Bournemouth University

NHS
Health Education England

E-Learning Dementia Education and Learning Through Simulation 2 (e-DEALTS2) Programme

Workshop Slides

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

https://www.bournemouth.ac.uk/research/centres-institutes/ageing-dementia-research-centre

Welcome

1. Introductions
2. Housekeeping
   - Ground Rules
   - Confidentiality
   - Self Disclosure
   - Opportunity for questions/debrief

Definition of tier 2 training

- **Knowledge, skills and attitudes** for roles that have regular contact with people living with dementia.
- It is **relevant to all health and care staff** in settings where they are likely to have regular contact with people affected by dementia.
- It is also **appropriate for social care workforce group 2** including all social care staff directly providing care and support including care assistants working in residential or home care and also personal assistants.
- **Tier 2 underpins** the more specialist skills and knowledge required at **Tier 3**.

(Skills for Health and Health Education England, 2015)

Definition of tier 2 training

Subject		Tier 1	Tier 2	Tier 3
1.	Dementia Awareness	✓	✓	✓
2.	Dementia identification, assessment and diagnosis		✓	✓
3.	Dementia risk reduction and prevention		✓	✓
4.	Person-centred care		✓	✓
5.	Communication, interaction and behaviour in dementia care		✓	✓
6.	Health and well being in dementia care		✓	✓
7.	Pharmacological interventions in dementia care		✓	✓
8.	Living well with dementia and promoting independence		✓	✓
9.	Families and carer as partners in dementia care		✓	✓
10.	Equality, diversity and inclusion in dementia care		✓	✓
11.	Law, ethics and safeguarding in dementia care		✓	✓
12.	End of life in dementia care		✓	✓
13.	Research and service improvement in dementia care		✓	✓
14.	Leadership in transforming dementia care			✓

Source: Skills for Health and Health Education England, 2015

Overview of workshop

Time	Activity
10 mins	Welcome/ Introductions Structure of the session
70 mins	Dementia risk reduction and prevention - Tier 2 Subject 3
30 mins	Break
90 mins	Person centred care - Tier 2 subject 4
30 mins	Break
90 mins	Communication, interaction and behaviour in dementia care - Tier 2 subject 5
10 mins	Questions, comments or concerns? Evaluation
	Close

Before training evaluation

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Dementia risk reduction and prevention

Tier 2, Subject 3

Session aims

Recap on dementia awareness prior learning (Tier 1)

To understand:

- 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;
- Motivational factors that may impact on the ability to make changes;
- The challenges to healthy living that may be experienced by different socioeconomic and/or ethnic groups;
- How to signpost to sources of health promotion information and support and effectively communicate messages about healthy living according to the abilities and needs of individuals.

What is Dementia?

1. Close your eyes.
2. Think about a person with dementia.
3. Think about how they look.
4. Open your eyes.
5. Describe that person with dementia.

Dementia a public health priority and public concern

- **Dementia is an 'umbrella term' referring to many different types of dementia (**handle Alzheimer's Disease most common form of dementia, separate sections other common types such as Vascular, Lewy Body and Frontotemporal).
- Mixed dementia is often a mix of Alzheimer's Disease and Vascular dementia.
- **Dementia is progressive** meaning it will gradually get worse.
- It is possible to **live well with dementia**.
- **850,000 people with dementia in the UK** and 44 million worldwide
- The number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051.
- **Dementia costs the UK economy £26 billion per year**: more than cancer and heart disease combined.

(Alzheimer's Society, 2014; Public Health England, 2016; Alzheimer's Disease International; World Health Organisation, 2012).

Blog: behind the headline's activity

Extract from a Wendy Mitchell blog post:

It's been the same with **every headline about dementia** since I was diagnosed. I'd read one after another, my heart lifting at the thought of the miracle cure that most newspapers suggested might be on the horizon. I started taking vitamin E because it was claimed it could slow the progress of the disease. I stockpiled my cupboards, popping a pill into the daily box with all the others. But when one day I started to run out, I scoured the internet for more evidence, switching from tabloid newspaper headlines to research papers, and discovered there was little to prove it had any real effect. I threw the last empty bottle into the bin and didn't replace it.

Most newspapers will tell their readers that a **healthy lifestyle** helps prevent Alzheimer's, and I think of my old running shoes at the back of the wardrobe and remind myself not to believe everything I read. Now each headline fills me with a niggling disappointment instead of the hope it once did. I still want a cure, desperately. There's nothing wrong in hoping, but expecting – that just feels like pre-planned disappointment. Is it not better to live for today, just keeping in mind tomorrow? But then I think of my daughters: what if they were ever diagnosed with it?
Source: Alzheimer's Society *https://www.alzheimers.org.uk/blog/wendy-mitchell-story-part-one*

For unbiased and evidence-based analysis of health stories that make the news see NHS Choices website: https://www.nhs.uk/%2FNews%2FPages%2FNewsIndex.aspx

Why is this topic relevant to you?

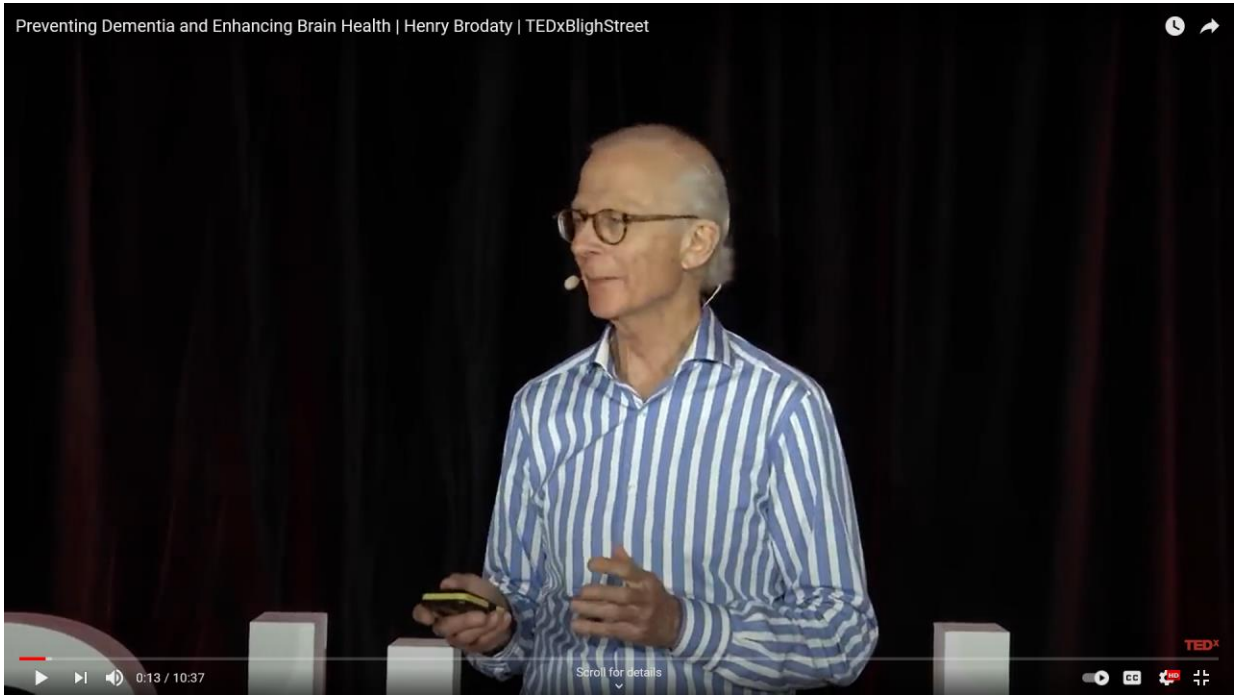
Public Health England (2016) suggest that where possible health and social care providers should:

- **promote healthy behaviours** during times in people's lives when substantial change occurs, such as retirement, or when children leave home;
- **give people advice on how to reduce the risk factors for dementia** whenever the opportunity arises;
- use routine appointments and contacts to identify people at risk of dementia.

Working in a hospital you may asked **questions** by patients or family members about how they can reduce their risk of dementia.

- What would you say to them?
- Where would you signpost them for further information?
- This session will help you to know what to say and where to direct people for further information

Video: preventing dementia and enhancing brain health

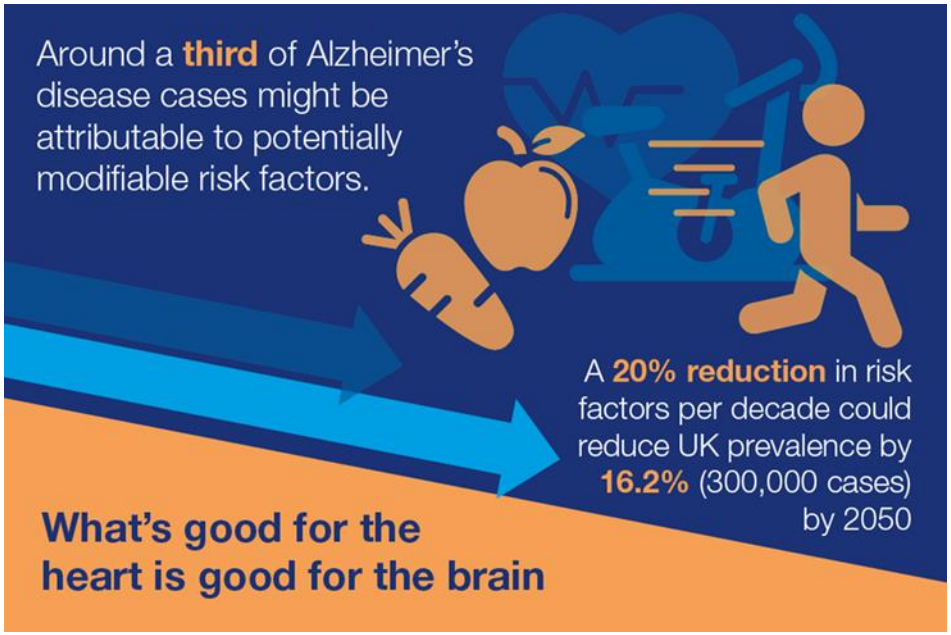


Source: Henry Brodaty TEDx talk https://www.youtube.com/watch?v=tlb2qzEbvns

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?

Good for the heart; good for the brain



NICE guidelines recommend reducing the risk of or delaying the onset of disability, dementia and frailty by helping people to:

- Stop smoking.
- Be more active.
- Reduce their alcohol consumption.
- Improve their diet.
- Lose weight if necessary and maintain a healthy weight.

Sources: Alzheimer's Society, 2017; National Health Service, 2021; National Institute for Health and Care Excellence (NICE), 2015; Public Health England, 2016.

Protective factors

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

- **Higher levels of education**, more mentally demanding occupations, and cognitive stimulation, such as doing puzzles or learning a second language lower the risk of developing dementia (Valenzuela and Sachdev, 2006)

- **Being socially active** can help to reduce dementia risk by:
  - Improving your mood.
  - Relieving stress.
  - Reducing the risk of depression.
  - Reducing loneliness.

Source: Public Health England, 2016

Factors that impact ability to make changes to health

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?)

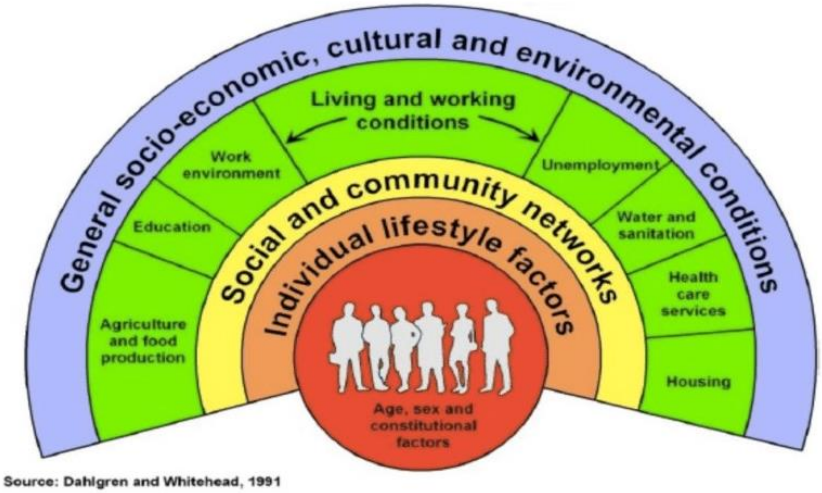
Confidence

(i.e. belief in one's ability to perform the behaviour)

Source: Kings Fund, 2008

Challenges to healthy living

- Dahlgren and Whitehead (1991) suggest the **relationship between the individual, their environment and their health is complex**.
- Health issues can be determined by social factors, ability to make changes, risk of becoming unwell, ability to prevent ill health and access to treatments.
- Different socioeconomic and ethnic groups may experience different challenges to healthy living.



Source: Dahlgren and Whitehead, 1991


ACT

Reflect and discuss

Think about the types of patients that you meet regularly.

1. Are there similar groups of people that you work with regularly, what are their typical characteristics?
2. What factors might impact on their ability to make choices to support healthy living?

Video: addressing stigma about dementia

https://www.youtube.com/watch?v=veWILEVO434

Source: Dementia Action Alliance England

Activity: reflections on changing your own practice

Consider how you can make positive changes to your own practice in terms of dementia risk reduction and prevention?

Think about the types of patients that you meet regularly that you identified earlier.

1. What kinds of resources would you need to support them in understanding about dementia risk reduction and prevention?
2. Do you already have access to these kinds of resources or is this something that is missing?
3. How do you ensure that you meet the range of different needs and abilities of people with dementia and carers from a range of different socioeconomic and ethnic backgrounds?

Information to signpost patients and families to

Alzheimer's Society have created a **leaflet** to inform people about how to reduce their risk of dementia

NHS Health Check is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

One you Campaign Public Health England – visit the **Campaign Resource Centre** for posters, leaflets and digital resources for use on social media.

One you 'How are you' online quiz Public Health England aimed at people aged 40-60 to motivate people to take steps to improve their health and reduce the risk of dementia.

Health Matters Online platform for challenging debate and comment on topical issues of policy and practice in the fields of healthcare, social care and public health, health and wellbeing.

NHS live well Website with tips for healthy living, including links to apps to manage own health.

Staying healthy – Alzheimer's Society Website that explains adjustments that can be made to lifestyle or environment to boost the health of a person with dementia.

Dementia guidance and policies for you

NICE Guidance Mid-life Guidance covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. Aims to increase the amount of time that people can be independent, healthy and active in later life.

HEE Dementia Guide for Carers and Care Providers offers practical information for anyone caring for a person with dementia and has been developed by HEE Thames Valley team in collaboration with healthcare professionals, educators and carers

NICE Guidance Dementia Guidelines covers preventing, diagnosing, assessing and managing dementia in health and social care.

Prime Minister's Challenge on Dementia 2020 Policy document outlining progress to date on improving dementia care, support and research.

Dementia Nursing Vision and Strategy Policy document that sets out the role and responsibilities for nurses providing care and support for people with dementia.

Key points to remember

1. The **care and management** of people with dementia is one of the biggest challenges facing the global population (Alzheimer's Disease International and World Health Organisation, 2012).

2. Health and social care workforce have a **responsibility to signpost** people with dementia and carers to health promotion support and information.

3. **Support and information** should be available to suit different needs and abilities.

4. What's good for the heart is good for the brain (Public Health England, 2016)

Time for a break

During the break please watch this video and be ready to discuss when you return

https://www.youtube.com/watch?v=YYnI_L3mH00

Source: Alzheimer's Society

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Person-Centred Care

Tier 2, Subject 4

Person-centred care

To understand:

- Principles of person-centred care and the humanising values framework;
- The importance of viewing a situation through the perspectives of people with dementia and their carers/family members, and relationships and interactions to the well-being of people with dementia;
- The role of family carers, advance planning, life story work and clear documentation in the care of people with dementia;
- The significance of knowing the person and their background, that needs may change as dementia progresses and how to adapt the physical environment to meet changing needs.

Principles of person-centred care

There is broad consensus that the principles of person-centred care underpin good practice in the field of dementia care.

The principles assert:

- 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.

Source: National Institute for Health and Care Excellence (NICE), 2016

VIPS model

Useful acronym to remember the principles of person-centred care:

Valuing people with dementia as

Individuals; looking at the world from the

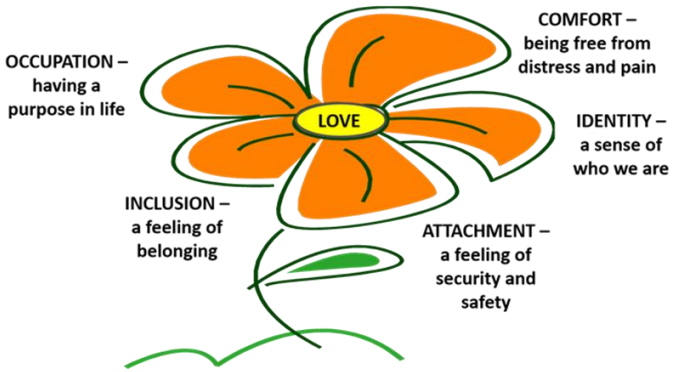
Perspective of a person with dementia and a positive

Social environment in which the person living with dementia can experience relative well-being.

Source: Brooker, 2005; 2017

Importance of person-centred care

- Knowing about the personal background, interests and preferences increases the likelihood of **needs being met**.
- Dementia care 'maintenance of **personhood** in the face of failing mental power'
- "A standing or status that is bestowed on one human being by another, in the context of **relationship** and **social** being. It implies recognition, **respect** and **trust**"



Source: Kitwood, 1997

Reflect and discuss

Reflecting on the video 'Kids interview people with dementia' that you watched during the break.

1. How did the kids approach the people with dementia in the video?
2. Did you learn anything from the video that you feel will change the way you approach patients with dementia and their families?

Experiences of hospital care

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.

Areas that require improvement have been identified including:

- Inconsistent assessment leading to poor care.
- Information sharing.
- Planning and delivery of personalised care.
- Assessment for delirium.
- Communication of relevant information at discharge.
- Recording of information pertinent to people's care.
- Dementia training.

Reflect and discuss

1. Does this match the experience of people with dementia in the hospital you work in?
2. Do you think areas that require improvement are still the same in the hospital you work in?

Value of narratives

- 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).

Source: Hsu and Mccormack 2011; Karlsson et al 2014

What people with dementia say about life

What's life like?
Poems by people with dementia

https://www.alzheimers.org.uk/sites/default/files/2019-08/WhatsLifeLike_PoetryBook_190814.pdf

Source: Alzheimer's Society

Collecting patient stories

- 'This is me' helps health and social care professionals better understand who the person really is.
- This can help professionals deliver care that is tailored to the person's needs.
- It can reduce distress for people with dementia and their carers.
- It can help to overcome problems with communication, and prevent more serious conditions such as malnutrition and dehydration.

https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me

Reflect and discuss

1. Do you currently use the ‘This is me’ or an alternative?
2. How easy is it to complete/use?
3. What value do you get from it?
4. Have you any examples of times that using the ‘This is me’ has helped you to improve the care of a patient with dementia?

Activity: Importance of listening

1. Divide into breakout rooms (pairs or small groups).
2. 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.
3. The other person should just listen.
4. After 3 minutes change and let the other person tell you the significance of something.

Humanising Values Framework

Dimensions of humanisation for carers and cared for

spectrum of possibilities (Todres et al 2009; Galvin & Todres 2013)

Forms of humanisation	Forms of dehumanisation
Feeling, mood , emotion - living life from the inside, sense of how things are *Insiderness*	People feel or made into objects – diagnosed, labelled, dealt with *Objectification*
Making choices and being held accountable for one's own actions, freedom to be and act within certain limits *Agency*	Body subjected to internal and external forces *Passivity*
Self as unique –irreducible to list of attributes and characteristics *Uniqueness*	How the person can be categorised into a group –age, gender, ethnicity *Homogenisation*
Being in community, our uniqueness exists in relation to others – ongoing dialogue of what we have in common *Togetherness*	Separated from our sense of belonging with others, connections disrupted *Isolation*
Care for the meaning of things, events and experiences, bringing things together, finding significance and making wholes out of parts *Sense making*	Sense of dislocation and meaninglessness – part of machine, compartmentalised *Loss of meaning*
Living forward, understood in context of a before and a next, connected to sense of history, continuity and possibilities *Personal journey*	Oppressed by past or shocked by the unfamiliarity of events, concentrating on *how* the person is rather than *who* the person is *Loss of personal journey*
"At-homeness" - security, comfort, familiarity, continuity *Sense of place*	Displacement in new / unknown culture, strangeness, lack of fit *Dislocation*
Through a sense of well-being, supporting us in moving out into the world, attentive to people, places and tasks *Embodiment*	Disaggregated body consisting of signs and symptoms, neglecting the person in there *Reductionist body*

Source: Todres et al, 2009

Humanising care toolkit

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.

Video: A Walk Through Dementia – walking home

https://youtu.be/R-Rcbj_qR4g

When watching this video think about the perspectives of the person with dementia (Ann) and her son in the situation.

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.

Source: Alzheimer's Research UK

Need to involve carers

- The Triangle of Care for Dementia describes how meaningful involvement and inclusion of carers can lead to better care for people with dementia.
- In an ideal situation the needs of the carer and the person with dementia are both met.
- Inclusion of people with dementia and support in making decisions is therefore fundamental to its success.
- This will then complete the triangle.

The key standards to achieving a Triangle of Care:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

https://carers.org/resources/all-resources/67-the-triangle-of-care-carers-included-a-guide-to-best-practice-for-dementia-care-england

Case study: Carer experiences of hospital care

'My mum quickly became confused and frightened in hospital. One day the staff left a sign next to her bed telling her: 'you are not well, you need to stay in hospital. Just sit there, rest, relax and don't bang the table'. My mum did not understand: she did not have her reading glasses with her and could not remember anything for more than two seconds….

….This was very upsetting for me - I nursed my husband through severe dementia until his death six months earlier. He too received poor care in hospital. He went in walking, and within ten days he was unable to walk and barely able to talk. I knew my mum deserved better.'

Ann Reid, 63, from Eastbourne, whose mother has dementia, cited in Alzheimer's Society (2012).

Reflect and discuss

Have things changed since 2012 or does this resonate with your experiences in the hospital that you work in? How do you ensure carers are included in decision making and care of patients with dementia?

Best practice: people with dementia in acute settings

1. **Maintaining identity: ‘see who I am’**

People with dementia want staff to know what is important to them, carers and relatives want staff to value what they know about the patient.

2. **Creating community: ‘connect with me’**

A connected and two-way relationship with staff gives people with dementia, career and relatives the reassurance that staff will care for them and meet their needs.

3. **Sharing decision making: ‘involve me’**

People with dementia, carers and relatives want to understand what is happening and to be given on-going involvement in decision making.

Source: Bridges et al, 2009

Key points to remember

1. Ensure people with dementia and their carers are:
   - Asked how they would like to be addressed and that staff respect this.
   - Given all the information on the service, in the appropriate format and, wherever possible, in advance.
2. Care planning should include opportunities for people with dementia and their carers to talk with staff regularly.
3. Involve people with dementia and their carers in the production of information resources.
4. Facilitate ways of obtaining the views of people with dementia and their carers.

……see the person not the disease!

Time for a break

During the break please watch this video and be ready to discuss when you return

https://www.youtube.com/watch?v=loksPQ7Q8tM

Source: Social Care Institute for Excellence (SCIE)

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Communication, interaction and behaviour in dementia care

Communication, interaction and behaviour in dementia care

To understand:

- The impact of dementia on communication skills and the need for effective communication and active listening skills;
- Distressing behaviour as a means of communicating an unmet need;
- How different approaches may enable or support more effective communication (focusing on humanisation, person-centred, life story information, the ABC analysis of behaviour model);
- 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; and
- How to adapt the environment to minimise sensory difficulties experienced by an individual with dementia.

Significance

- 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**.

Source: Blair 2007 cited Machiels et al 2017; Ward et al 2005 cited Downs and Collins 2015

Reflect and discuss

Reflecting on the video 'Living with dementia' that you 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?

But everyone knows how to communicate

- 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.**

Source: Downs and Collins 2015; Stans et al 2013 cited Machiels et al 2017

Reflect and discuss

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

Rainy Days and Mondays podcast

https://www.thisamericanlife.org/532/magic-words/act-two

Source: This American Life

Humanised Communication

Using humanisation as a theoretical lens can improve efficacy of communication.

Head – understanding of brain damage on communication skills

Heart – understanding of

living with dementia

Hand – recognition of humanity

by communicating with compassion

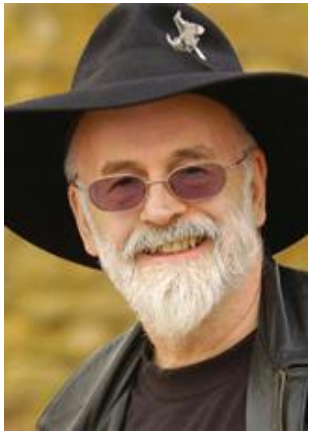
(Todres et al, 2009)

Humanisation - head

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.

Video: communication difficulties



1948 - 2015

2008

https://www.youtube.com/watch?v=SqayhP3ebDw

2013

https://www.youtube.com/watch?v=rNt5O5X5QhQ

Humanisation - head

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

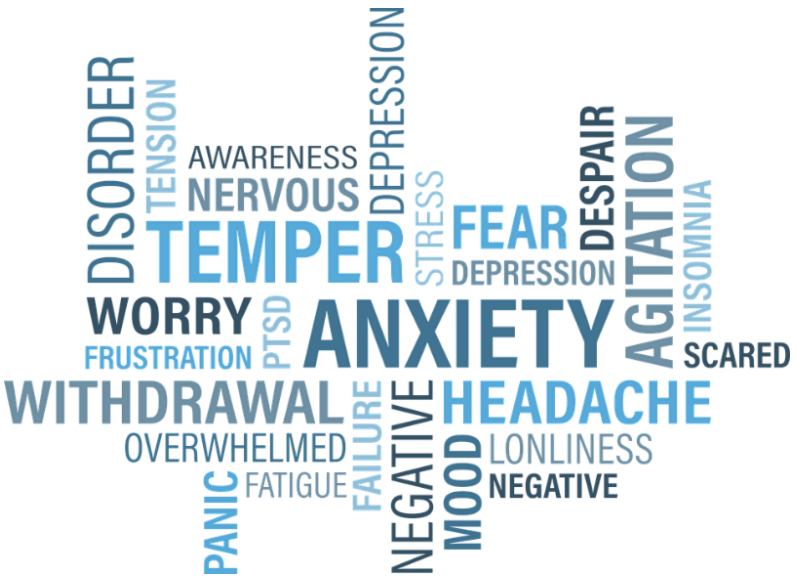
Can lead to withdrawal, social isolation, miscommunication, decreased self-esteem, sense of vulnerability, insecurity, loss of confidence, feelings of exhaustion, depression.

Source: Heine and Browning, 2004

Humanisation - heart

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.



Humanisation - heart

How people with dementia see themselves - self portrait

William Utermohlen

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

Humanisation – hand communication skills

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

Source: Argyle 1994 cited Nazarko 2014

Humanisation – hand communication skills

- **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.

Humanisation – hand communication skills

- **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’.

Humanisation – hand communication skills

- **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)
  - **V**alidation
  - **E**motion
  - **R**eassure
  - **A**ctivity

Humanisation – hand communication skills

Look for clues to understand reasons for behaviour:

- More **confused** – infection, medication?
- **Sleepy** – medication, pain, other physical cause, relaxed, contented? National Institute for Health and Care Excellence (NICE) Delirium 2014; Duxbury et al 2013
- **Aggressive** – feeling threatened, pain, fear?
- **"Wandering"** – bored, lonely, need the toilet, previously active?
- **Distressed** – unfamiliar setting, confused, fear, lonely, remembering trauma?
- **Unmet need** Dewing 2010

Activity: Effective communication

Communication in the future

Rolly the robot allows for direct communication with family, loved ones, community members, schools etc. to reduce social isolation and is being piloted in care homes.

Reflect and discuss

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?

Group discussion

Small actions can make a big difference!

Share examples of humanised care from your practice

Key points to remember

1. All behaviour is a form of communication – look for clues to identify reasons for behaviour, or an unmet need.

2. To improve value of communication remember:
   - **Head** – understanding of brain damage on communication skills
   - **Heart** – understanding of living with dementia
   - **Hand** – recognition of humanity by communicating with compassion

3. Small actions can make a big difference.

After training evaluation

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