with how to deal with this and offer them a chance to take a break from the session or talk to them afterwards if appropriate. Signpost them to support from the local Memory support service or branch of Alzheimer's Society or to further information such as websites (https://www.alzheimers.org.uk/) if you think it will help.

When people feel valued and welcome in a training session, they are more likely to feel comfortable and open to sharing their experiences. Make sure that everyone feels welcome and has an opportunity to contribute to the discussions.

2.5 Evaluation of your e-DEALTS2 training

We recommend that you obtain some feedback from staff about the training. You can develop questions to obtain this feedback, we have suggested some examples questions later in this toolkit.

2.6 Your feedback on the e-DEALTS2 toolkit

Please let us know if you are using part or all of the e-DEALTS2 toolkit and how you have found it. We are interested to know where you are based and if you are using it in a hospital or other setting. Please email adrc@bournemouth.ac.uk to let us know.

3. Teaching materials

3.1 Session aim and learning outcomes

Tier 2, Dementia Risk Reduction and Prevention; Person-Centred care; and Communication, Interaction and Behaviour in Dementia Care – 5/6-hour workshop

Organisation:

Number of participants in the group:

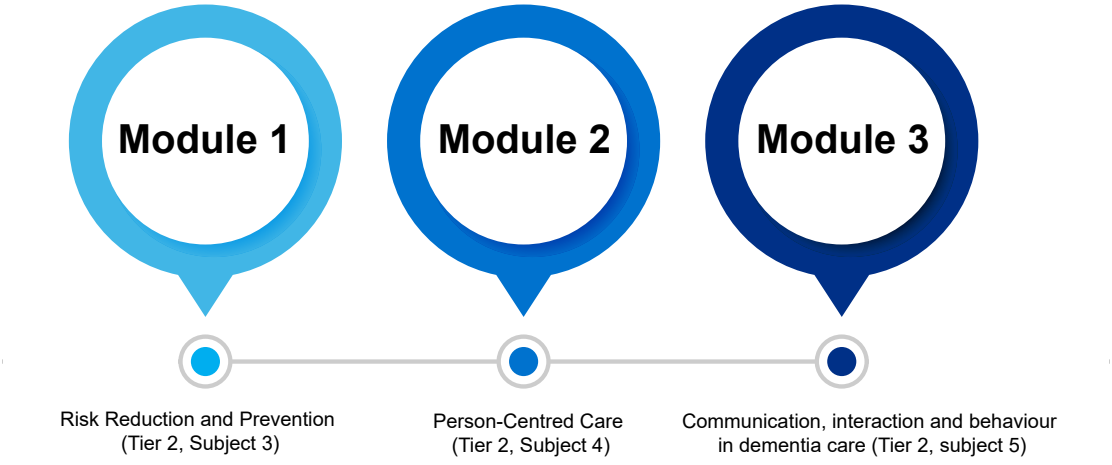
Date:

Duration of Session:

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 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) 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

5b) understand motivational factors that may impact on the ability to make changes

5c) be aware of the challenges to healthy living that may be experienced by different socioeconomic and/or ethnic groups

5d) be able to signpost sources of health promotion information and support

5e) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals.

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 virtually using an online platform such as Microsoft Teams or Zoom. In preparation for the session, the trainer needs to read the accompanying PowerPoint presentation slides and the additional information in the teaching materials section of the toolkit.

Resources for facilitator to use at the start of the session

- Keep a record of who is attending
- Worksheets and instructions for simulation activities
- Evaluation questions (you can set these up in a poll or mentimetre or email them to attendees)

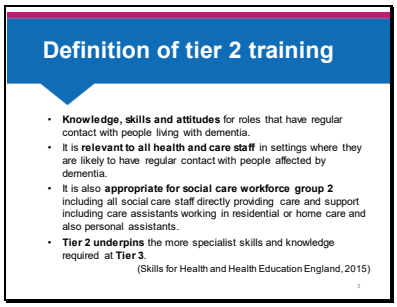
Resources for facilitator to use at the end of the session

- Completed evaluation questions
- Record of who you have trained.

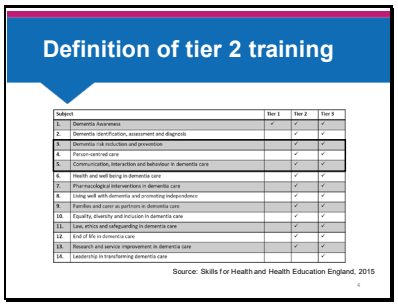
Finally, it is important for you to signpost participants to further sources of support and information, depending on organisational and individual circumstances.

3.2 Introduction to e-DEALTS2

Lesson plan					
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
5 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.	Listening, participating.	Slides 1-2	n/a
1 min	Definition of Tier 2 training	Present content from slides	Listen and make notes if they wish	Slide 3 and 4	n/a
1 min	Overview of workshop	Present content from slides	Listen and make notes if they wish	Slide 5	n/a
3 mins	Evaluation	Ask attendees to complete before training evaluation questions.	Complete evaluation questions.	Evaluation questions.	n/a

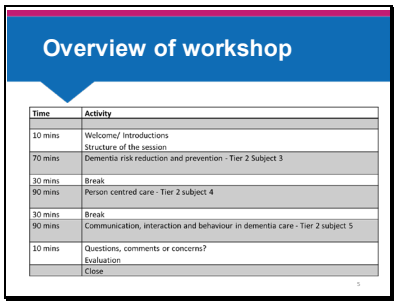
Slide 1 	Welcome to the E-Learning Dementia Education and Learning Through Simulation 2 (e-DEALTS2) session
Slide 2 	**Introductions** • Introduce facilitator and anyone else present helping to deliver the session and explain roles. • Clarify whether all participants are familiar with the technology/platform you are using and if not just run through the main features briefly (mute/video on and off/chat function etc.) • Ask the participants to introduce themselves, their role within the hospital and any expectations of the training session. **Housekeeping** Remind the participants of the following: • Ground rules = Listen to people. Allow people to speak. Respect their views. Keep them confidential • Explain that self disclosure is a powerful tool for learning but also requires the knowledge that what is disclosed remains confidential. Ask if people are happy to adhere to these ground rule. • Explain that some of the content may be emotionally challenging or may trigger emotional responses. This is OK and offer to talk to people at the end of the session if required
Slide 3 	This training session is for all staff and volunteers who require Tier 2 training (i.e. who have regular contact with people with dementia), including clinical and non-clinical and qualified and unqualified. e-DEALTS2 is a simulation training programme that uses discussion and interactive activities, rather than other more involved approaches to simulation. 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. Depending on previous experiences or perceptions of what simulation involves, some staff may feel uneasy about attending simulation training. Make it clear to staff what the e-DEALTS2 is and will involve.

Slide 4



This session covers 3 subject areas of Tier 2. It does not cover the whole of Tier 2.

Slide 5

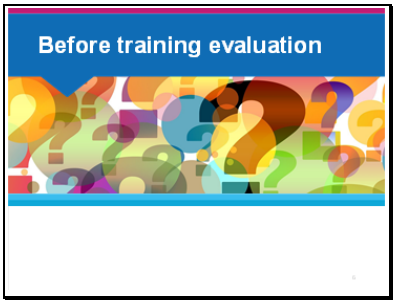


This workshop schedule sets out the recommended time the Trainer should spend on each activity.

The content can be delivered in one day or as three individual modules. Based on the above timings it will take approximately 6 hours to deliver the workshop over one day, the trainer should also allow time before (to set up the IT, PowerPoint and any simulation activities) and after the session (to allow any participants that wish to ask additional questions/seek support or signposting individually).

If run over one day, we advise giving breaks between each module of at least 30 minutes so that trainees can have a break from the screen, get refreshments and use toilet facilities. If run as individual modules we recommend that the trainer starts the second and third module with an ice breaker activity designed to refresh trainees on the content from the previous module.

Slide 6

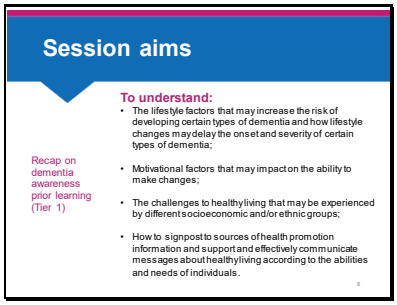
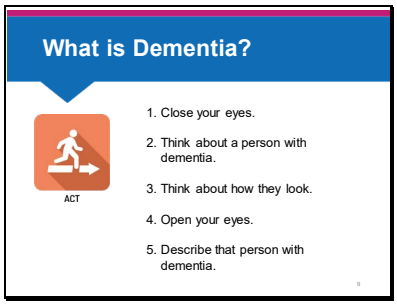
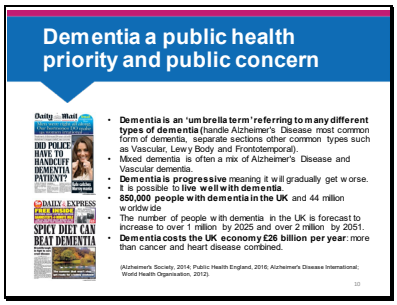


If you wish to collect evaluation data from the group before they take part in the training now is a good point to ask for it. You can collect this data in different ways including, a Teams poll, word art, mentrimetre etc.

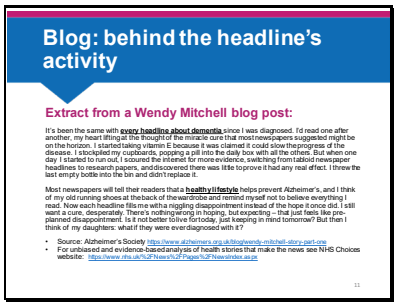
Example evaluation questions are listed later in this toolkit.

1.1 Module 1: Risk reduction and prevention

Lesson plan					
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 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
6 mins	What is dementia? (Recap Tier 1)	Ask the group to think about a person with dementia they have met or know and describe their characteristics. Discuss with the group their responses drawing commonalities if appropriate.	Contribute to the discussion.	Slide 9	Tier 1 recap
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	Blog: behind the headlines	Present content from the slides	Listen and make notes if they wish	Slide 11	Tier 1 recap
2 mins	Why is this topic relevant to you?	Present content from slides	Listen and make notes if they wish	Slide 12	3d; 3e
6 mins	Video: preventing dementia and enhancing brain health	Play the video	Watch the video	Slide 13	
3 mins	Discussion: be the change Who might be at risk of dementia? What lifestyle factors might increase risk of developing certain types of dementia? Do you currently signpost patients and their families to information/ support about making positive lifestyle choices/changes? How do you do this? Who/what do you signpost to? Are there particular roles where this may be more relevant than others?	Ask the participants to discuss the questions on the slide.	Participate in discussion.	Slide 14	3a
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 and discuss the questions on the slide	Contribute to the discussion	Slide 18	3b
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.	Watch video and discuss.	Slide 19	3c
10 mins (5 mins activity 5 mins debrief)	Activity: reflections on changing your own practice Work in pairs: think about what you can do on a day to day to basis to positively influence practice? 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.	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. Is an acute setting the best place to diagnose? Public health agenda	Discuss in pairs and feedback to group.	Slide 20	3a; 3b; 3c; 3d; 3e
1 min	Information to signpost patients and families to	Present content from slides	Listen and make notes if they wish	Slide 21 Tip: Trainers can produce a hand-out with local sources to give to participants	3d
1 min	Dementia guidance and policies for you	Present content from slides	Listen and make notes if they wish	Slide 22 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 23	3a; 3e
30 mins	Break During the break ask attendees to watch the kids interview people with dementia video			Slide 24	n/a

Slide 7  	The first part of the training focuses on dementia risk reduction and prevention (tier 2, subject 3).
Slide 8  	It is important to state the aims at the beginning of each module so that trainees understand what they will be learning.
Slide 9  	Ask the group to individually think about a person with dementia that they know or have meet. If they have never met anyone with dementia, ask them to picture who they think is a typical person with dementia. • Think about what this person looks like, what are their characteristics? • Ask attendees to describe the people they have been thinking about to the group. Try to draw commonalities between the responses especially if they describe the stereotypical image of a person with dementia. Discuss their descriptions and highlight that dementia effects people from all walks of life i.e. if they talk about people with dementia as old or elderly introduce the fact that people can be diagnosed at any age, and just because someone is getting older it doesn't mean that they will automatically develop dementia.
Slide 10  	• The number of people living with dementia is increasing globally. • The cost of caring for people with dementia is also increasing and a cause for concern. • Headlines from newspaper present mixed information about dementia, giving people mixed information about what they can do to reduce their own risk. Public are concerned about being diagnosed with dementia.

Slide 11



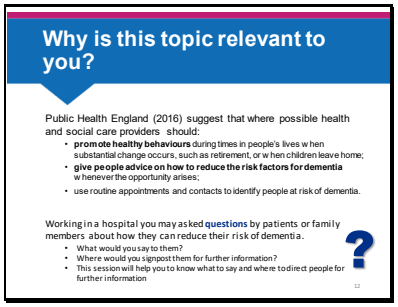
Wendy Mitchell is a person living with dementia (early-onset Alzheimer's Disease) and an advocate for the rights of people with dementia. She shares her experiences in her blog 'Which me am I today'.

- This extract from her blog shows how frustrated she is by the media headlines about dementia and not knowing if they are correct.
- For anyone wanting to check the evidence behind these headlines the NHS Choices website presents this information.

Some additional resources from Wendy Mitchell that you might find useful:

- https://www.youtube.com/watch?v=1Z2Uuphqh6o
- https://www.ageuk.org.uk/discover/2019/march/wendy-mitchell-on-life-with-dementia/
- https://www.bbc.co.uk/programmes/p0739dwx

Slide 12



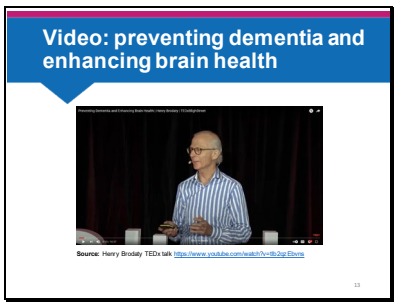
Ask attendees where they might be likely to meet people with dementia and/or family carers in the hospital?

- Confirm that it could be anywhere across the hospital from A&E to wards, Discharge, to restaurant area if popping in for a check up – or even outside of work if they mention to someone what they do as a job.
- Confirm that as professionals they may get approached by people concerned about their memory and asked what advise you would give them. It might not be a patient with dementia but a family member such as the son or daughter of a patient with dementia.

Ask the group – do you know where to signpost people to for further information?

- Confirm that this session will help them to know where they can signpost people to.

Slide 13

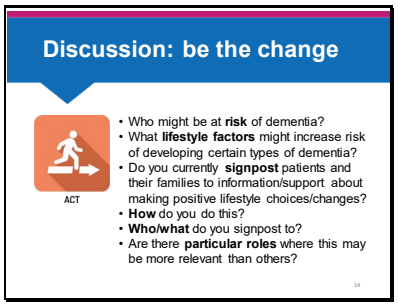


Play this video and pause for discussion.

Teaching tip: You can skip the beginning and play from 03.40 minutes.

Please note the sound of this video is not overly loud – you can add the subtitles in YouTube before you play it or send the link to attendees in the chat box so they can watch individually.

Slide 14



Ask attendees to reflect on the previous video and discuss the following questions:

- Who might be at risk of dementia?
- What lifestyle factors might increase risk of developing certain types of dementia?
- Do you currently signpost patients and their families to information/support about making positive lifestyle choices/changes?
- How do you do this?
- Who/what do you signpost to?
- Are there particular roles where this may be more relevant than others?

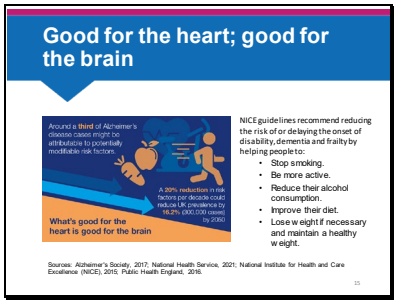
Teaching point:
Facilitate discussion around risk factors: note that these are:

- Gender- women more likely to get Alzheimer's Disease and men are more likely to get Vascular Dementia
- People who smoke
- Eating a diet high in cholesterol
- Being overweight or obese
- Not doing enough exercise
- Having a sedentary lifestyle
- Drinking too much alcohol
- Having a family history of dementia
- Having high blood pressure
- Head Injuries - Three times more likely to develop Alzheimer's Disease
- People with Down Syndrome
- Pre existing medical conditions. There are several pre-existing medical conditions that can also increase the risk of dementia including: Parkinson's disease; stroke; type 2 diabetes; high blood pressure

National Institute for Health and Care Excellence (2013) suggest the following, you could discuss some of these points in your training:

- Do not conduct general population screening
- In middle-aged and older people, review and treat vascular and other risk factors for dementia (such as smoking, excessive alcohol use, obesity, diabetes, hypertension and raised cholesterol levels)
- Offer referral to genetic counselling to those thought to have a genetic cause of dementia and to their unaffected relatives.

Slide 15



Key prevention messages from Public Health England are:

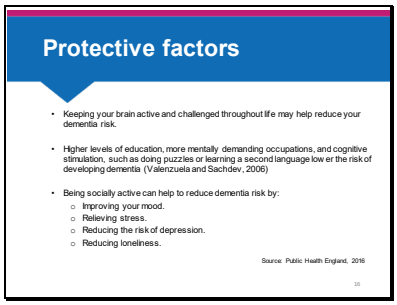
- What is good for the heart if good for the brain, which means the same advice about maintaining a healthy lifestyle applies.

For more information you can have a look at this factsheet from the Alzheimer's Society 'How to reduce your risk of dementia' https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/how-reduce-your-risk-dementia

Teaching tip:

- Public Health England have developed a tool to check prevalence of dementia (and other statistics on risk factors that can lead to dementia) across UK.
- You could check local prevalence rates before the training session and mention these in your training session

Slide 16

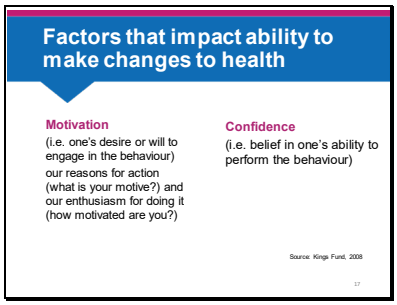


Keeping your brain active and challenged throughout life may help reduce your dementia risk.

For more information you can have a look at this Government guidance 'Health matters: midlife approaches to reduce dementia risk:

https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk

Slide 17

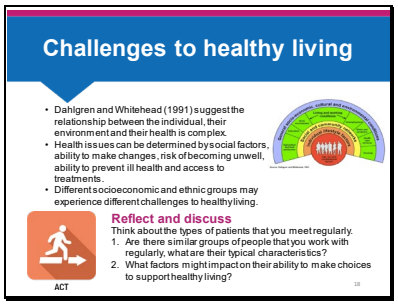


Remember that we are all different and will be affected by a range of factors that impact our ability to make changes to our health.

This includes:

- Confidence (i.e. belief in one's ability to perform the behaviour)
- Motivation (i.e. one's desire or will to engage in the behaviour) our reasons for action (what is your motive?) and our enthusiasm for doing it (how motivated are you?)

Slide 18

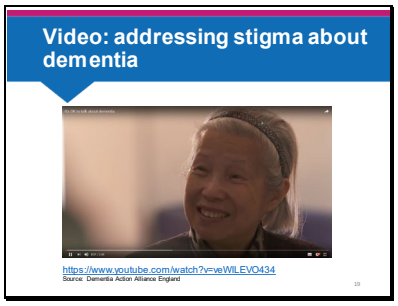


Social determinants of health model – Dahlgren and Whitehead 1991.

Health inequalities in society - where your level of health is connected to your socioeconomic level - has led to a growing awareness that many health issues can be determined by social factors. Economic, environmental and social inequalities can determine people's risk of getting ill, their ability to prevent sickness, or their access to effective treatments. This framework has helped researchers to construct a range of hypotheses about the determinants of health, to explore the relative influence of these determinants on different health outcomes and the interactions between the various determinants.

- Age, sex and hereditary factors: in Dahlgren and Whitehead's model personal characteristics (such as age, sex, ethnicity and constitutional factors (e.g. genetic, biological) occupy the core. These factors are highly significant for health, yet they are largely seen as beyond the reach and influence of public health improvement strategies, policies and practices. However, other factors, that can in turn be influenced, extend out in layers from the model's core.
- Individual lifestyle factors: sometimes described as lifestyle 'choices', this layer refers to behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity.
- Social and community networks: networks refers to family (parents, children, partners), friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. And although it may risk stating the obvious, it is the quality rather than quantity of relationships that matters.
- Living and working conditions includes access to and opportunities in relation to, for example; education, training and employment, health, welfare services, housing, public transport and amenities. It includes facilities like running water and sanitation, and having access to essential goods like food, clothing and fuel.
- General socio-economic, cultural and environmental conditions represents social, cultural, economic and environmental factors that impact on health and wellbeing and include, for example, wages, disposable income, availability of work, taxation, and prices; fuel, transport, food, clothing. These general conditions can directly affect government spending capacity, and in turn have a direct influence on health and social policy priorities.

Slide 19



Introduce the video: "It's OK to talk about Dementia" is an initiative that aims to address the stigma around dementia in black, Asian and ethnic minority (BAEM) communities in the UK. The project is working with 5 dementia champions from BAEM communities who have been raising awareness of dementia, explaining the signs and symptoms, and signposting where to go for information, advice and support.

Play the video.

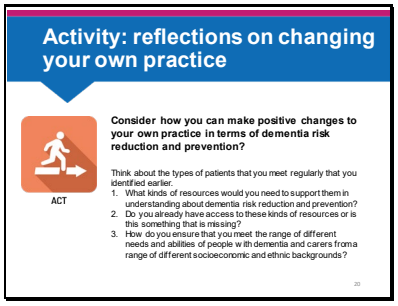
Debrief after watching the video, you could ask the following questions to elicit a discussion between the group:

1. How does this resonate with your own community?
2. What are your experiences of working with BAEM groups in your role at the hospital?
3. What resources do you have available to you to support BAEM groups with regards to dementia?

Some interesting facts that you can tell the group:

- There is greater prevalence of dementia among black and South Asian ethnic groups.
- In 2011, there were 25,000 people with dementia from black, South Asian and minority ethnic groups in England and Wales, according to the Alzheimer's Society.
- This number is expected to double to 50,000 by 2026 and rise to over 172,000 by 2051.
- This amounts to a sevenfold increase over 40 years, compared to just over a twofold increase in the numbers of people with dementia across the whole UK population.
- These groups are more prone to risk factors such as cardiovascular disease, hypertension, and diabetes, which increase the risk of dementia and contribute to increased prevalence. Public Health England, 2016

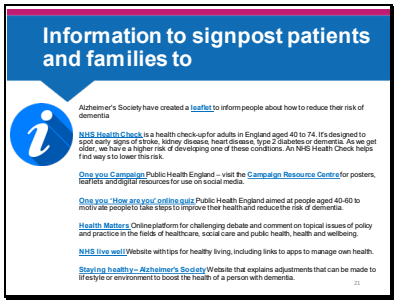
Slide 20



Depending on the group size you can split them into small groups/pairs and put them in breakout rooms or for a smaller class you can discuss as a group.

- Ask the group to think about what you can do on a day to day to basis to positively influence practice?
- 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.
- Debrief – ideas could include a notice board with information, patient information leaflets (different languages), etc.
- Is an acute setting the best place to diagnose? Who can you signpost to instead?

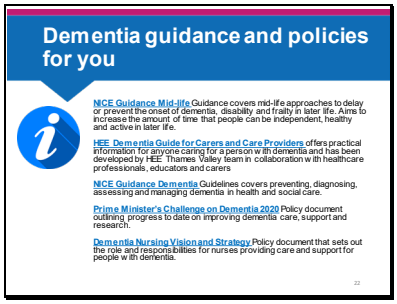
Slide 21



Here are some sources of health promotion support and information that you can signpost people to.

Teaching tip: add another slide or create a handout with local sources of support and information to give to staff that attend your training.

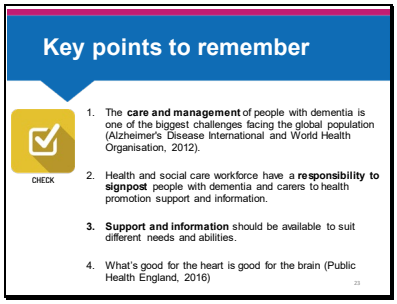
Slide 22



Here are some links to dementia specific guidance and policies that might be helpful for you in your role.

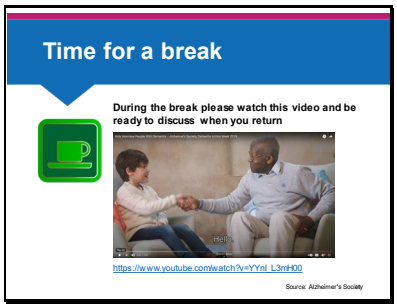
Teaching tip: add another slide or create a handout with local dementia guidance and policies to staff that attend your training.

Slide 23



Reiterate the key learning points from this module.

Slide 24



Take a break after the first module (we recommend at least 30-minute break to give time for attendees to move away from the screen.

Ask attendees to watch this short video clip 'Kids interview people with dementia' (two minutes long) during the break time and be ready to discuss when they return.

1.1 Module 2: Person-centred care in dementia care

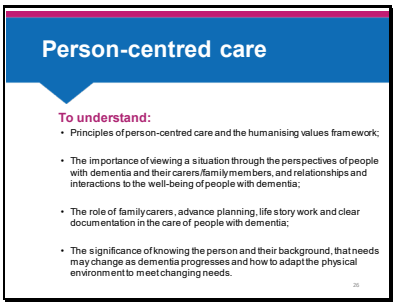
Lesson plan					
Estimated Timings	Content	Facilitator Activity "What the facilitator will be doing"	Participant Activity "What the learners will be doing"	Resources needed	Tier 2 learning outcomes
1 min	Module 2 Person-centred care Session aims	Present content from slides	Listen and make notes if they wish	Slides 25 and 26	n/a
3 mins	Principles of person-centred dementia care	Present content from slides	Listen and make notes if they wish	Slide 27	4a
2 mins	VIPS model	Present content from slides	Listen and make notes if they wish	Slide 28	4a; 4f
2 mins	Importance of person-centred care	Present content from slides	Listen and make notes if they wish	Slide 29	4a
3 mins	Experiences of hospital care	Present content from slides	Listen and make notes if they wish	Slide 30	4a; 4g
2 mins	Values of narratives	Present content from slides	Listen and make notes if they wish	Slide 31	4d
5 mins	What people with dementia say about life	Discuss these poems written by people with dementia	Contribute to discussion	Slide 32	4e; 4g
2 mins	Collecting patient stories	Present content from slides	Listen and make notes if they wish	Slide 33	4c; 4h
12 mins (3 mins each activity and 6 mins debrief)	Importance of listening 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 stories, that of others, that we share our humanity	Group activity In pairs use props to do life story work. 3 mins each person.	Slide 34	4a; 4b; 4d; 4e; 4g
10 mins	Introduction of the humanisation values framework	Present content from slides	Listen and make notes if they wish	Slide 35-36	4a
10 mins	Video: A Walk Through Dementia			Slide 37	
2 mins	Need to involve carers	Present content from slides	Listen and make notes if they wish	Slide 38	
3 mins	Case study: Carer experiences of hospital care			Slide 39	
2 mins	Best practice: people with dementia in acute settings	Present content from slides	Listen and make notes if they wish	Slide 40	4a; 4b
1 min	Key points to remember	Present content from slides	Listen and make notes if they wish	Slide 41	4a; 4c
15 mins	Break During the break ask attendees to watch the living with dementia video			Slide 42	

Slide 25

Welcome back.

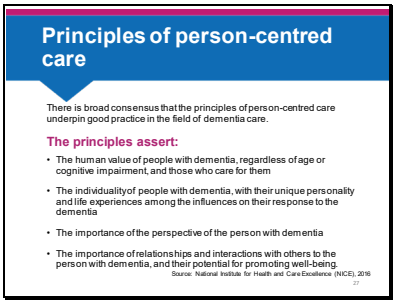
The second module focuses on person-centred care in dementia care.

Slide 26



It is important to state the aims at the beginning of each module so that trainees understand what they will be learning.

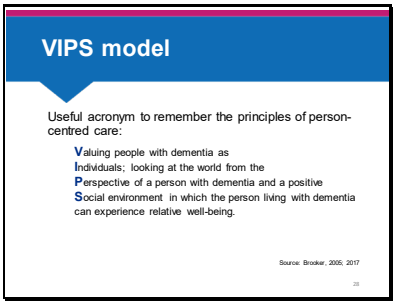
Slide 27



Outline the principles of person-centred care to the group.

The fourth principle emphasises the imperative in dementia care to consider the needs of carers, whether family and friends or paid care-workers, and to consider ways of supporting and enhancing their input to the person with dementia. This is increasingly described as 'relationship-centred care' (NICE, 2016)

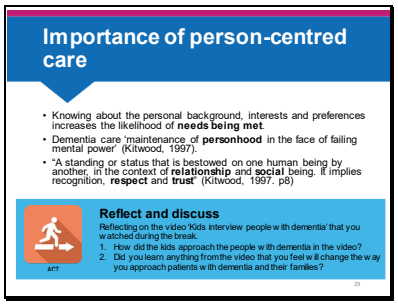
Slide 28



There are a number of person-centred care models that guide dementia care, VIPS is one example.
Consider the person not the disease! Dementia affects all areas of a persons life – physical, emotional, intellectual, social, spiritual etc.

See how everything can have an impact on the person with dementia – including staff attitude, lack of access to outdoor space.

Slide 29



Introduce the work of Prof Tom Kitwood.

Person-centred care is a way of providing care to people by focusing on the person's uniqueness and preferences, instead of the disease, its expected symptoms and challenges, and the person's lost abilities. Person-centered care recognizes that dementia is only a diagnosis and that there is much more to the person than just a diagnosis.

For more information have a look at Kitwood (1997).

Slide 30

People with dementia over 65 use up to ¼ of UK hospital beds.

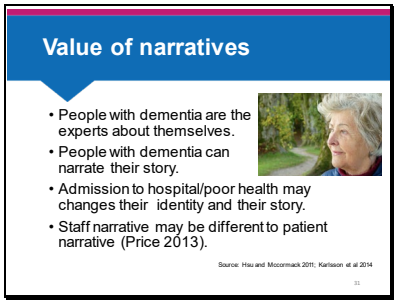
People with dementia are staying for longer than others who are in for the same procedure.

- Discuss the areas that require improvement that have been identified by the Care Quality Commission (2014) and Royal College of Psychiatrists (2013).
- Do the group feel these are still relevant today?

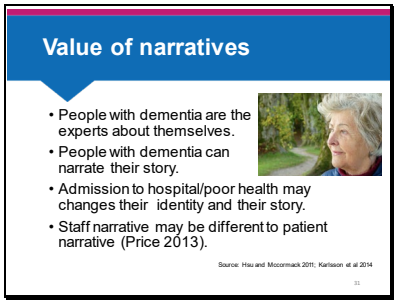
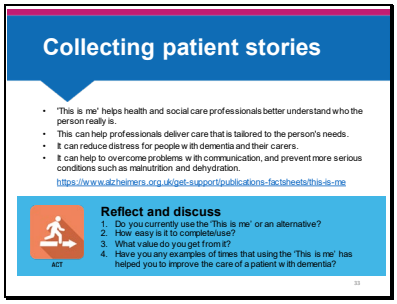
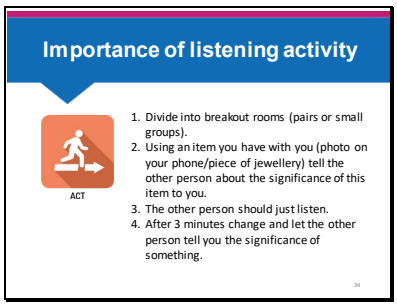
Teaching tip:
Discuss the value of narratives:

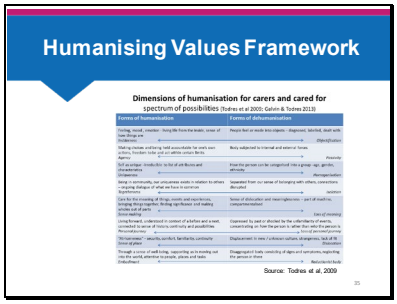
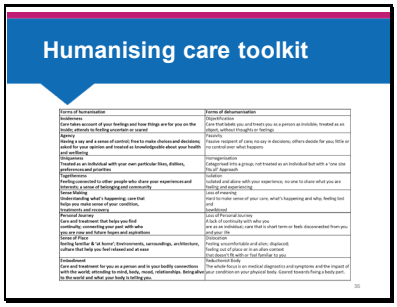
- People with dementia place great emphasis on interpersonal aspects of care rather than technical interventions.
- Historically, older people had lower expectations of health care which made it more difficult for them to participate fully in decisions about their care (Wetzels et al, 2007).
- Active involvement of older people in service developments, evaluation and decision-making is fairly recent.
  (Hsu and Mccormack 2011; Karlsson et al 2014)

Slide 31

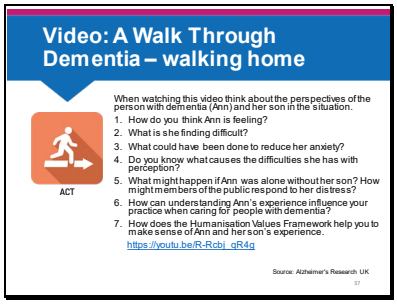


- People with dementia are the experts about themselves
- People with dementia can narrate their story.
- Admission to hospital/poor health may changes their identity and their story.
- Staff narrative may be different to patient narrative (Price 2013).

Slide 32 	This is a collection of poems written by people with dementia. If you can email the booklet to the group before the training session and ask them to read one and reflect on it. Otherwise you can choose one poem for the group to read and discuss in the session. The following poems are particularly relevant but feel free to choose any: • I'm me page 7 • Picture of me page 19 • Alzheimer's at sixty page 35 https://www.alzheimers.org.uk/sites/default/files/2019-08/WhatsLifeLike_PoetryBook_190814.pdf
Slide 33 	Do you use the This is Me (or alternative) document in your organisation to collect information about people with dementia and their preferences? If yes then signpost to what you already do, if no you can suggest that it might be useful. Ask staff to take a few minutes to individually complete a couple of the 'This is me' questions about themselves, try to pick questions that relate to them and the care they need (i.e. page 2 the section about routine and habits). Then ask the whole group to reflect on this and discuss. **Teaching tip:** You may wish to click on the weblink to bring up the guidance notes from page 4 on the screen when you do this activity.
Slide 34 	Active listening activity • Divide the group into small groups or pairs and send to breakout rooms • 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 **Teaching tip:** Facilitator will need to move between the breakout rooms to check in with each group and ensure one person is listening and one person is talking and that they swap over halfway through. 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 stories, that of others, that we share our humanity Teaching tip: If you want to do this activity in a short amount of time just adjust accordingly. Even spending 1 minute just listening to someone can be informative and make their day!
Slide 35 	Humanising Values Framework. Theoretical framework developed by Bournemouth University. Continuum of care from humanised to dehumanised. You can deliver care along this continuum at different times and different points. We aim for humanised but there are times when care may need to be dehumanised (i.e. for hygiene or nutrition reasons) and that is ok. This theory overlaps with person-centred care, but it offers a set of values to support change in practice. See Hemingway (2012) and Todres (2009) for further information.
Slide 36 	The Humanising Care Toolkit has been developed by Bournemouth University to help you identify forms of humanised and dehumanised care. **Teaching tip:** Pick one or two parts of the framework and ask the group to discuss examples from their own practice where they may have provided/witnessed humanised and dehumanised care. Discuss when it might be ok to have a dehumanised approach rather than humanised (for example think about if someone needs a soiled bed changing against their will or if someone lacks capacity to make a decision and a carer has to make the decision on their behalf). Discuss humanised examples last and leave the group with some positive examples of humanised care if they do not suggest any of their own (for example explain to someone that you need to change the bedding to make them more comfortable before you start and involve a person with dementia in discussions about their care/treatment by making eye contact with them) You can also email attendees a copy of the Humanising Care Toolkit so they have it for reference to look back at/reflect on.

Slide 37



You can either ask attendees to download the A Walk Through Dementia app or play the video yourself to the group. If they download it on their phones, they will be able to watch the virtual reality version (360 degree).

There are three videos (going to the supermarket, on the road, at home). You can ask them to watch the same video (we recommend 'on the road' if so) or different videos and then come back to the group to discuss.

Debriefing questions for each video are different:

Going to the supermarket:

1. How do you think Ann is feeling?
2. What is she finding difficult?
3. How do you think that might feel?
4. Should people with dementia go shopping on their own?
5. What did you notice about the list?
6. What did you notice about the supermarket environment?
7. What did Joe comment on with regards to her shopping?
8. How did the cashier communicate with Ann and how did it make her feel?
9. How can understanding Ann's experience influence our practice when caring for people with dementia?

On the road:

1. How do you think Ann is feeling?
2. What is she finding difficult?
3. What could have been done to reduce her anxiety?
4. Do you know what causes the difficulties she has with perception?
5. What might happen if Ann was alone without her son? How might members of the public respond to her distress?
6. How can understanding Ann's experience influence your practice when caring for people with dementia?
7. How does the Humanisation Values Framework help you to make sense of Ann and her son's experience?

At home:

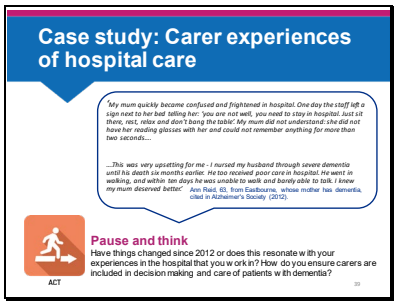
1. How was the list of instructions given by Laura and interpretated by Ann?
2. What is happening as Ann makes a cup of tea?
3. How is she feeling?
4. How does she respond to her daughter when she arrives?
5. How would it feel to face these challenges everyday?
6. How can understanding Ann's experience influence your practice when caring for people with dementia?

www.awalkthroughdementia.org

Slide 38

- The Triangle of Care was developed to address the clear evidence from carers that they need to be listened to and consulted more closely.
- In 2013, Carers Trust worked with the Royal College of Nursing (RCN) to adapt the Triangle of Care to meet the needs of carers of people with dementia when the person they cared for was adapted to a general hospital. A stakeholder day was held where carers, people with dementia and professionals were consulted and provided feedback on the Triangle of Care.
- Carers Trust and the RCN worked together in 2016 to update the guide. The latest guide and self-assessment tool were launched in November 2016, this is specifically aimed at acute hospital wards and services where a person with dementia may be admitted but their dementia is not the reason for their admission.
- The guide is to enable professionals to look at how they can identify and support carers ensuring that the person with dementia is included and receives the best care outcomes as well as positive outcomes for the carer.
- Although the terminology and legislation referred to in this guide applies to England the standards and rationale are applicable across the whole of the UK. We have also included some practice examples from across the UK.

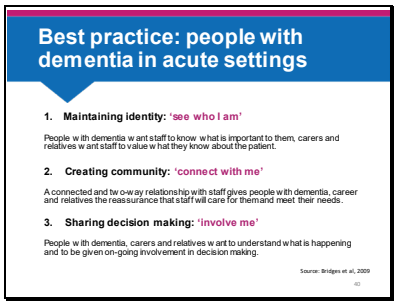
Slide 39



Here is an example from a carer's perspective of how the needs of the PWD had not been considered by the nursing staff. This was published in 2012 – ask the group if they still see things like this happening at work?

If you would prefer to show a video of a carers perspective this video might be useful? Linda's story Caring for someone with dementia https://www.youtube.com/watch?v=wN3QJG4r15Y

Slide 40

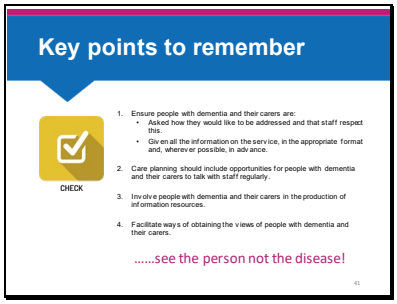
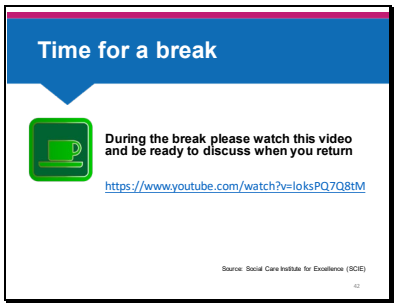


Maintaining identity: 'see who I am'

- Challenges: Connections with who they are are broken; Difficulties in communicating, understanding and remembering intensifies loss of identity
- Opportunities: What is important for them; Accommodate normal routine where possible

Creating community: 'connect with me'

- Challenges: A connected and two-way relationship with staff gives people with dementia and relatives the reassurance that staff will care for them and meet their needs; "The Difficult patient!!!" how labelling can influence care interactions; communication/interpretation difficulties

	• Opportunities: Meeting with families; time when communicating; This is Me; a connection helps identify needs to increase security Sharing decision making: 'involve me' • Challenges: people with dementia and relatives want to understand what is happening and to be given on-going involvement in decision making. • Opportunities: In every encounter actions are negotiated to decrease anxiety promote self-hood; health can increase confusion and increase anxiety, influencing decision making; time with communicating
Slide 41 	Reiterate the key learning points from this module.
Slide 42 	Take a break after the first module (we recommend at least 30-minute break to give time for attendees to move away from the screen. Ask attendees to watch this short video clip 'Living with dementia' during the break time and be ready to discuss when they return. This video is 10 minutes long so ensure you allow extra break time to cover this.

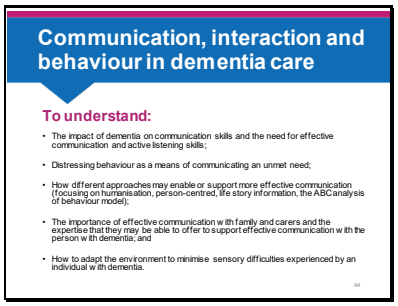
1.5 Module 3: Communication, interaction, and behaiour in dementia care

Lesson plan					
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 43 and 44	n/a
2 mins	Significance	Present content from slides	Listen and make notes if they wish	Slide 45 and 46	5a
8 mins	Rainy days and Mondays podcast	Play the first 5 mins of the podcast	Listen and discuss	Slide 47	
2 mins	Humanised communication	Present content from slides	Listen and make notes if they wish	Slide 48	5a
3 mins	Humanisation - Head	Present content from slides	Listen and make notes if they wish	Slide 49	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 50	5b
3 mins	Humanisation - Head	Present content from slides	Listen and make notes if they wish	Slide 51	5b
5 mins	Humanisation - Heart	Present content from slides	Listen and make notes if they wish	Slide 52 and 53	5m
3 mins	Humanisation - Hand	Present content from slides	Listen and make notes if they wish	Slide 54 and 58	5d; 5e; 5g; 5i; 5j
25 mins (15 mins activity/ 10 mins debrief)	Effective communication - origami activity	Follow the guidance later in this toolkit	Participate in activity	Slide 59	5a; 5c; 5f
	Communication in the future	Present content from slides	Listen and make notes if they wish	Slide 60	
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 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.	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
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 after training evaluation questions	Complete evaluation questions	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
1 min	Credits	Present content from slides	Listen and make notes if they wish	Slide 66	n/a
1 min	Contacts	Present content from slides	Listen and make notes if they wish	Slide 67	n/a

Slide 43

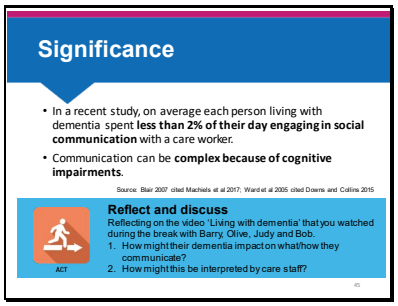
Welcome back. This module will focus on communication, interaction, and behaviour in dementia care.

Slide 44



It is important to state the aims at the beginning of each module so that trainees understand what they will be learning.

Slide 45



In a recent study, on average each person living with dementia spent less than 2% of their day engaging in social communication with a care worker.

Communication can be complex because of cognitive impairments.

Ask the group to discuss the living with dementia video they watched during the break with Barry, Olive, Judy and Bob.

1. How might their dementia impact on what/how they communicate?
2. How might this be interpreted by care staff?

Teaching tip:
Further discussion questions could include:

- Think about a person with dementia you have supported as a professional or know personally.
- Think about how they were able to communicate.
- Did you have to change your communication approach, if so how?
- What strategies were helpful to communicate with a person with dementia and why?

Slide 46

- Evidence suggests that healthcare staff can lack the skills and knowledge to communicate properly.
- Communication is often a low priority because of workload and task orientated care.
- Communication difficulties can cause staff burnout.

Ask the group to reflect:

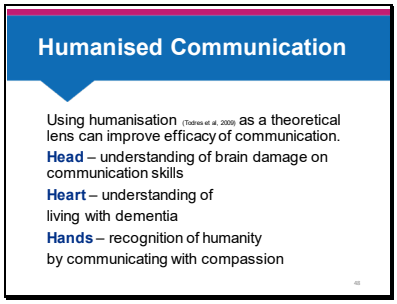
1. Do these research findings surprise you?
2. Do you feel you have the knowledge and skills to communicate effectively with patients with dementia?

Slide 47

Rainy days and Monday's podcast.

Play the first 5 minutes of this podcast to the group. Ask them to reflect on this communication approach and if they already use it with patients with dementia?

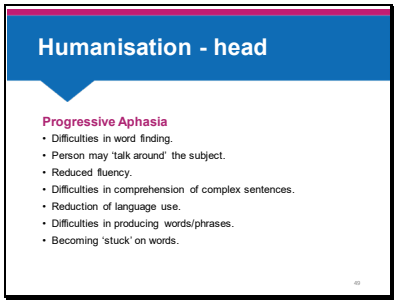
Slide 48



Using humanisation (Todres et al, 2009) as a theoretical lens can improve efficacy of communication.

- Head – understanding of brain damage on communication skills
- Heart – understanding of living with dementia
- Hands – recognition of humanity by communicating with compassion

Slide 49



Progressive Aphasia

- Difficulties in word finding.
- Person may 'talk around' the subject.
- Reduced fluency.
- Difficulties in comprehension of complex sentences.
- Reduction of language use.
- Difficulties in producing words/phrases.
- Becoming 'stuck' on words.

Teaching tip:
You can use this website to explore the different parts of the brain and how damage in those parts impacts on the person and the different dementia symptoms likely to be experienced
https://kids.alzheimersresearchuk.org/teens/explore-the-brain/

Slide 50

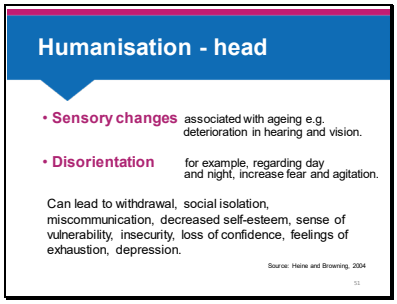
You will play 2 videos of Terry Pratchett who had Posterior cortical atrophy (PCA), also known as Benson's syndrome, a rare form of dementia.

Play the first video from 2008, explain that Terry was well educated and wrote several 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.

https://www.alzheimers.org.uk/about-dementia/types-dementia/Posterior-cortical-atrophy?gclid=Cj0KCQjwub-HBhCyARIsAPctr7xb1yX-pSz1AK3AiwXT5ncs19yKbTBl71FYDfA97-_aNhCq3_5cm4YaAkRHEALw_wcB&gclsrc=aw.ds

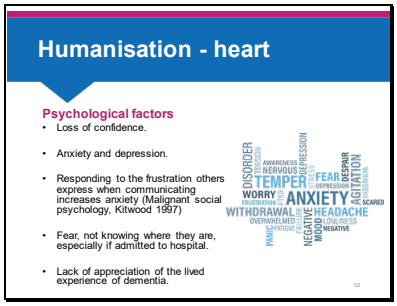
Slide 51



- Sensory changes associated with ageing e.g. deterioration in hearing and vision.
- Disorientation, for example, regarding day and night, increase fear and agitation.

Can lead to withdrawal, social isolation, miscommunication, decreased self-esteem, sense of vulnerability, insecurity, loss of confidence, feelings of exhaustion, depression.

Slide 52



Psychological factors:

- Loss of confidence.
- Anxiety and depression.
- Responding to the frustration others express when communicating increases anxiety (Malignant social psychology, Kitwood 1997)
- Fear, not knowing where they are, especially if admitted to hospital.
- Lack of appreciation of the lived experience of dementia.

Slide 53

How people with dementia see themselves - self portrait William Utermohlen

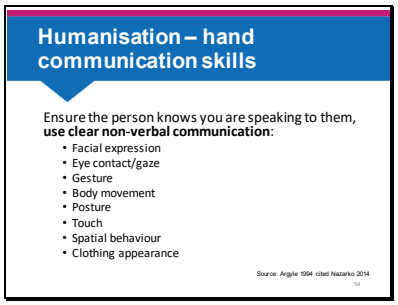
Click on the link and go through some of the portraits, these ones are particularly helpful:

- 1967
- 1996 (diagnosed with dementia in 1995)
- 1999
- 2000 (passed away in 2007)

Ask the group what they think about the self portraits. How does William's ability to paint and his view of himself change over the years following diagnosis?

https://www.boredpanda.com/alzheimers-disease-self-portrait-paintings-william-utermohlen

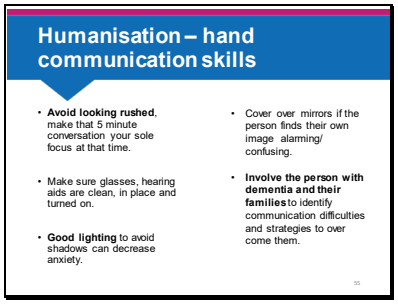
Slide 54



Ensure the person knows you are speaking to them, use clear non-verbal communication:

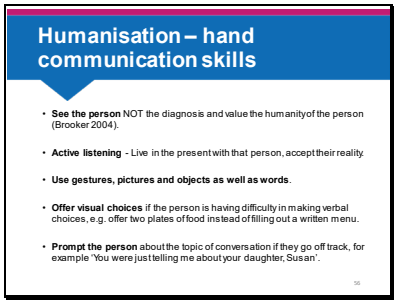
- Facial expression
- Eye contact/gaze
- Gesture
- Body movement
- Posture
- Touch
- Spatial behaviour
- Clothing appearance

Slide 55



- Avoid looking rushed, make that 5-minute conversation your sole focus at that time.
- Make sure glasses, hearing aids are clean, in place and turned on.
- Good lighting to avoid shadows can decrease anxiety.
- Cover over mirrors if the person finds their own image alarming/ confusing.
- Involve the person with dementia and their families to identify communication difficulties and strategies to over come them.

Slide 56



See the person NOT the diagnosis and value the humanity of the person (Brooker 2004).

Active listening - Live in the present with that person, accept their reality.

Use gestures, pictures and objects as well as words.

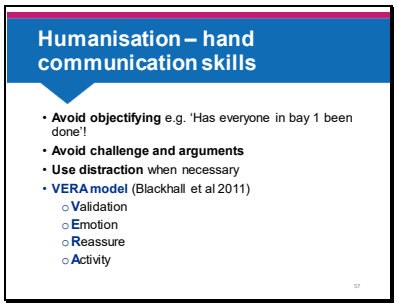
Offer visual choices if the person is having difficulty in making verbal choices, e.g. offer two plates of food instead of filling out a written menu.

Prompt the person about the topic of conversation if they go off track, for example 'You were just telling me about your daughter, Susan'.

Teaching tip:
Focus on what remains (capabilities rather than lost abilities):

- Now, this moment
- Memories of self and relationships with others
- Your references and emotional responses to stimuli
- The defences you retreat into when you are stressed or anxious
- For some, understanding of changes to self:
- *'You and I, John, we speak the same language. Only you speak it straight and I speak it upside down'. (Person with dementia)*
- *'I used to know some of the language, but I could never quite get a hold of it. Somehow or other I can't gather myself to be the same as I was'. (Person with dementia)*
  (Killick and Allan, 2001: 80).
- John Killick is a poet who has worked extensively with people with dementia to explore their experiences of living with the condition. These quotes from people with dementia discuss how they feel about communication.
  http://www.poetrypf.co.uk/johnkillickpage.html

Slide 57



- Avoid objectifying e.g. 'Has everyone in bay 1 been done'!
- Avoid challenge and arguments
- Use distraction when necessary
- VERA model (Blackhall et al 2011)
  - Validation
  - Emotion
  - Reassure
  - Activity

Slide 58

Avoid the term 'challenging' behaviour – talk about behaviour with an unmet need. 'Challenging' behaviour (!!!!), Who is challenging who?

'Challenging' behaviour can be defined as any behaviour that is unpredictable, frequent and of long duration, and is distressing to the individual or a nuisance to others (Ouldred and Byryant 2008)
BUT
Agitation and distress can often be a sign that people have an unmet need that is causing them discomfort or distress (Dewing 2010: and Livingston et al 2014).

Sundowning:
Sleep-wake cycle may be affected
Increasing agitation at night

Could be linked to light changes, fewer clues to time of day, exhaustion, age related, carer exhaustion

Current state:
Emotional state, behaviour could be triggered by an emotion such as boredom (people with dementia have a short attention span but still require stimulating activities), anger, anxiety

These could include medical and physiological factors, such as pain, hunger, need for the toilet, and need for exercise. (Oppokofer & Geschwinder 2014.. Yamakawa et al 2014)

Delirium or other co-morbities

Slide 59

Origami activity

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.

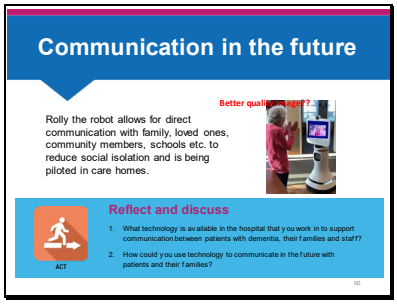
The idea of this exercise is to demonstrate how a sequenced task may become difficult if the instructions are unclear/muddled/confusing. It aims to show the participants how it may feel when you a person is confused with the order of a task or the instructions are muddled and unclear.

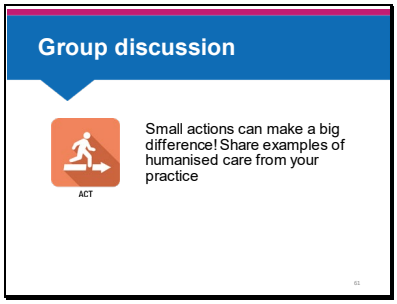
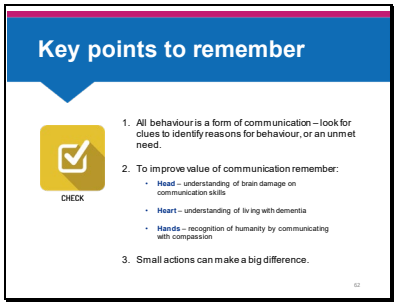
To demonstrate this you will be asking the group to make something out of paper (do not tell them it is an origami swan) hopefully no one is overly familiar with this but if they are see if they try to take over thinking they know what to do. You will need to print out the instructions for each group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

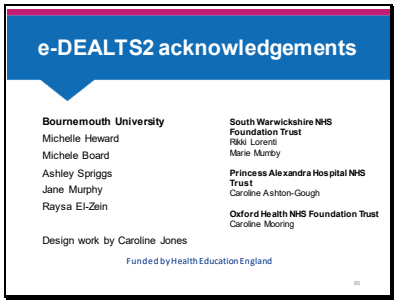
1. Tell the group they are making something but DO NOT tell them what it is
2. Divide the group into 6 equal groups/individuals (if you only have 5 miss out a group)
3. There will be a prize for the first person/group finished (stress ball/free pen)
4. One group will be given clear instructions (Group 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 debriefing: 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/
Slide 60  	Discuss with the group how technology is being used in the hospital/or could be used to support patients with dementia. 1. What technology is available in the hospital that you work in to support communication between patients with dementia, their families and staff? 2. How could you use technology to communicate in the future with patients and their families?

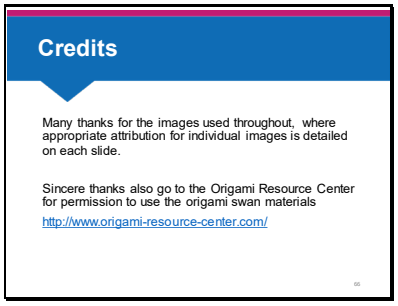
Slide 61 	Read this short story: One day an old man was walking down the beach just before dawn. In the distance he saw a young man picking up stranded starfish and throwing them back into the sea. As the old man approached the young man, he asked, "Why do you spend so much energy doing what seems to 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 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.
Slide 62 	Reiterate the key learning points from this module.
Slide 63 	Ask the participants if they have any further thoughts or questions

Slide 65



Inform the participants that this training has been created in a project funded by Health Education England. The materials have been coproduced by Bournemouth University, South Warwickshire NHS Trust, Princess Alexandra Hospital NHS Trust and Oxford Health NHS Foundation Trust based on the DEALTS2 materials published on Health Education England website in 2018.

Slide 66

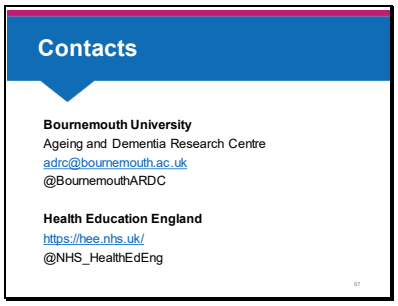


Credits

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/

Slide 67



Contacts

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Health Education England
https://hee.nhs.uk/
@NHS_HealthEdEng

4. Example evaluation questions

Before training questions

1. What is your job role?
2. What are your expectations of the e-DEALTS2 dementia training?

Level of knowledge and confidence before training? You can use a validated scale such as the Dementia Knowledge Assessment Scale (Annear et al., 2017) to measure this or create your own scale, here is an example:

I would rate my level of knowledge in:	none	Very little	Informed	Very well
Risk factors for dementia	1	2	3	4
Understanding how changes to lifestyle can reduce the risk of developing dementia	1	2	3	4
Person centred approaches to supporting people with dementia	1	2	3	4
Communicating and interacting with people with dementia	1	2	3	4
Humanised approaches to supporting people with dementia	1	2	3	4
Signposting people/public to sources of support	1	2	3	4

After training questions

1. Level of knowledge and confidence after training? See before training questions for examples.
2. What was the most important thing you learnt about today?
3. Do you think you might change the way you care and support patients with dementia because of the e-DEALTS2 training? If so, please explain how? If not, please explain why not?
4. Do you think this training could be improved in anyway?

5. How satisfied were you with:

	Not at all satisfied	Not satisfied	Neutral	Satisfied	Very satisfied	n/a
Training overall						
Risk reduction and prevention module						
Person-centred care module						
Communication, interaction, and behaviour module						

6. Please rate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	n/a
I was able to keep up with the content and discussion						
I was able to ask any questions/clarify any points that I wanted to						
My questions were answered appropriately						
I was engaged during the training						

5. References and further reading

5.1 Risk reduction and prevention module references

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