



EXCELLENCE IN GERIATRICS: TRAIN THE TRAINER SERIES DAY 3

Talitha Guinn
Amy Scribner
Karyn Skultety

A Reminder of the Program Goals

- ❖ Learn what makes a good trainer and what will make YOU a good trainer
- ❖ Learn key content about Dementia
- ❖ Create an implementation plan to provide Dementia training to your staff/supervisees
- ❖ Many opportunities to practice your skills and ensure mastery of your dementia content and teaching skills

Agenda

- ❖ Implementation Plan Sharing
- ❖ Dementia Basics- The Next Level
 - ❖ 15 Minute Break
- ❖ Elder Abuse Prevention: The Next Level
- ❖ Managing Behaviors: The Next Level
- ❖ Wrap-Up and Evaluations



Dementia 101:Follow-Up Training What Does Successful Training Look Like?

Karyn Skultety

How Do We Define Success? Who? How?

- ❖ Who are you training?
 - ❖ Family Members
 - ❖ Direct Care Staff
 - ❖ Clinical/Professional Staff
 - ❖ Beginning
 - ❖ Advanced Level
- ❖ How are you training
 - ❖ Informal or 1:1
 - ❖ Formal/Scheduled Presentation

How Do We Define Success? What?

❖ Knowledge Goals

- ❖ Information that we want the trainee to know and be able to use in their situation
- ❖ Best tested through traditional methods (Evaluations, Quiz, Etc)
- ❖ Important to ask if they need to just have the knowledge or be able to teach/explain the knowledge to others

❖ Acquired Skill Goals

- ❖ Taking the information being presented and using it to behave differently towards client or family member
- ❖ Best tested through behavioral observation, role play scenarios, case examples and other “in vivo” experiences

❖ Connection of Knowledge and Skills

Assessing Dementia Knowledge: Quizzes

- ❖ Review of Dementia Quizzes (Spector, 2011)
 - ❖ Difficult to keep up to date with research
 - ❖ Best measure depends on audience
 - ❖ Measures available (From oldest to most recent):
 - ❖ University of Alabama Alzheimer's Disease Knowledge Test for Health Professionals (UAB-ADKT)
 - ❖ The Dementia Quiz (DQ)
 - ❖ Knowledge of Aging and Memory Loss and Care (KAML-C)
 - ❖ Alzheimer's Disease Knowledge Scale (ADKS)
(<http://www.psych.wustl.edu/geropsych/ADKS.html>)
 - ❖ Many many on-line...be careful! Discovery Channel one is pretty good for beginners: <http://dsc.discovery.com/tv-shows/curiosity/topics/dementia-quiz.htm>

[Ageing Res Rev.](#) 2012 Jan;11(1):67-77. doi: 10.1016/j.arr.2011.09.002. Epub 2011 Sep 29.
A systematic review of 'knowledge of dementia' outcome measures.
[Spector A](#), [Orrell M](#), [Schepers A](#), [Shanahan N](#).

Original Dementia 101 Goals

- ❖ Be able to describe the factors that affect memory that are NOT dementia.
- ❖ Learn to state why dementia is different than “normal aging”.
- ❖ Be able to define and discuss types of dementia.
- ❖ Define and give examples of deficits in attention, memory, language, visual spatial processing and executive functioning.
- ❖ Describe the effects of caregiving (staff and family) for someone with a dementia diagnosis.

Dementia 101 Goals: Adjusting for your Learner

- ❖ Original Version: Be able to describe the factors that affect memory that are NOT dementia
 - ❖ Family Member/Direct Care Staff
 - ❖ Knowledge Goal: Recognize the memory is complicated and that not every memory problem can be explained by dementia
 - ❖ Applied Goal: Report when new memory changes arise that might be due to factors beyond dementia. Maximize memory.
 - ❖ Clinical/Professional Staff
 - ❖ Knowledge: Should be able to explain at least 3 (beginner) to 7 factors that influence someone's memory performance
 - ❖ Applied: Demonstrate knowledge of factors influencing memory by including in care plan and/or explaining to staff & family

These are the objectives that you might pick from or use in teaching your staff or trainees. You don't necessarily need to read through them but instead give a broad overview of what you are hoping to accomplish with the training. This may include stating your top teaching points right up front.

Dementia 101 Goals: Adjusting for your Learner

- ❖ **Original Version:** Define and give examples of deficits in attention, memory, language, visual spatial processing and executive functioning.
- ❖ **Family Member/Direct Care Staff**
 - ❖ **Knowledge Goal:** Understanding that deficits can be in multiple areas and are not just limited to memory problems
 - ❖ **Applied Goal:** Being able to describe the difficulties a client is having and categorize them (“Is that a memory problem?”)
- ❖ **Clinical/Professional Staff**
 - ❖ **Knowledge:** Should be able give examples of skills/deficits in each area
 - ❖ **Applied:** Discussing what kinds of deficits appeared first in a case and what type these are consistent with. Discussing progression of cognitive issues over time.

Applied Learning: Touchstones

- ❖ Touchstone Competency: Has this person found a way to relate to the client's experience? Have they found a way to empathy?
 - ❖ Family members: Competency may show up as grief. We must make room for this experience.
 - ❖ Direct Care Staff: When frustrated by the symptoms of dementia how does this person respond? What efforts do they make to relate to the experience? How open are they to feedback/problem-solving?
 - ❖ Clinical Staff: Same questions as direct care staff...except now we are looking for leadership in empathy building, problem-solving, etc.

Applied Learning: Define Behaviors

- ❖ May want to define a set of behaviors that you would like to see from the staff- hard part here is how to set up “catching in the act.” Can consider role-play but some downsides.
- ❖ Key Behaviors
 - ❖ Ability to distract a client effectively
 - ❖ Recognize and intervene with agitation prior to escalation of behaviors
 - ❖ Demonstrate voice tone and body language that conveys respect and calm
 - ❖ Utilize techniques to build empathy and take breaks