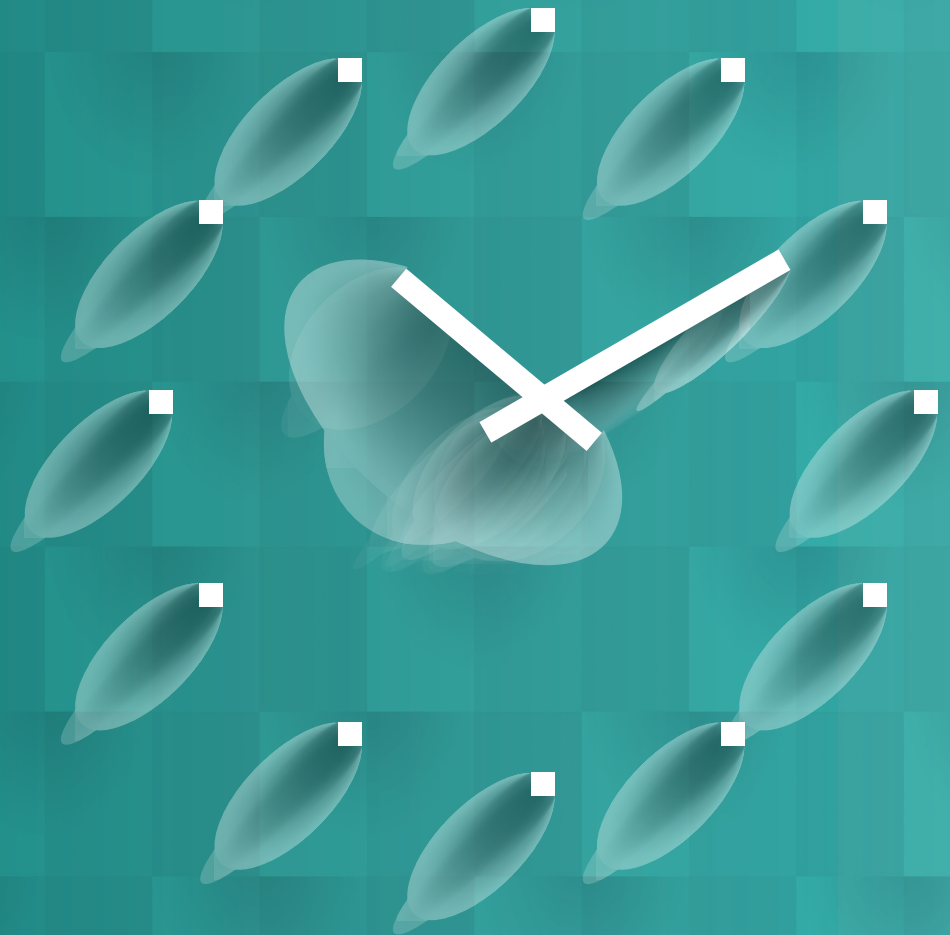
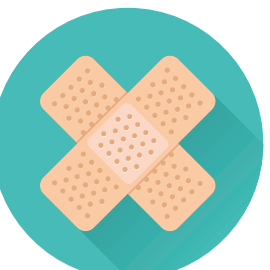
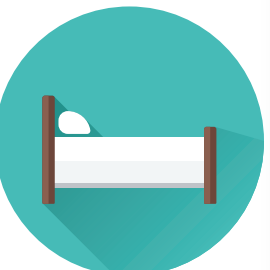


In-Services for Long-Term Care

Education for Frontline Staff



Kelly Smith Papa, MSN, RN

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a division of BLR

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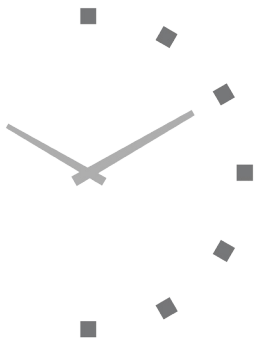
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Introduction

Every day we are surrounded by the opportunity for learning. Whether it is learning a new policy, enhancing skills, reflecting on actions, or meeting a new person, in long-term care we have countless opportunities to learn and grow. I often find myself thinking about Michelangelo, who at the age of 87 wrote the inscription “*Ancora Imparo*” (*I am still learning*) in one of his sketches. The painter and sculptor, who had created magnificent works of art his entire life, was still learning.

I believe in lifelong learning; I don’t think any person can ever feel they’re done learning, growing, and becoming. Healthcare is an ever-changing world with constant challenges and new expectations of those we serve. The more we know about our jobs and those we serve, the more we know we need to learn.

If you are reading this book, you are inspired to bring new learning to your team. Your approach, in bringing enlightened learning to your team, is an essential factor in the building of skills. Quality clinical outcomes are the results of a talented team of staff with high clinical competence and empathy for those they are entrusted to care for. In this book you will find 40 essential in-services. Each chapter offers tools to help you create connections with your team as you help them deepen their awareness and skills in a variety of important long-term care topics. While using the materials in this book, keep in the mind the additional information your team will need to know regarding your facility’s specific policies and procedures.

I believe we learn the most from authentic educators who are passionate about learning and developing. Educators who are excited about the topics that they are teaching and who also have a deep respect for their students have the biggest impact. As an educator, take the extra time to learn about how adults learn and infuse your classes with many types of communication and approaches to be sure that students are able to feel educated about the topic at hand. Use training time to build relationships to help with less formal learning that occurs in those unscheduled teachable moments.

Alzheimer's Disease

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

After this lesson, participants should be able to:

- Recognize signs of Alzheimer's disease (AD)
- Apply suggestions that may make caring for the person with AD easier
- Use techniques for handling distress in a compassionate way

Lesson activities

1. Ask participants to remember a time when they faced an unfamiliar situation. The first day of a new job, for example, usually requires talking to strangers, figuring out unfamiliar routines and tasks, and getting around in a strange building. Encourage the learners to tell you how they feel in such situations. Some natural feelings include confusion, puzzlement, nervousness, insecurity, or even fear. Explain to participants that a person with AD feels this way all the time. The world is more puzzling to them every day. Everyone seems to be a stranger, nothing seems familiar, and abilities they used to have are gone. When we try to see situations from the point of view of the person with AD, it is easy to understand why they are sometimes anxious, irritable, or upset.
2. Distribute index cards or paper. Ask each learner to take two cards and on one card write down a question about caring for people with AD and on the other card write down a joy found caring for people affected by AD. Have the learners fold the papers or cards that have the questions on them and place them in a box or basket you provide. Ask them to hold onto the card that has the joy on it. These can be shared later in the lesson when you

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feel ready. Hand out copies of the learning guide. Have each learner draw a card from the basket. Instruct the learners to read the learning guide and try to find an answer to the question. Allow enough time for all learners to find their answer, and then ask them to read their question aloud to the group and explain the answer they found. If there is no answer for the question in the learning guide, have learners brainstorm possible approaches or ideas based on the principles in the lesson.

The lesson

Review the material in the lesson with participants. Allow for discussion.

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer 70% of the test questions correctly.

Test answers

1. c	2. False	3. e	4. True	5. b, c, e
6. True	7. True	8. True	9. c	10. False

Alzheimer's Disease

Learning Guide

Contents:

- Understanding Alzheimer's Disease
 - Causes
 - Complications
 - Treatment
 - Prevention and research
- Caring for the Person With AD
 - Suggested approaches to caring for the person with AD
- Approaches for supporting the person with AD who is in distress

Understanding Alzheimer's Disease

Alzheimer's disease (AD) is the most common form of dementia. More than 4 million Americans have AD. The disease is characterized by memory loss, language deterioration, poor judgment, and inability to care for personal needs.

AD is a form of dementia that affects a person's ability to carry out daily activities. It involves the parts of the brain that control short- and long-term memory, speaking and understanding language, concentration, and the ability to perform complex tasks. Healthy brain tissue dies or deteriorates, causing a steady decline in memory and mental abilities.¹

AD is not the only form of dementia. Doctors diagnose AD by doing tests to eliminate all the other possible reasons for the person's symptoms. People can suffer from more than one form of dementia at a time. This is why treatment approaches that are person-centered and based on the person's strengths are the most successful.

AD causes progressive degeneration of the brain. It may start with slight memory loss and confusion but eventually leads to severe, irreversible mental impairment that destroys a person's ability

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to care for him or herself without assistance. Usually, family members notice gradual—not sudden—changes in a person with AD.

As AD progresses, symptoms become serious, and family members usually seek medical help. Progression from simple forgetfulness to severe dementia might take 5–10 years or longer.

People with mild AD may live alone and function fairly well. People with moderate AD may need some type of assistance. People with advanced AD generally require assistance with all areas of their personal care.

Causes

Think of the way electricity travels along wires from a power source to the point of use. Messages travel through the brain in a similar way, but they are carried by chemicals instead of wires. Information travels through the nerve cells in the brain so we can remember, communicate, think, and perform activities.

Researchers have found that people with AD have lower levels of the chemicals that carry these important messages from one brain cell to another. In addition, people with AD have many damaged or dead nerve cells in areas of the brain that are vital to memory and other mental abilities. Although the person's mind still contains memories and knowledge, it may be impossible to find and use the information in the brain because of AD.

Abnormal structures in the brain called plaques and tangles are another characteristic of AD:

- **Plaques**
 - It is believed that plaque deposits form between brain cells early in the disease process.
- **Tangles**
 - This refers to the way that brain cells become twisted, causing damage and nerve cell death.

These structures block the movement of messages through the brain, causing memory loss, confusion, and personality changes.

People with AD may experience distress when they feel overwhelmed, confused, or misunderstood. As they lose the ability to communicate verbally, they may share their distress with physical signals. Always remember that all actions are forms of communication of a need. Use empathy to seek to understand what the person with dementia is feeling, then use validation to support their needs.

Complications

As people advance into late stages of AD, they may lose the ability to do normal activities and care for their own needs. They may have difficulty eating, going to the bathroom, or taking care of their personal hygiene. People with AD may suffer from poor safety awareness, and they might get lost or become injured. They may develop complicating health problems such as pneumonia, infections, falls, and fractures.

Treatment

There is no cure. Medications are available that may lessen the symptoms, but they are unable to stop or reverse the disease. These include tacrine (Cognex), donepezil (Aricept), rivastigmine (Exelon), and galantamine (Reminyl).

Medications are sometimes ordered to help with symptoms such as sleeplessness, pain, wandering, anxiety, agitation, and depression.

Prevention and research

There is no known way to prevent AD. Researchers continue to look for ways to reduce the risk of this disease. It is believed that a lifelong heart-healthy lifestyle with mental exercise and learning may create more connections between nerve cells and delay the onset of dementia. People should be encouraged to learn new things and stay mentally active as long as possible.

Caring for the Person With AD

AD progresses at a different rate with each person. It is important to focus on things that the person with AD can still do and enjoy.

All persons with AD need empathy and constant reassurance, no matter what stage of the disease they are in.

You will recognize the following signs in many people with AD:

- Increasing and persistent forgetfulness
- Difficulty finding the right word
- Loss of judgment
- Difficulty performing familiar activities such as brushing teeth or bathing

In-Service 1

- Personality changes such as irritability, anxiety, pacing, and restlessness
- Depression, which may show itself in some of the following ways:
 - Wandering
 - Anxiety—this can be caused by noise, feeling rushed, and large groups
 - Weight loss
 - Sleep disturbance
- Pacing and agitation
 - Agitation often is a symptom of underlying illness or pain. Medication can also cause agitation, as can changes in the environment.
- Cursing or threatening language
- Distress related to pain, disorientation, delusions, or hallucinations
 - A person with hallucinations sees, hears, or feels things that are not there. A person with delusions believes strongly in something that is not true, such as believing that he or she has been captured by enemies. Symptoms of pain can look like agitation, aggression, or depression.
- Difficulties with abstract thinking or complex tasks
 - Balancing a checkbook, recognizing and understanding numbers, or reading may be impossible

The following suggestions will help you care for a person with AD

Learn their life story

Many times we ask people affected by AD questions that have only one correct answer, such as “What town are you from?” “How many kids do you have?” or “What type of job did you have?” These questions require the person with AD to come up with one correct answer. The ability to access this factual information may be hard for them to do as their brains change during the disease process. A person with AD may feel a sense of distress or sadness if they are frequently asked questions to which they can not think of the answers. Instead of asking these types of questions, ask them or their family members questions that seek to learn the richness of the person’s life—the cool stuff! Ask about the interesting stories that convey the person’s passions or give you clues into who they were when they were healthier. Ask questions such as “Can you tell me about your favorite things to do in the summer?” “Can you tell me about your first car?” or “What would your dream vacation be?” If the person has AD, give them time to think about their answers to your questions and share with you. It may feel like it is taking a long time, but the changes in their brain are what

is causing the delay. Be careful not to ask multiple questions rapidly; instead, give the person time to process and share.

Work with the care team to find meaningful questions to ask family members to learn more about the person's life legacy. Rather than asking the typical "bio" form topics, create questions that build relationships. You can find countless conversation starter-type questions online. These questions seek more to learn about the person instead of quiz their ability to recall. Having engaging conversations about the things a person enjoyed doing in the summer months can help you to get to know them much better than simply knowing the town that they are from.

Provide structure

Serenity and stability reduce feelings of distress. When a person with AD becomes upset, their ability to think clearly declines even more. Follow a regular daily routine. Plan the schedule to match the person's normal, preferred routine, and find the best time of day to do things, when the person is most capable. Be sure to keep familiar objects around.

Bathing

Some people with AD won't mind bathing. For others, it is a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the person to do as much of the bath as possible. Never leave the person alone in the bath or shower. A shower or bath may not be necessary every day—try a sponge or partial bath some days. If a person with AD experiences distress from a shower such as feeling cold or feelings of modesty, it is more important to keep them feeling safe and in control. Some care partners have found that washing different areas of the body at different times decreases the distress associated with bathing. For example, in the morning, wash the person's face, neck, arms, chest, and underarms. Then, later in the day, wash the person's peri area, legs, and feet. If the person is still distressed, break up the bathing of areas of their body even more.

Dressing

Allow extra time for dressing, so the person won't feel rushed. Encourage the person to do as much of the dressing as possible.

Eating

Some people will need encouragement to eat, while others will eat all the time. A quiet, calm atmosphere may help the person focus on the meal. Finger foods will help those who struggle with utensils. If the person needs assistance with the meal, use visual and verbal cues to keep

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them independent. If more assistance is needed, care partners have found that using a hand-over-hand or hand-under-hand approach keeps the person engaged. Calming music, meaningful conversation, or aromas are other methods to keep the person engaged during meals.

Personal care

Set a routine for taking the person to the bathroom, such as every three hours during the day. Don't wait for the person to ask. Many people with AD experience incontinence as the disease progresses. Be understanding when accidents happen.

Communication

When talking, stand where the person can see you. Use simple sentences and speak slowly. Focus attention with gentle touching if permitted.

Environment

Make the environment familiar, free of clutter, and safe. Create spaces in which the person with AD has meaningful things to do. It should be the goal to keep the person with AD involved in activities that they find meaningful, rewarding, and person centered, not juvenile. Use spaces that have access to the outdoors and that have areas to sit and relax.

Exercise

Exercise helps improve motor skills, functional abilities, energy, circulation, stamina, mood, sleep, and elimination. Avoid pushing the person to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good; some people enjoy chair stretching such as modified yoga moves. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may relieve discomfort and distress. Work with therapy and recreation to create plans for movement and exercise.

Evening routines

Evening routines are important to maximize the benefits of a good night's sleep. Distress is often worse at night. Create a routine that is calming. Soothing music is helpful for some. Leave a night-light on to reduce confusion and restlessness. Try to minimize disruptions at night to give the person more hours of sleep.

Approaches for Supporting the Person With AD Who Is in Distress

Sundown syndrome

Many patients with AD are more agitated, confused, or restless in the late afternoon or early evening. Some people with AD can experience these symptoms at any time of the day when they feel overwhelmed, misunderstood, in pain, or frustrated. The first key to understanding distress is to create environments in which all day-care partners are in tune with the person's reactions. Simply noticing when frustration begins and approaching with validation will help minimize the distress. Research shows the following things help:

- Learn the person's life story and past routines, and use empathy to seek to understand what the person with AD is communicating.
- Enjoy the outdoors.
- Provide more activity earlier in the day. This will use up energy, while reducing stress.
- Schedule essential activities and appointments early in the day.
- Encourage an afternoon nap every day. This reduces fatigue and agitation.
- Play classical music on a portable radio or music player through headphones or earpieces. This shuts out disturbing noises and may soothe the person.
- Give warm, relaxing baths, foot soaks, or massages. They may help.
- Reduce activity and distractions toward the end of the day.
- Discourage evening visits and outings.
- Avoid overstimulation. Turn off the television or radio before speaking to a person.
- Keep the person well-hydrated by offering plenty of water throughout the day.
- Assess for pain frequently.

Hiding, hoarding, and rummaging

These common actions can be disturbing to care partners and to others living with the person with AD. With the resident that struggles with hiding, hoarding, or rummaging, you can try the following strategies:

- Lock outside-going doors.

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- If locking closets or drawers causes the person with AD more distress, remove items that might pose a safety risk.
- Watch for patterns. If a person keeps taking the same thing, provide one of his or her own.
- Leave things lying around in the open that are safe for the person who enjoys rummaging or hoarding; put things away that you would prefer the person not to use.
- Make duplicates of important items like family photos, keys, and eyeglasses.
- Designate an easily reached drawer as a rummage drawer. Fill it with interesting, harmless items like old keys on chains, trinkets, or plastic kitchen implements. Allow the patient to rummage freely in this drawer.
- Look through waste cans when something is lost and before emptying them.
- People with AD tend to have favorite hiding places for things. Look for patterns.

All actions have meaning. Use empathy to seek to understand the reason for the action, and then respond in the most supportive way.

Repetition

A person with AD can become fixated on a task and repeat it over and over without stopping. Pacing, turning lights on and off, or washing hands repeatedly are examples of this. As long as the activity isn't dangerous, there is nothing wrong with letting the person continue doing it. When the time comes that the person must be asked to stop, try these tips:

- Touch the person gently.
- Lead the person by the arm away from the activity.
- Point out something distracting.
- Say things like “Thank you for folding all those towels. Now let's go to dinner.”

Confusion

Enter the person's world through empathy. Ask questions to seek to understand what the person is seeing in his or her mind's eye. Use words that let the person know that he or she is safe with you and that you are a friend. Wait 20–90 seconds after asking the person with AD a question; this gives him or her time to understand what you have asked and to find the words to answer. Many

times we rush people when it feels to us like we have given them enough time to respond. As their brain is changing, in order to keep them engaged, you should offer them the time to respond. Just like when you get caught in traffic, you still get to your destination, it just takes a bit longer. Ask questions with yes/no answers.

As stated previously, avoid asking questions that have one right answer or that could leave the person feeling like they should know the answer but can't come up with it. Recall how you felt when you were given a pop quiz in school. Our goal is to keep the person feeling positive, and when we ask questions the person does not know the answer to, it can cause him or her to feel emotions of distress.

- Make positive statements that let the person know what you want. For example, say “stand still” instead of “don't move.”
- If there are many steps in a task, break them into very small steps so that there are things that the person can do to be successful. Instead of saying “Put on your shirt,” break it into “Put your left arm in the sleeve,” and then follow up with each additional small step.
- Give the person a limited number of choices.
- Lay out clothes in advance. Keep the wardrobe simple, and try the following things:
 - Avoid buttons and zippers if possible
 - Use Velcro fastenings and elastic waistbands
 - Limit the number of colors in the wardrobe
 - Eliminate accessories
- Use memory aids, such as posting a list of the daily routine or putting up a large calendar and clock. Other aids include:
 - Putting name tags on important objects.
 - Using pictures to communicate if the person doesn't understand words.
 - Making memory books with pictures of important people and places.
 - Posting reminders about chores or safety measures.
 - Painting the bathroom door a bright color, and putting a brightly colored seat cover on the toilet. These will remind the person where to go.
- Give simple, precise instructions. Reduce distractions during a task. Give only as much guidance as necessary.
- Say the person's name and make eye contact to get his or her attention before touching.

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- Reassure the person if needed, but don't needlessly distract a patient who is doing a task.
- Each step of a process should be handled as a separate task. Instead of saying "It's time for your bath," say "Take off your shoes. That's good. Now take off your socks."
- Allow plenty of time for every task.
- If the person can't complete a task, praise him or her for what was accomplished and say "thank you" for helping you.

Wandering

We may call it wandering, but to the person with AD, this walking is purposeful. The person with AD who is walking around a lot may be looking for something that looks familiar, or it may feel good to them to stay active. Our goal is to keep our patient safe, positive, and engaged. Always remember that as their disease progresses, people with AD do not know they have dementia and, in some cases, may believe that they are in their twenties. When we use symbols that make them feel childlike or controlled, it will cause them distress or to not feel that those symbols are there for them. Things like STOP signs and painting over doorways are ineffective. The most effective thing to do is to be empathetic—enter the person's world and try to figure out what he or she is thinking or feeling. Then determine how to approach or create a person-centered intervention. For example, if there are glass windows on a door that exits their community, and people with AD are drawn to the door and want to go to the other side, consider that there is nothing engaging keeping them in the space where they are living. Try to determine what you can do to keep them engaged in a meaningful way. If the windowed door continues to be an area of interest for people, this could become a safety risk; you could consider putting tinting on the window so that to the person with AD, it looks like the lights are out on the other side of the door and there is nothing of interest to find there. When a person is constantly moving, find out if he or she needs something.

Look for patterns in the wandering and possible reasons, such as time of day, hunger, thirst, boredom, restlessness, need to go to the bathroom, medication side effect, overstimulation, or looking for a lost item. Perhaps the person is lost or has forgotten how to get somewhere. Help meet the need and keep the person safe by trying the following things:

- Remind the person to use the bathroom every two hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide a purposeful activity such as folding clothes or dusting.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.

- Offer a life-like baby doll to rock or hold. If the person enjoys the doll, be sure you also treat it like it is a real baby.
- Keep soft lights on at night.
- Remember that the use of alarms only upsets the person with AD. How would you feel if each time you had a need, an alarm went off and people came running to tell you to sit down? Instead, find creative ways to keep an eye on the person. Ask team members from other departments to help or use video monitors.
- When outside doors are not being monitored, they should have bells or alarms that sound when opened. Use child-resistant locks on doors and windows.
- Follow facility policies if you believe a person with AD has wandered away.

Distress manifesting as aggression and agitation

First, be sure that the person is not ill or in physical pain, such as from an infection or injury. Consider if your approach or anything in the environment is causing the person to feel out of control. Respond with empathy, showing the person that you understand and that he or she is safe. Try the following suggestions:

- Respond by validating the emotion that the person is expressing. Refrain from reality orienting; instead, seek to understand the meaning behind the person's words or behaviors. Ask yourself "What would I be feeling if I was reacting in that way?" Get to know the person's life story. Use this knowledge to help the person feel safe with you.
- Maintain a calm environment.
- Reduce triggers such as noise, glare, television, or too many tasks.
- Check for hunger, thirst, or a full bladder.
- Make calm, positive, reassuring statements. Use soothing words.
- Change the subject or redirect the person's attention.
- Give the person a choice between two options.
- Don't argue, raise your voice, restrain, criticize, demand, or make sudden movements.
- Don't take it personally if accused or insulted.
- Let the person know that he or she is safe. Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet, repetitive tasks can be soothing.

Alzheimer's Disease

Test

Name _____ Date _____ Score _____

Directions: Circle the best answer. (Seven correct answers required.)

1. Which statement is not correct?
 - a. AD is a form of dementia that makes a person unable to carry out daily activities.
 - b. AD is a progressive, degenerative brain disease.
 - c. AD symptoms usually begin suddenly.
 - d. AD is characterized by memory loss, language deterioration, and poor judgment.

2. Medication will stop the progression of AD. True or False

3. Benefits of exercise are that it _____.
 - a. helps to retain motor skills
 - b. improves circulation
 - c. improves sleep
 - d. aids in elimination
 - e. All of the above

4. If the person is able to, a daily walk may reduce distress. True or False

5. When you see a person is experiencing feelings of agitation, choose three things you can do that might help:
 - a. Argue
 - b. Offer choices between two options
 - c. Make calm positive statements
 - d. Restrain
 - e. Create a calm environment

6. It is important to focus on things the AD person can still do and enjoy. True or False

7. Serenity and stability reduces potential feeling of being out of control or distressed. True or False

8. Seek to understand the feeling or emotion behind the words or behaviors the person is exhibiting, then seek to validate them. True or False

9. When a person exhibits behavior that shows that they are in distress, the first thing you should do is look for the _____.
 - a. family
 - b. nurse
 - c. reason
 - d. supervisor

10. People with AD never hide something in the same place twice. True or False

CERTIFICATE OF COMPLETION

I hereby certify that

has successfully completed the in-Service

Alzheimer's Disease

Signature _____

In-Services for Long-Term Care

Education for Frontline Staff

Kelly Smith Papa, MSN, RN

In-Services for Long-Term Care: Education for Frontline Staff is composed of 40 in-service training lessons that help facilities comply with CMS requirements to deliver in-service training for their certified nursing assistants and all frontline staff. The in-services included in this book cover the most essential topics in long-term care and correlate with CMS initiatives, including Alzheimer's and dementia care, infection control F-tags, restorative care, and HIPAA. Each in-service is prescriptive in how to conduct lessons, provides concrete learning activities, and includes a post-lesson test to verify staff comprehension along with a certificate of completion to document participant training hours.

This book enables long-term care facilities to:

- Provide a wide variety of quality, easy-to-access in-service education for CNAs and frontline staff
- Keep the level of facility education consistent for frontline staff
- Check the competency of floor staff for each in-service
- Ensure in-services are linked to quality care and in line with QAPI committee measurements
- Address deficiencies in infection control, QAPI, competency management, etc.

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