


Dementia Competencies and How to Choose Good Education
 Thursday, May 5



Presented by
Jennifer Craft Morgan, PhD and Kim McRae, FCTA

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 GEORGIA STATE UNIVERSITY



Dr. Jennifer Craft Morgan is an Associate Professor and Director of the Gerontology Institute at Georgia State University. Her research focuses on jobs and careers, attempting to understand how policy, population, workplace and individual level factors shape how work is experienced and how work is organized across care settings.


Dr. Morgan is a national expert on recruitment, training and retention of direct care workers. She has a PhD in Sociology from University of North Carolina at Chapel Hill.



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Kim McRae, FCTA

CO-FOUNDER, CULTURE CHANGE NETWORK OF GEORGIA
 AND FOUNDER/PRESIDENT, HAVE A GOOD LIFE




Kim McRae is a consultant, speaker, educator and a "FCTA" (Family Caregiver Turned Advocate). Kim is also an Educator and Mentor for The Eden Alternative®. She comes to person-centered care and culture change through a twelve-year history as a family caregiver and a consumer of aging services and long-term care.

Kim is nationally known as a vigilant advocate for people who are living with dementia and family caregivers ("consumers").



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- Be aware of the basic competency areas (topics and contents) that should be included in DCW training (and for all people that are in contact with people living with dementia, *which is everyone*).
- Know how to choose high-quality education that is person-centered.
- Know how to reinforce learning in ways that support improved practice and improve the application of knowledge to practice.
- Have strategies to improve training and education related to dementia, including Alzheimer's disease, to help meet the needs of a dementia-capable and culturally-competent workforce.




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This competency guide aims to help educators and employers of direct care workers choose high-quality DCW education and identify strategies to improve the work environment in ways that support both learning and quality of care.

<https://aging.georgia.gov/tools-resources/dementia-resources>

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Acknowledgements

The **Dementia Competency Guide** was created as part of the Georgia Alzheimer's & Related Dementias (GARD) State Plan Collaborative. The **Direct Care Worker Competencies subcommittee of the GARD Workforce Development work group** authored the guide.



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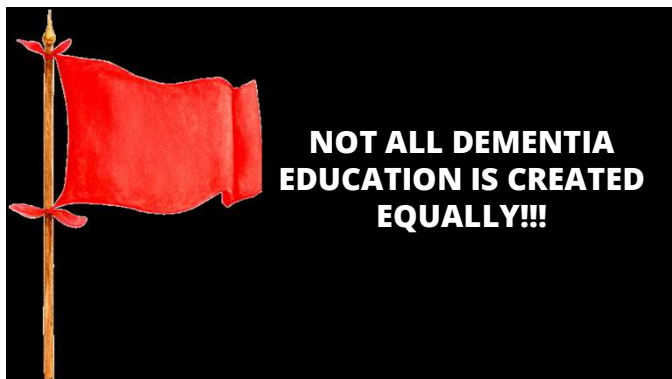
Introduction to the Guide: Why?

- Growing need for competent and committed direct care workforce that can deliver quality and comprehensive person-centered care.
- Improving education and training and developing supports for direct care workers to implement skills in context has the potential to transform the workforce to a dementia-capable, culturally-competent workforce.
- High-quality training and receptive organizational culture can improve both quality of care, and DCWs job commitment and retention.



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Our current approach to dementia care does not work.

We narrowly view people living with dementia from the standpoint of loss and deficits, and as a result create stigma, loss of well-being and excess disability.

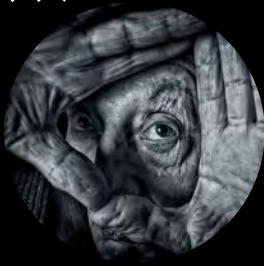
Sadly, people with dementia are so often treated as if they are "defective human beings" and "patients" rather than people.

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Another truth...

It is harmful to people living with dementia when staff do not have adequate competency and education, and it is irresponsible to put DCWs into positions that they do not know how to handle.

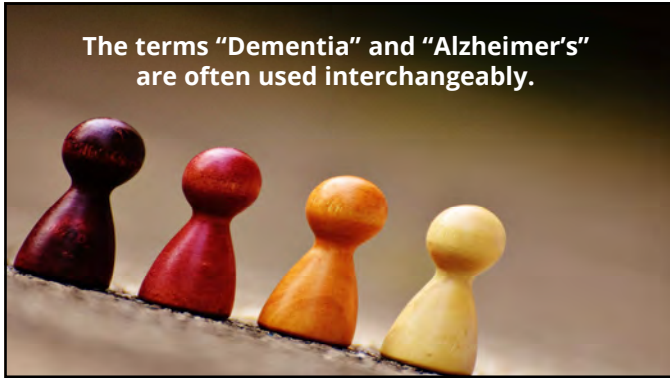
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What are we seeing in a lot of the current training about dementia, including Alzheimer's Disease???



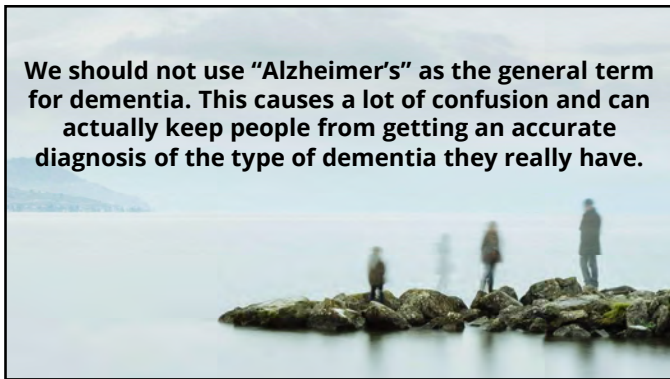
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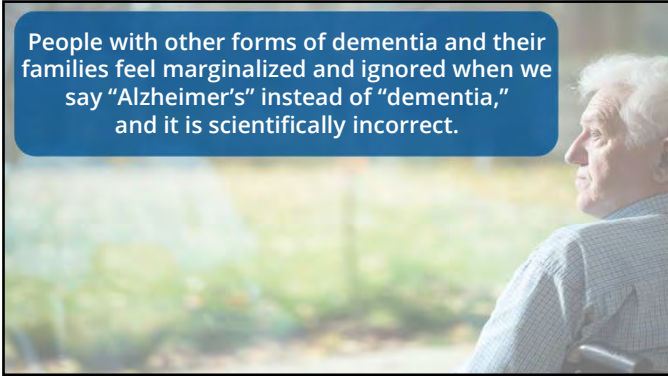
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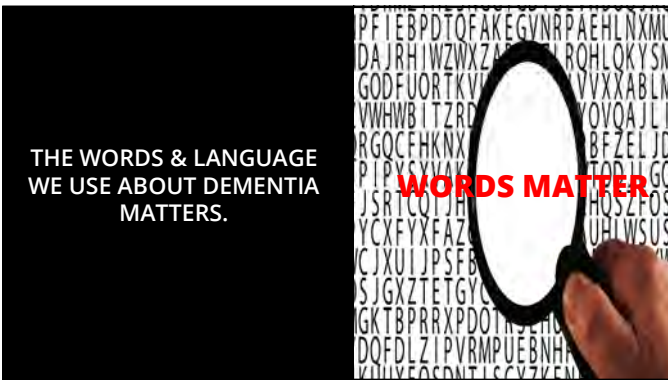
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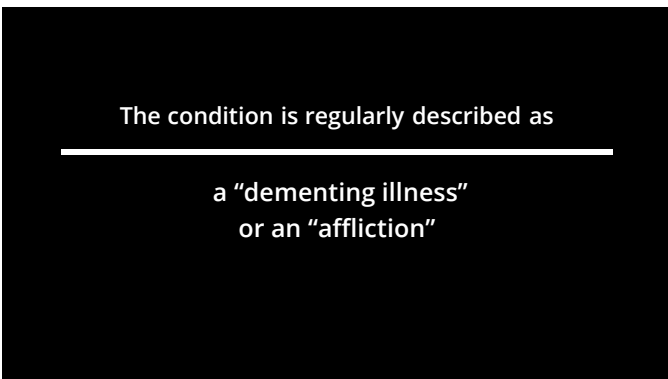
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People with dementia are regularly called

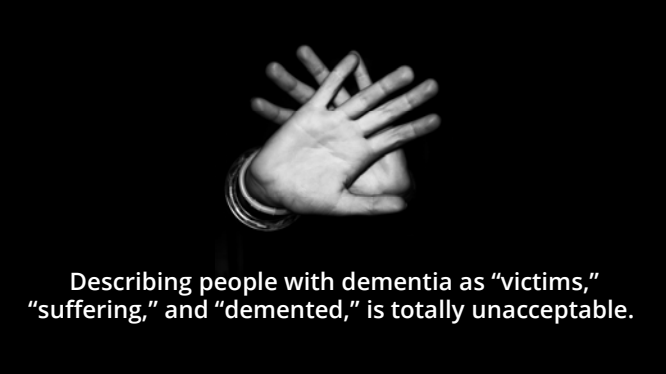
“demented”
“victims”
“sufferers”

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People with dementia say that these words make them want to “curl up and die!”

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Describing people with dementia as “victims,” “suffering,” and “demented,” is totally unacceptable.


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Objectives of the Guide

- To help educators and employers of DCWs choose high-quality education that is **person-centered** (training topics and content).
- To reinforce learning in ways that support improved practice.
- To improve training and education related to dementia, including Alzheimer's disease, so that we can meet the needs of dementia-capable and culturally-competent workforce.

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Why Competency Based?


Started with the Center for Medicare & Medicaid Services Competency Guidelines

Competency Area: A broad category within a competency set containing related information that describes knowledge, skills or abilities for effective work performance.

Competency Description: A statement describing themes of knowledge, skills or abilities for effective work performance within a discrete competency area.

Skill Statement: A description of a competency standard that incorporates a highly specific, observable action (related to a competency area) that may be demonstrated by the worker.

Fig. 1. Source: CMS DSW: Set of core competencies for the Direct Service Workforce. (2013, p. 55)

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Why Competency Based?

- Competency describes the acquisition of knowledge, skills and abilities for effective performance.
- It is important to not only provide knowledge but also help workers develop competencies that help them apply what they have learned and use it regularly in their practice.



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A Note About the Competency Area Identification Process

- Used peer-reviewed literature, other identified high-quality training materials, and state-based and international resources associated with successful strategies to improve pc competencies of the DCWs and care for PWD (e.g. Hand in Hand curriculum)
- Organized "think tank" of providers/stakeholders
 - Held a retreat to review and comment on competencies
 - Revised based on feedback from those working in the field with persons with dementia
 - After revisions, held content-checking conversations with long-term services and support providers, care partners and individuals living with dementia
 - Thanks to Robert Bowles (Dementia Advocate, retired Pharmacist) for input



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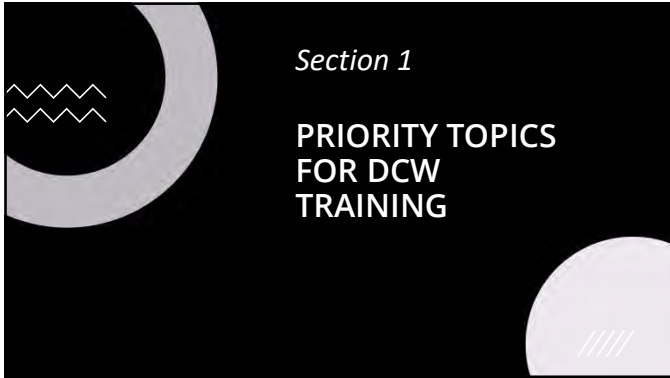
Components

- This guide sets out:**
- **Topics** that should be included in DCW training
 - **Elements** to review in order to identify the best resources for training
 - **Strategies** to support the accrual and application of skills to practice from the peer-reviewed literature
 - **References**



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Priority Topics for DCW Training
 (Descriptions and Skill Statements Included for Each Topic)

- Understanding Dementia
- Person-Centered Care
- Communication
- Reduction of Preventable Hospitalization
- Dining and Nutrition
- Pain Management
- Prevention and Reporting of Abuse
- Empowering the Person and Enriching their Life
- Palliative and End-of-Life Care

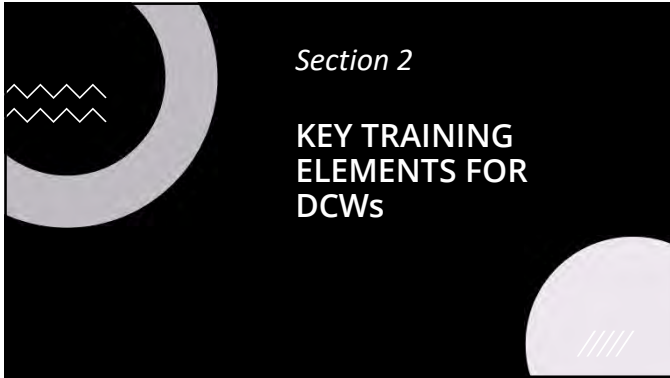
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Reflection on Teaching and Learning

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Major evidence-based practice recommendations to improve quality of the dementia care workforce
 Gilster, Boltz, and Dalessandro (2018)

- **Orienting and training new staff and providing continuing education to incumbent staff;**
- Developing systems for collecting and disseminating person-centered information;
- Encouraging communication, teamwork, and interdependence/interdisciplinary collaboration;
- Establishing an involved caring and supportive leadership team;
- Promoting and encouraging resident, staff, and family relationships; and
- Evaluating systems and progress routinely for continuous improvement.

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- **Evaluating systems and progress routinely for continuous improvement.**

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The Guide Outlines Active Learning Strategies

Learning that is long-lasting for trainees takes place when the learners are involved in a meaningful learning experience.

Consider these basic questions:

- Where does learning take place?
- What are the learners doing when learning?
- How are learners going to receive the experience?
- What do learners need to know?
- How can learners be encouraged to change behaviors?



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The Guide Includes Strategies to Support DCWs in Skill Enhancement

Active learning strategies:

- Encouraging DCWs to use their senses such as active listening, observing, self-awareness, and self-management.
- Using minimal lecture-based material and focusing on using variety of methods such as role play, scenarios, discussion, and peer learning strategies.
- Using a variety of methods and a change of environment can be helpful in stimulating the learning process of DCWs who will have diverse learning styles.



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Strategies to Support DCWs in Skill Enhancement

Motivating and supporting DCWs to achieve active learning:

- Providing feedback upon implementation of new skills.
- Rewarding/incentivizing DCWs upon successful implementation of the skills.
- Providing flexible work schedule.
- Involving DCWs in developing training programs along with other interdisciplinary teams.



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Implications of Adopting Person-Centered Care for People Living with Dementia

- Provide proper direction and guidelines on training DCWs and other staff members. Empowering DCWs to meet needs of people they care for – allow them to make decisions in context.
- Increase active learning, competency attainment and staff engagement.
- Improve skills and capacities to successfully care for all clients but particularly for those living with Alzheimer’s and dementia.
- Improved quality of care for persons living with dementia, including Alzheimer’s disease.
- Empowerment of both client and the care-partners.

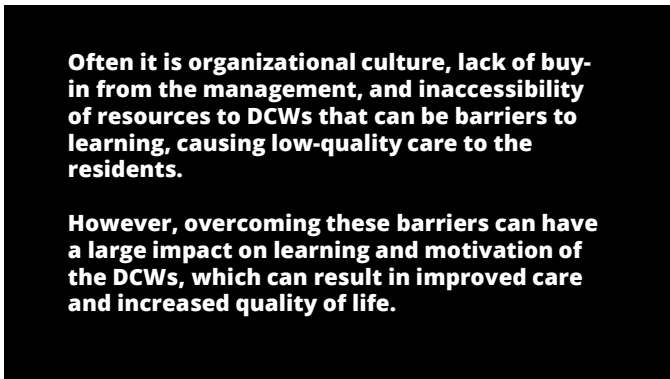


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Another truth...

When the leadership and management have gone through the same educational experiences, when they “walk the talk” and model what has been taught, and recognize and celebrate person-centered care in action, an organizational learning culture comes to life that can truly benefit everyone in the organization and increase well-being for all.

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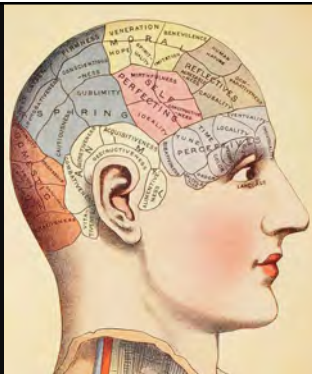
“DEMENTIA, including Alzheimer’s disease”

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Mixed dementia is common and becoming more understood.

More than 50% of participants whose brains met pathological criteria for Alzheimer’s had pathologic evidence of **one or more coexisting dementia.**

Mixed Dementia | Symptoms & Treatments | alz.org



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A common misperception is thinking that everyone with dementia is old and living with advanced symptoms.

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Dementia is not a normal part of aging.

Not all who grow old develop it.

Some develop it at a younger age.



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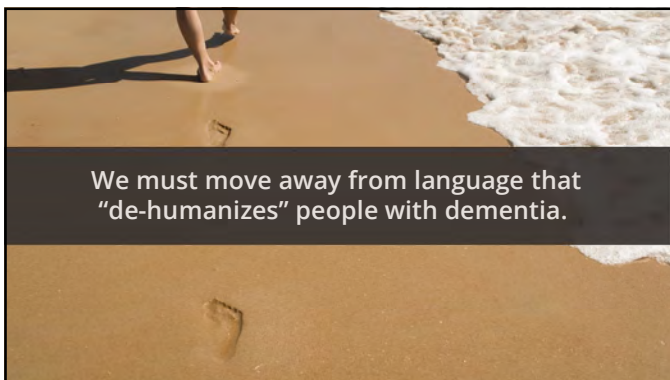


YOUNG ONSET DEMENTIA affects people **under 65 years of age.** It can occur as early as the 20s, but usually appears between 30 - 60.

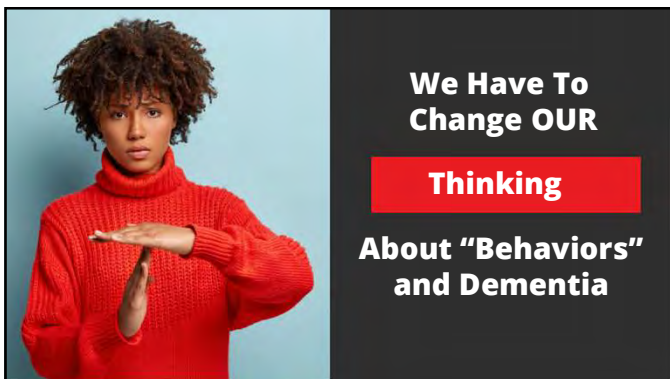
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"BEHAVIOR" is a symptom of DISTRESS or COMMUNICATION!

It is NOT an automatic Rx for RESTRAINTS (which = DRUGS)

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ANTIPSYCHOTICS: CAUTION!!!

"BLACK-BOX" WARNING ISSUED BY FDA

Warning: Increased Mortality in Elderly Patients with Dementia-Related Psychosis. Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. [Name of Antipsychotic] is not approved for the treatment of patients with dementia-related psychosis.

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Two Different Views

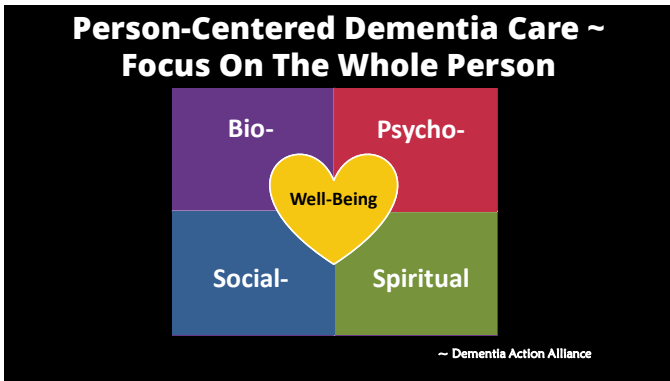
Biomedical or Traditional/Institutional

"vs"

Experiential or Person-Directed or Person-Centered

"CULTURE CHANGE"

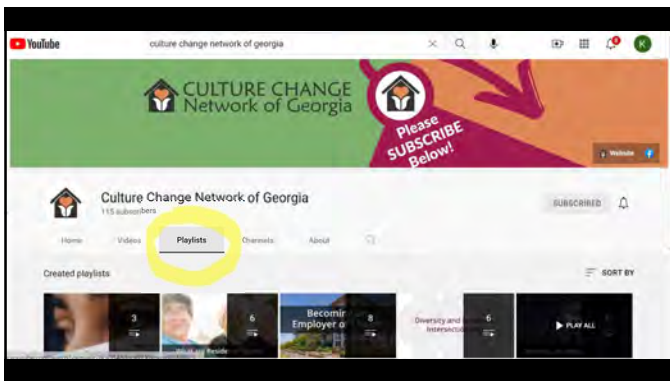
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**Series on
DEMENTIA,
INCLUDING
ALZHEIMER'S
DISEASE**

**DEMENTIA, INCLUDING
ALZHEIMER'S DISEASE**

- Dementia, It's Not Just Alzheimer's
- Dementia: Understand the Facts
- The Language of Dementia
- The Stigma of Dementia
- Person-Centered Dementia Care
- Words Matter: Dementia
- Changing the Conversation About Dementia (FTD)
- Changing OUR Thinking About "Behaviors" and Dementia
- Dementia & Hospitals: CAUTION

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**Series on
the
BASICS of
CULTURE
CHANGE**

BASICS of CULTURE CHANGE

- What is Person-Centered Care?
- Person-Centered Care & The Medical/ Institutional Model
- Person-Centered Care & Person-Directed Care
- What is Culture Change?
- Culture Change and Person-Centered Care: What's the Difference?
- Culture Change & Person-Centered Care: If It's So Right, Why Is It So Hard?

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**Series on
WORDS
MATTER**

WORDS MATTER

- Why Worry About Words: WORDS MATTER
- Patient vs Person
- Elderly vs Elder
- Caregiver, Care Receiver and Care Partner
- Dementia
- The Language of Dementia

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**Series on
HOSPITALS
& ELDERS**

HOSPITALS & ELDERS

- Hospitals Can Be Challenging Places For Elders
- Dementia & Hospitals: CAUTION

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www.CultureChangeGA.org

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LinkedIn: <https://www.linkedin.com/company/culture-change-network-of-Georgia/>

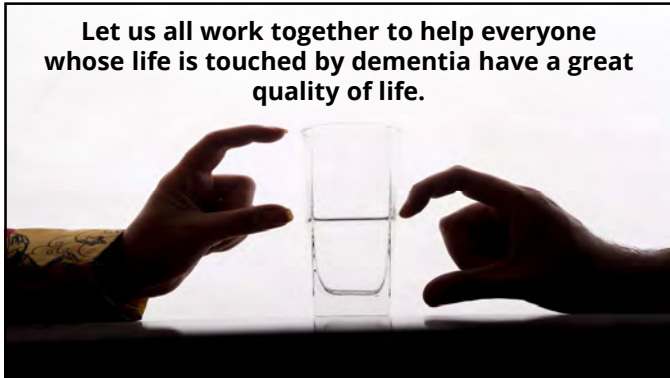
Twitter: <https://twitter.com/CultureChangeGA>

Instagram: <https://www.instagram.com/culturechangegea/>

YouTube: https://www.youtube.com/channel/UCAZ89fyLxS_VLX56qxvozQg



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**QUESTIONS/
DISCUSSION**

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Creating a Learning Organization

Join in the conversation with Anna Oritgara, Marla DeVries, Jacquie Hurt, Tim Knight, Carrie Chiusamo, and John Hobday

www.pioneernetwork.net/podcast

Join the discussion on Thursday, May 19 at 2:00 PM EDT

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Pioneer Network
2022
WEBINARS

**SAGE and Pioneer Network:
Creating Environments Which
Support Culture Change**

Wednesday, May 25
1:00 PM – 2:00 PM EDT

Presented by
Rob Simonetti, President SAGE
Penny Cook, President & CEO Pioneer Network

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Pioneer Network
2022
Registration is Open

Pioneering a New Culture of Aging Conference
HONORING THE PAST | TREASURING THE PRESENT | SHAPING THE FUTURE
JULY 27-30, 2022 | SHERATON DENVER DOWNTOWN | DENVER, COLORADO

Using a Trauma-Informed Approach to Unravel Our Collective Trauma from COVID

Pre-Conference Workshop
Alzheimer's Disease and Dementia Care Seminar

Learning & Development

- Being a Learning Organization
- Learning as a Process, Not an Event: The Life Cycle of Learning
- Creative On-Line Learning Methods
- Today's Learners and the Adult Learning Model

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Competency Guide for Dementia Care

Direct Care Worker Workforce Development



GARD
Georgia Alzheimer's and Related Dementias
Collaborative



GARD

Georgia Alzheimer's and Related Dementias
Collaborative

Georgia Alzheimer's and Related Dementias Collaborative Workforce Development Committee

This guide was created as part of the Georgia Alzheimer's & Related Dementias (GARD) State Plan Collaborative. The Direct Care Worker Competencies subcommittee of the GARD Workforce Development work group authored the guide. This subcommittee included: Jennifer Craft Morgan (Georgia State University), Walter Coffey (WD International; Culture Change Network of Georgia), Kim McRae (Have a Good Life; Culture Change Network of Georgia), Joan Carlson (JMC Consulting), Fayron Epps (Georgia State University), James Moorhead (Georgia Division of Aging Services), Meredith Swinford (Agape Hospice Care), Diana Schmidt (Care Partner/Advocate) and Bhawana Chaudhary (MA graduate, Georgia State University). The guide was approved by the overall GARD Workforce Development Work Group and was presented to the overall GARD Collaborative for comment. We would like to acknowledge the individuals and organizations that participated in the original Georgia Alzheimer's & Related Dementias (GARD) Dementia Competencies Provider "Think Tank" convened by LeadingAge Georgia on April 14, 2016, which included a variety of long-term care services and support providers, leaders, nursing and direct care staff. We would also like to thank the long-term care services and supports providers, care partners and people living with dementia that participated in a content-checking final conversation hosted by Amy's Place – Memory Café in Roswell, Georgia. Finally, we would like to thank, Robert Bowles (retired Pharmacist, Dementia Advocate and person living with Lewy Body Dementia) for his input and words of wisdom in the process of pulling this guide together.

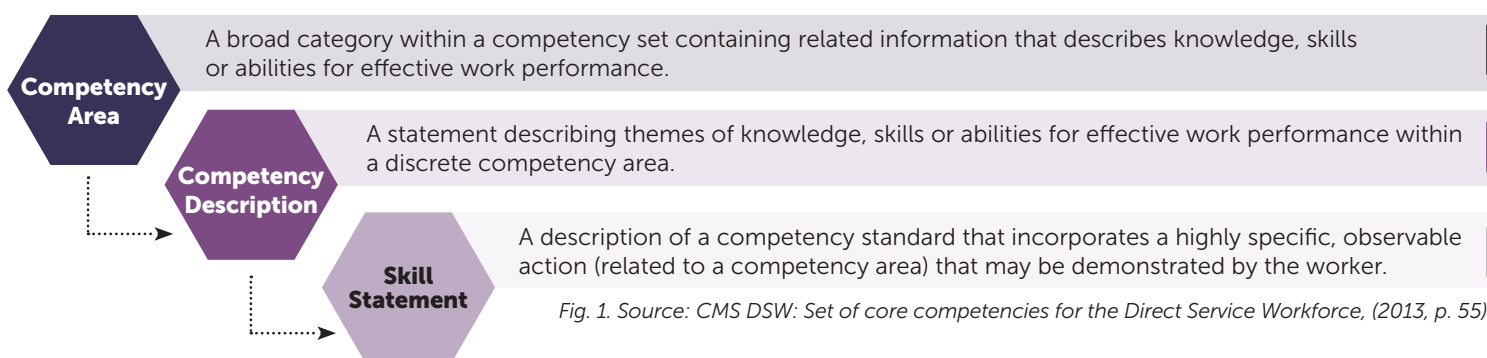
Executive Summary

With the increasing number of individuals with dementia, including Alzheimer's, it is crucial to improve education, training and organizational support for direct care workers (DCWs). A dementia-capable direct-care workforce will address the need for highly competent DCWs who can deliver quality and comprehensive person-centered care to people living with dementia.

This competency guide is designed in response to the pressing need to focus on workforce development for DCWs. While DCWs are often considered the "eyes" and "ears" of the long-term care system, they face multiple challenges in their workplace such as low wages, few benefits, heavy workloads and lack of professional respect. These factors impact staff retention, recruitment strategies and career-ladder development as well as the continuity of care for long-term care services recipients. Evidence shows that high-quality training and receptive organizational culture can improve both the quality of care for recipients and the job commitment and retention of DCWs.

This competency guide aims to help educators and employers of DCWs choose high-quality DCW education and identify strategies to improve work environment in ways that support both learning and quality of care.

In this guide, "competency" describes the ability of the individual to integrate multiple knowledge, skills, and attitudes into effective performance or demonstration. The Georgia Alzheimer's and Related Dementias Collaborative adopted the Centers for Medicare and Medicaid Services (CMS) framework to create this guide.



The first section contains a compendium of topics essential to person-centered care for every client but particularly for persons living with dementia. The second section contains information on active learning strategies and organizational support strategies that can be provided to DCWs to enhance the learning and care process.

To develop this guide, we have used peer-reviewed literature, other identified high-quality training materials, and state-based or international resources that were associated with successful strategies to improve competencies of the DCWs or care of persons living with dementia.





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Frequently Asked Questions

How was this guide created and for what purpose?

This guide was created by the Direct Care Worker (DCW) Competencies subcommittee of the Georgia Alzheimer's and Related Dementias (GARD) State Plan Collaborative Workforce Development work group. Its purpose is to develop a dementia-capable, culturally competent workforce and implementing a career and training model for Georgia's direct care workforce. It is created for employers to understand the needs of the competency areas that DCWs may have or areas in which they are unfamiliar or in which they want to gain more knowledge/skills. The purpose of the guide is to help employers and educators provide education for DCWs and identify strategies to improve the work environment in ways that support effective and meaningful learning, as well as providing quality of care and quality of life for individuals living with dementia.

What are the benefits of having a dementia-capable workforce?

The number of persons living with dementia is increasing, with an estimated 5.7 million Americans currently living with Alzheimer's, and many living with various symptoms and types of dementia not included in these numbers. Alzheimer's disease is now the sixth leading cause of death. One in three seniors dies with Alzheimer's or another dementia, and it kills more than breast cancer and prostate cancer combined (Alzheimer's Association, 2018). Having a workforce that is educated and prepared to deliver person-centered dementia care and support benefits the people living with dementia, family caregivers, direct care workers (DCWs), agencies employing caregivers, and the entire state aging network. A dementia-capable workforce will provide people living with dementia higher quality, person-centered dementia care that improves quality of care and quality of life. Family members can have time to engage in other activities, including the ability to work. DCWs have higher job satisfaction and lower stress with less career burnout. As a result, employing agencies benefit from decreased staff turnover, increased productivity of staff, improved communication with families, and increased marketability to a growing part of the health care sector.

Who is the intended user of this guide?

This guide is designed for the employers and educators of the DCWs.

Which types of settings can use this guide?

This guide can be used by all settings that employ DCWs, including home- and community-based services and long-term care settings such as personal care homes, assisted living communities, nursing homes, palliative care and hospice.

Why is this guide targeting direct care workers?

Direct Care Workers (DCWs) are the ones who work most closely with individuals living with dementia. DCWs are often considered the eyes and ears of the long-term care system and play a crucial role in the daily lives of those receiving care. However, DCWs face many challenges. When they do not have enough knowledge or skills, the care they provide to clients is negatively impacted. This guide identifies the types of knowledge and skills needed for providing ideal dementia care. Some DCWs find dementia care unusually demanding. Understanding and being able to identify competencies that need to be developed among DCWs is a critical first step. This guide will assist employers in identifying the critical education and training that are valuable in helping DCWs learn the skills and knowledge needed to create a dementia-capable workforce.

Why is competency-based education so important?

Competency describes the acquisition of the knowledge, skills, and abilities for effective performance. Providing care for people with dementia can be challenging for care partners because of the varied symptoms that can be present in people with changing cognitive abilities, including "behavioral expressions" that can be easily misunderstood. Unlike other illnesses, the unique characteristics of dementia, such as impaired communication, disorientation, confusion and behavioral changes require DCWs to possess certain levels of understanding and unique strategies for caregiving. It is harmful to people living with dementia when staff do not have adequate competency and education, and it is irresponsible to put DCWs into positions that they do not know how to handle. Therefore, an awareness and understanding of competency-based education helps educators and employers choose high-quality education for DCWs. This also helps to identify strategies to improve the work environment in ways that support meaningful learning, which will improve quality of care and well-being for the people with dementia and their care partners.

How does this guide help leaders and staff educators to support direct care workers and deliver high quality of care?

It is vital to understand the varied needs of your DCWs. The ability to identify and focus on the areas they are unfamiliar with will enable them to provide better care and improve outcomes for clients. While there are many educational resources available, it may be difficult for educators and employers to identify and select the high-quality, best resources from among all the different options. This guide will help employers purposefully choose the best educational resources for DCWs and identify strategies to improve work environments to ensure they will learn and enhance the skills needed to provide person-centered care and support. This guide contains a compendium of topics essential to person-centered care and information on active learning strategies, as well as organizational support strategies that can be provided to DCWs to enhance the learning and care process. Also contained in this guide is a reference to resources that trainers and educators can refer to when identifying and assembling the training needed for their specific DCWs.

Does this guide provide access to training directly?

The guide does not provide access to training directly. However, it encourages employers to support and provide active learning among DCWs and be better able to choose, develop, and implement the best person-centered dementia care education. It provides information regarding priority topics for the trainings, key training elements for DCWs, and appropriate tools and resources for choosing or developing appropriate training materials along with strategies for implementation.



How to use this guide

This guide is designed for the employers and educators of direct care workers (DCWs). It is important to understand the needs of the competency areas that your DCWs may have, or areas with which they are unfamiliar.

Check the skill statements in each competency areas to understand the expected skill development of DCWs upon completion of training sessions.

Review active learning strategies that are mentioned in this guide to enhance the learning capabilities of your DCWs. For additional information, you can access a list of national and state resources along with resources for education and training by visiting the following website: aging.ga.gov/dementia-resources.

Introduction

As the number of individuals with dementia is increasing, we are in even greater need of a competent direct care workforce that can deliver quality and comprehensive person-centered care to all people they serve, but this approach is specifically important for people living with dementia. In a recent review of the literature, Gilster, Boltz, and Dalessandro (2018) outline the major evidence-based practice recommendations to improve the quality of the dementia care workforce. These recommendations include:

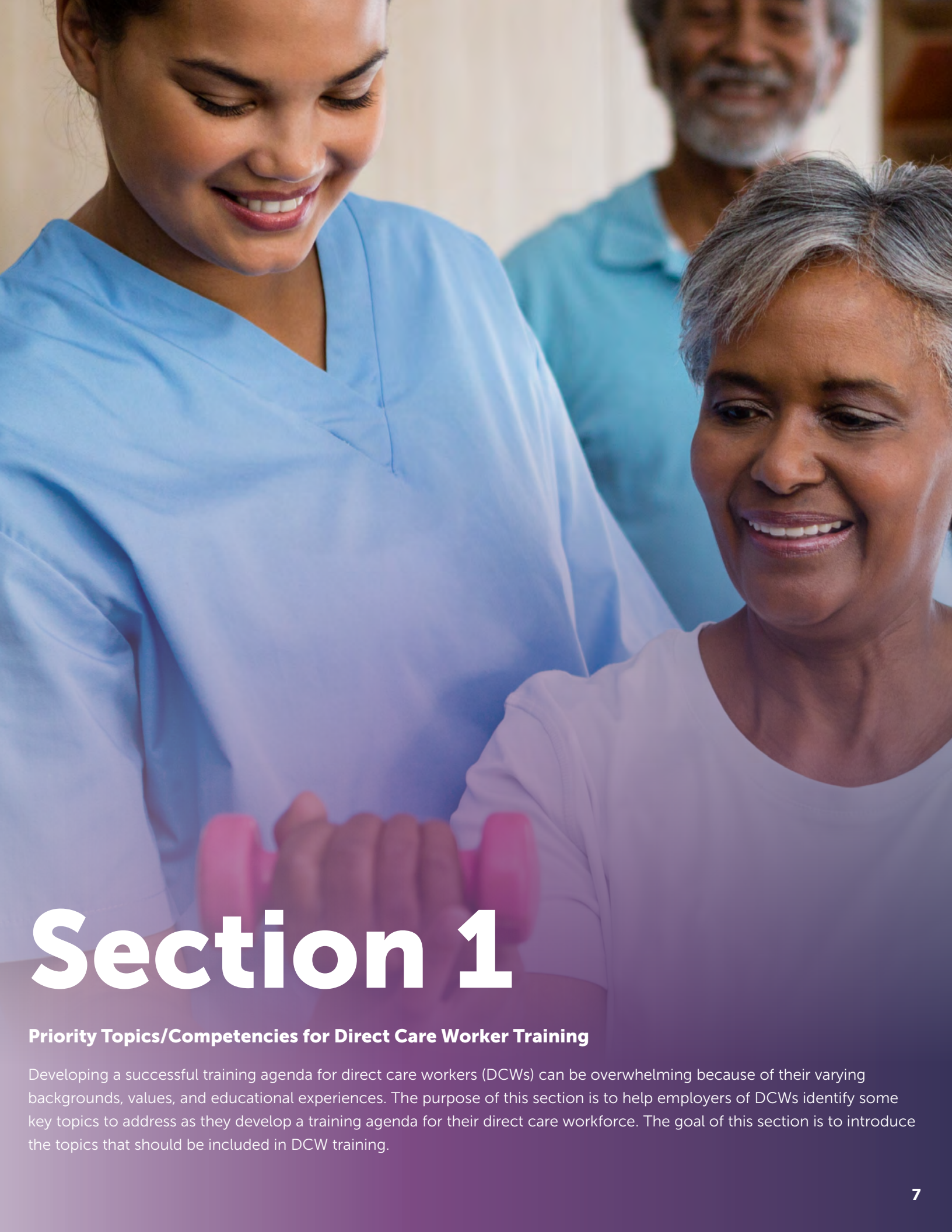
- a) orienting and training new staff and providing continuing education to incumbent staff;
- b) developing systems for collecting and disseminating person-centered information;
- c) encouraging communication, teamwork, and interdependence/interdisciplinary collaboration;
- d) establishing an involved caring and supportive leadership team;
- e) promoting and encouraging resident, staff and family relationships; and
- f) evaluating systems and progress routinely for continuous improvement.

This guide addresses the first recommendation of establishing orientation and training systems for initial and ongoing education which provides the important groundwork for the preparation of a dementia-capable workforce.

While there are high-quality educational resources available, it may be difficult for administrators, nurse educators, and employers to identify and select them among all the different options. The two sections of this implementation guide are designed to help employers of direct care workers: a) choose high-quality education (i.e., topics and content); and b) reinforce learning in ways that support improved practice to ensure that direct care workers learn and enhance the skills needed to provide person-centered care and support to all individuals in their care, but particularly for those living with dementia, including Alzheimer's disease.

To help those choosing educational resources for DCWs, this implementation guide includes:

- Topics that should be included in DCW training
- Elements to review in order to identify the best resources for training
- Strategies to support the accrual and application of skills to practice from the peer-reviewed literature
- References



Section 1

Priority Topics/Competencies for Direct Care Worker Training

Developing a successful training agenda for direct care workers (DCWs) can be overwhelming because of their varying backgrounds, values, and educational experiences. The purpose of this section is to help employers of DCWs identify some key topics to address as they develop a training agenda for their direct care workforce. The goal of this section is to introduce the topics that should be included in DCW training.

Understanding Dementia

Destigmatizing dementia and helping DCWs understand the concerns of people living with Alzheimer's and dementia is essential for DCWs to become successful care partners. Understanding dementia is crucial to reduce the stigma attached to the individuals living with dementia. DCWs must know that dementia is not a specific disease but is a syndrome or impairment, and there is a possibility that the brain is still capable of learning and growing to adapt to the shift in perception.

What is dementia?

"Dementia is not a disease but is a term describing a group of symptoms affecting memory and at least one other thinking skill such as concentration, language, judgement, sequencing, visuospatial skills, and orientation which interfere with daily functioning" (Hand-In-Hand: A Training Series for Nursing Homes, n.d., p. 6).

"Dementia is the loss of cognitive functioning- thinking, remembering, and reasoning- and behavioral abilities to such an extent that it interferes with a person's daily life and activities." (National Institute on Aging, 2017).

"Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities." (Alzheimer's Association, n.d.)

Causes of dementia

According to National Institute on Aging (2017), the causes of dementia depend on the types of brain changes that may be taking place in the human body. There are various disorders and factors that can contribute to developing symptoms of dementia.

1. **Neurodegenerative disorders:** These are progressive and result in irreversible loss of neurons and brain functions. Some of the neurodegenerative disorders that cause dementia are as follows:
 - **Alzheimer's disease (AD):** It is the most common type of dementia in people over the age of 65. AD is a slow progressive brain disorder that gradually impairs cognitive skills such as memory and thinking skills and, eventually, the ability to perform simple tasks of daily life.
 - **Vascular dementia:** It is caused by the injuries to the vessels that supply blood to the brain.
 - **Frontotemporal disorders (FTD):** This type of dementia is caused by brain diseases that affect the frontal and temporal lobes of the brain. In some cases, FTD is also related to progressive neuromuscular weakness. Symptoms can vary greatly among individuals because different parts of brain are affected.
 - **Lewy body dementia (LBD):** It affects many parts of the brain and is most common type of dementia after Alzheimer's and vascular dementia.
2. **Other factors:** Some of the factors that are responsible for dementia or dementia-like symptoms include side effects of medicines, chronic alcoholism, infections or tumors in the brain, vitamin B12 deficiency, depression, thyroid or endocrine problems, electrolyte problems, dehydration, normal pressure hydrocephalus, head injury and human immunodeficiency virus (HIV).
3. **Risk factors of dementia:** Age, alcohol use, atherosclerosis, diabetes, Down syndrome, genetics, hypertension, mental illness, and smoking.
4. **Symptoms of dementia:** Challenges with memory, concentration, orientation, language, judgment, visuospatial skills, and sequencing. Physical discomfort such as constipation, acute or chronic pain, and lack of sleep can make the symptoms of dementia even worse.

Alzheimer's vs. Dementia

Alzheimer's and Dementia are often used interchangeably by many people because they believe that it gives similar meaning, so it is important to have a clear idea of what both terms mean. According to the Alzheimer's Association, "Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Whereas, dementia is the umbrella term for a wide range of symptoms associated with a decline in memory or other thinking skills."

Skill statement

The direct care worker:

- Understands different types of dementia and knows the difference between irreversible and reversible dementia
- Understands the difference between Alzheimer's disease and dementia
- Knows the causes and symptoms of dementia
- Understands the risk factors of dementia
- Promotes early diagnosis by increasing awareness about dementia, reducing conflicting messages, and decreasing stigma



Person-Centered Care

The American Geriatric Society expert panel on person-centered care (2016, p.16) states “person-centered care means that individuals’ values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers.”

Person-centered care can help DCWs see individuals living with dementia beyond their diagnosis. It honors and respects an individual’s choices and their unique needs while caring for them so that they can be empowered to live meaningfully. Important here are guidelines for using appropriate language that is not demeaning and does not cause stigma, looking at the individuals with dementia as whole people who need to be fully engaged, and examining the ways to provide care and support while always keeping person-centered thinking in mind and putting the person before the task.

Using an intersectional approach to person-centered care is necessary for DCWs to fully understand the unique health and social care needs of the individual. Person-centered dementia care that is intersectional avoids commonly made assumptions that persons living with dementia are homogeneous (Hulko, 2016). Instead, this approach focuses on various socio-cultural factors (such as age, class, disability, ethnicity, gender identity, immigration status, marital status, national origin, race, religion, sexual orientation, etc.) that influence an individual’s journey with dementia.

Understanding behavioral expressions of individuals living with dementia is crucial in providing person-centered care. The behavioral expressions in individuals with dementia are a major form of communication, expressions of unmet needs, and can often be a response to a care partner’s behaviors. Some of the reasons behind behavioral expressions include health conditions, medications, environment, communication, the task, unmet needs, personality or life story, and YOU (Hand in Hand with Person-Centered Dementia Care, 2013).

Approaches to respond to behavioral expressions:

- Learn to prepare yourself or others to respond.
- Understand that the behavioral expressions can usually be prevented.

- Learn to respond to the behavioral expressions “in the present.” Be with the person.

“To Dos” for responding to behavioral expressions:

- Dig deeper and understand why the individual is showing these behavioral expressions. Behavioral expressions may be the result of a lack of meaningful activities, changes in routines such as change of roommate, unfamiliar caregiver or loud noises. Side effects of medications can also cause behavioral expression in an individual, as could underlying physical illness, such as an undiagnosed urinary tract infection.
- Understand the life story of the person. Understand that each person with dementia is a unique individual. See things from their perspective and respond to it in a personalized approach.
- Reassure and let them know that you are there for them.
- Take time to understand and respond to the behavioral expressions of individuals with dementia. This can help reduce stress.

“Don’ts” for responding to behavioral expressions:

- Confront
- Argue
- Criticize
- Raise your voice
- Ignore, shame or ridicule

Some conditions that can cause symptoms similar to dementia and result in behavioral expressions include:

- Alcoholism
- Hypoglycemia
- Systemic Lupus Erythematosus
- Asthma
- Cirrhosis
- Hypertension
- Hyperthyroidism
- Hypothermia
- Hypothyroidism
- Meningitis
- Seizure disorder
- Shock
- Syncope
- Transient Ischemic Attacks
- Brain cancer

Skill statement

The direct care worker:

- Values choice and dignity of the individual living with dementia, always asks them what they prefer, offers choices, and strives to do things “with” the person and not “to” them.
- Motivates and empowers a person by honoring the individual’s goals and preferences.
- Understands and assesses the needs of the person with dementia by getting in their shoes. Recognizes that person-centered care is not about more things to do but how we do things. Soon it becomes what we do every day. (Hand in Hand: A Training Series for Nursing Homes)
- Utilizes the strengths of the person and helps in enhancing the abilities of a person with dementia by providing the right amount of support and opportunities. (Dementia Action Alliance, Person-Centered Dementia Values and Principles)
- Supports and understands that the holistic dimensions such as emotional, social, physical, sexual and spiritual needs are important to the individuals living with dementia. (DAA).
- Understands that the care partners need to work together with the individuals living with dementia at their pace by placing the person’s needs before tasks. (DAA)
- Recognizes how knowing the individual’s socio-cultural background and life experiences (e.g., age, class, disability, ethnicity, gender identity, immigration status, marital status, national origin, race, religion, sexual orientation, etc.) can help in providing them quality care and quality of life.
- Understands that the differences in backgrounds between DCW and the individual living with dementia, families, and other staff can cause tensions. DCW should be willing to work according to the preferences of individuals with dementia and their families. This includes recognizing the value of and empowering families of choice as care partners.
- Understands the causes of behavioral expressions in individuals with dementia and appropriate ways to respond to them.
- Recognizes conditions that may cause behavioral expressions other than dementia.
- Understands the importance of managing the environment where the individual sleeps, eats and performs activities.
- Understands that knowing an individual and their preferences is important to maintaining the appropriate environment such as level of light, sound, temperature, etc.



Communication

Communication is vital while building relationships with individuals living with dementia and their family members. Positive and meaningful relationships can be established by using respectful verbal, nonverbal and written communication that is easy to understand by the individuals with dementia.

Skill statement

The direct care worker:

- Understands that brain changes in people with dementia make a difference in the way they function and behave. People living with dementia experience the world differently, so DCWs try to understand their experience by being with them in their world.
- Personalizes the care provided. It helps when DCWs understand the feelings and emotions of the person living with dementia so that the care can be tailored according to their individual preferences and to their current strengths.
- Recognizes that adjustment in the ways of acting and interacting with people living with dementia is needed while meeting their needs.
- Understands that words matter and uses words that are empowering and enriching. Avoids using words such as “patient,” “victim,” or “sufferer” or labeling an individual with the disease as “demented.” (Dementia Action Alliance, 2017)
- Uses culturally appropriate ways to communicate with the person living with dementia and their families. (CMS DSW- Set of core competencies for the Direct Service Workforce, 2013)
- Uses positive and respectful verbal, nonverbal and written communication that can be understood by the individual, and actively listens and responds in a respectful and caring manner. (CMS DSW- Set of core competencies for the Direct Service Workforce, 2013)
- Uses simple and clear terms that individuals being supported and their families can understand. For instance, simplifying acronyms such as ADLs (activities of daily living), and IADLs (instrumental activities of daily living). (CMS DSW- Set of core competencies for the Direct Service Workforce, 2013)



Reduction of Preventable Hospitalization

Hospitalizations can be reduced by avoiding or treating health problems in outpatient settings with adequate primary care or disease management. Hospitalization of the individual with dementia can cause unintended and adverse health consequences such as delirium, falls and complications related to medical procedures that may lead to higher levels of care (Alzheimer's Association, 2017). Thus, avoiding preventable hospitalizations in individuals with dementia is one of the primary quality-of-care goals.

Often, the unnecessary use of psychotropic drugs actually begins when people living with dementia are hospitalized. In addition, psychotropic drugs can result in preventable hospitalization due to medication side effects, which can deteriorate medical and cognitive status. Psychotropic drugs are divided into three categories: Antidepressant drugs, Anxiolytic and Sedative-Hypnotic drugs, and Antipsychotic drugs. Some of the adverse effects of misuse of psychotropic drugs include excessive sedation, dry mouth, constipation, urinary retention, blurred vision, confusion, increased heart rate, cognitive impairment and falls, forgetfulness, psychomotor slowing, morning hangover effect, irritability and agitation, orthostatic hypotension, pseudo-parkinsonism, and other adverse effects. The side effects of psychotropic drugs are more prominent in older adults, therefore understanding the causes of behavioral problems and using non-pharmacological management before psychotropic medications is recommended by Omnibus Budget Reconciliation Act (OBRA) of 1987 (Alzheimer's Association, 2017).

Skill statement

The direct care worker:

- Understands that the individual with dementia can have comorbid conditions and is attentive to abnormal signs and symptoms
- Understands the value of documenting the comorbidities in medical records of individuals with dementia
- Assists family and individuals with dementia in medication management
- Ensures the safety of individuals with dementia to prevent injury related to falling
- Understands the appropriate use and misuse of psychotropic medications



Dining and Nutrition

Nutrition management is essential to maintain the health and well-being of every person. Ensuring adequate and appropriate food and fluid intake is especially important for those living with dementia. People living with dementia may often forget to eat or drink without reminders, and sensory changes may affect their ability to see, taste, smell, and enjoy food, resulting in dehydration and exacerbation of health issues.

Culture change shifts the focus of dining and nutrition from the task of “feeding” residents to being a major enjoyable focal point of the day. Residents are encouraged to actively participate in the entire experience from helping set an attractive table, helping prepare food, sharing recipes, enjoying enticing aromas, choosing what to eat and drink, and cleaning up after the meal.

Skill statement

The direct care worker:

- Understands meal planning must be done according to the food preferences of the individual.
- Allows individuals to choose their meal time.
- Encourages each individual to participate as much as they can and want to in the meal preparation.
- Pays close attention to the presentation and plating of food to increase its attraction.
- Creates a pleasant and calm environment during meals by guiding discussions and eating with residents, if appropriate.
- Recognizes nutritional issues and pays close attention to issues that affect it such as poor dental health or difficulty swallowing. Reports any finding to the qualified professionals.

Pain Management

Pain is often unrecognized and untreated among individuals living with dementia. Pain is a very individual experience, making its recognition even more complicated for those with dementia since they are often unable to report it, describe it, or even recognize it. Yet, they are at high risk for experiencing pain due to a medical condition, a fall, or other injury.

Skill statement

The direct care worker:

- Tries to learn from family members about the person’s past experience of pain and how they acted or expressed pain
- Is aware of the nonverbal signs of pain and that behavioral changes may be a symptom of pain
- Observes and listens carefully to the individual if they try to communicate any difficulty or distress
- Understands that failure to manage pain can result in behavioral symptoms leading to unnecessary use of psychotropic medications
- Routinely monitors the pain and recognizes it as a “fifth vital sign”
- Records and reports observations and signs of pain to the nursing staff

Prevention and Reporting of Abuse

CMS defines abuse as “willful infliction of injury, unreasonable confinement, intimidation, punishment and deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.” Abuse can be verbal, mental, physical or sexual, and includes neglect, involuntary seclusion and misappropriation of the individual’s property. (Hand in Hand: A Training Series for Nursing Homes)

For more information about the types and warning signs of abuse, and a list of mandated reporters in Georgia, please visit aging.ga.gov/abuse-neglect-and-exploitation-risk-adults-georgia.

DCWs are considered the front-line defense against elder abuse. As such, DCWs need to understand their role as mandated reporters of abuse and how to properly alert the appropriate authorities when abuse is suspected.* According to Georgia Division of Aging Services’ Adult Protective Services (aging.ga.gov/abuse-neglect-and-exploitation-risk-adults-georgia), there are three main ways to report suspected abuse, neglect or exploitation:

- In any setting: Call “911” or local law enforcement.
- In a person’s home or other community setting: Contact the Georgia Division of Aging Services’ Adult Protective Services at: aging.ga.gov/adult-protective-services-aps or 1-866-552-4464 (Press “3”)
- In long-term care facility or residence: Contact the Georgia Department of Community Health, Healthcare Facility Regulation (HFR) at: 1-800-878-6442

In Georgia, mandated reporters of abuse are required by law (O.C.G.A. § 30-5-4) to report suspected abuse to local law enforcement AND to the appropriate state agency regardless of the setting (aging.ga.gov/forensic-special-initiatives-unit-fsiu).

When abuse, neglect or exploitation is suspected involving a person with dementia, it is important to speak with the individual in private and separated from any potential perpetrators. The conversation should be held in a quiet setting with minimal distractions.

Skill statement

The direct care worker:

- Understands their role as a mandated reporter of elder abuse and the statutes around immunity from any civil or criminal liability when reporting abuse.*
- Is knowledgeable of and capable of identifying the signs of abuse, neglect or exploitation of all types.
- Facilitates the immediate safety of an individual when abuse has occurred. (CMS Set of Core competencies for the Direct Service Workforce)
- Understands that abuse can be prevented by understanding and knowing the individual, putting themselves in the shoes of people living with dementia and stepping into their world.
- Knows the person well enough to recognize subtle changes indicating something is wrong. It can help DCWs to recognize other signs of abuse such as fear, hesitation to talk, loss of eye contact, changes in mood and behaviors, depression, crying, being suspicious of others, aggressiveness, withdrawing and isolating, changes in attitude toward care partner, and nervousness.
- Can use the SAFE acronym when any abuse is happening. Tries to safely STOP the abuse, stays ALERT and alerts others, becomes a FRIEND to anyone involved in the situation by remaining calm and assuring, and calls 911 if there is an EMERGENCY.
- Follows the proper procedures of reporting suspected or witnessed abuse to local law enforcement AND the proper state agency, in addition to reporting it to the nursing staff or supervisor.

*NOTE: Each state has different reporting requirements, methods for reporting, and immunity from civil or criminal liability when reporting. Please contact your local state agencies for more information at ncea.acl.gov/resources/state.html.

Empowering the Person and Enriching Their Life

Empowering individuals is one of the most important elements of good care for people living with dementia. This helps to maintain and promote the best quality life for the individual. Some of the person-centered strategies that can be helpful in achieving activities of daily living, and keeping them engaged and active, include:

- **Creating a safe environment:** Environmental management and safety should be the priority while caring for individuals with dementia. This includes avoiding slippery floors, keeping sharp objects away, appropriate lighting, comfortable clothing, etc.
- **Maintaining a routine:** Understanding and maintaining a routine of activities the individual likes can be helpful and encouraging. The routine becomes manageable if the individual is offered the opportunity to do basic activities of daily living at the same time and in the same order each day.
- **Providing physical and mental exercise:** Choosing the activity according to the interests and current ability of the individual can be helpful in keeping them active. Examples: games, puzzles, stretching, dancing, etc. (Always focusing on what is most meaningful and purposeful to them.)
- **Using assistive devices:** Specially designed forks and spoons make it easier for individuals to feed themselves. Similarly, something as simple as a cane can help with mobility. Other assistive devices could be grab bars, raised toilet seats, picture phones, etc., which can be helpful to maintain or prolong the independence of individuals living with dementia.

Skill statement

The direct care worker:

- Supports and encourages the individual to engage in meaningful activities. The activities can help in maintaining functional abilities, promoting quality of life and well-being.
- Understands the person-centered approaches and strategies to use to successfully accomplish the activities of daily living and instrumental activities of daily living in partnership with the person with dementia.
- Always respects the individual's preferences while helping them engage in activities. For example, understanding and respecting a desire for dignity and privacy for certain activities, such as bathing and using the bathroom, especially in new situations with new caregivers.
- Becomes an advocate and helps individuals to advocate for what they need or want
- Supports the individual in getting needed services, supports, and resources
- Understands and recognizes that it is important for the individual to do things that give them meaning and purpose and a reason to engage with others
- Recognizes the importance of sleep and rest for individuals with dementia and maintains an appropriate environment for them (including paying attention to noise)
- Is aware that sleep habits (time, temperature of room, lightening, etc.) may vary from individual to individual. Understands knowing the person and their life-story is important to provide the appropriate environment.
- Recognizes and honors the importance of pleasurable activities in a person's life including sexual activity, the need for intimacy, and feeling close to others

Palliative and End-of-Life Care

"Palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The purpose of palliative care is to address distressing symptoms such as pain, breathing difficulties or nausea, among others" (National Institute of Nursing Research, 2011, p.1). Although a terminal diagnosis is not necessary to receive palliative care, it is important to communicate and plan end-of-life (EOL) care in advance to achieve a comfortable and dignified death.

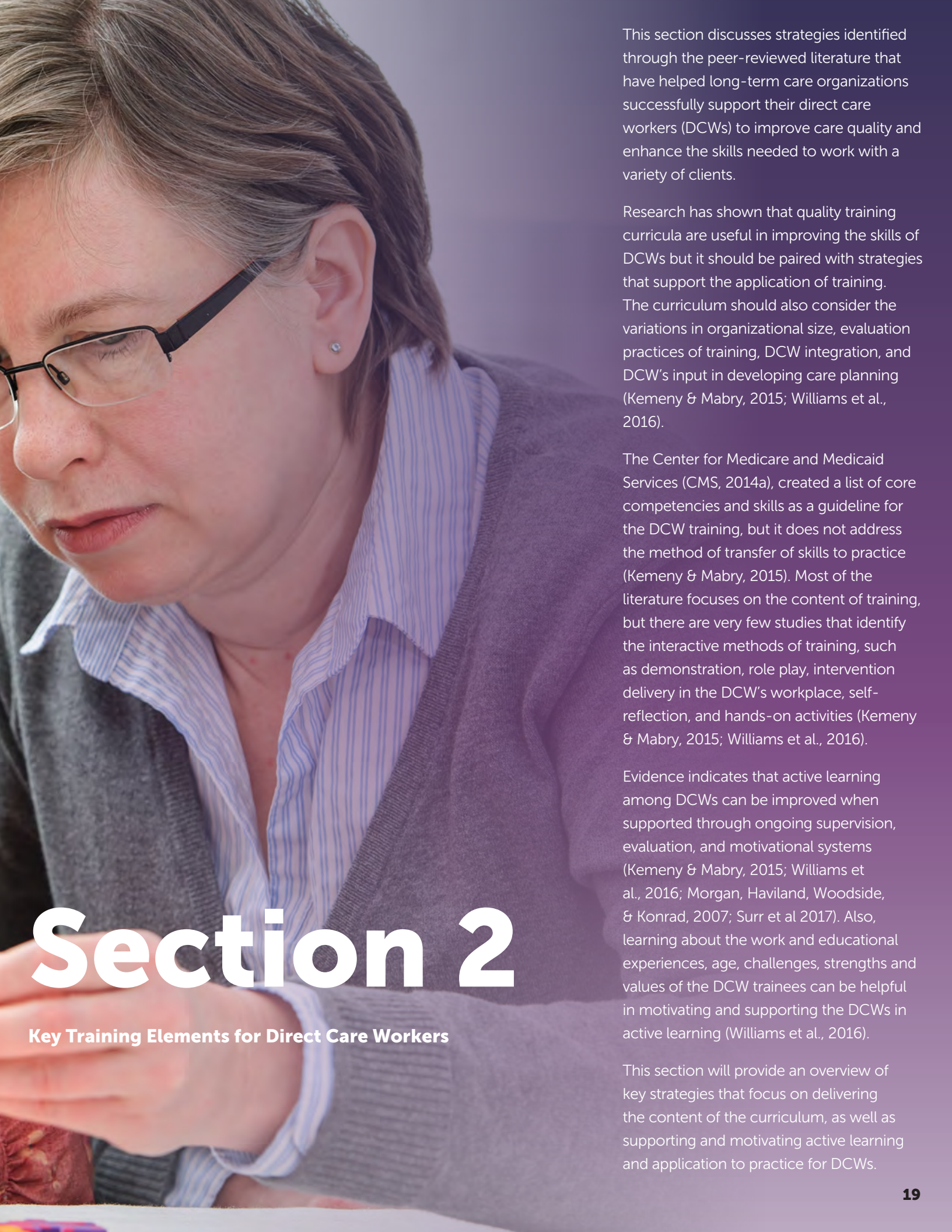
Competency in this area could include helping family care partners understand palliative and hospice care and dispelling existing myths. Nurses and CNAs in senior living communities may not necessarily understand hospice. Families need accurate information from educated, trustworthy professionals across the continuum of care. To ensure care at end of life is person-directed; the individual's goals of care must be properly documented in advance directives and properly communicated. DCWs may also utilize social workers or other professionals to help advocate for people across care settings for palliative care and at the end of life.

Skill statement

The direct care worker:

- Understands the meaning of palliative care and helps in alleviating symptoms
- Starts communication about the individual's care goals as early as possible because individuals living with dementia lose their ability to communicate their decisions about their care
- Understands the individual's code status, the chains of communication within the organization, and where they can go to get additional help in advocating for the person
- Provides psycho-social and spiritual support. Often, individuals with dementia derive a sense of comfort and familiarity from music and religious rituals which they enjoyed in the past.
- Understands the cultural and traditional preferences of the individuals
- Supports the family care partners during the grieving process





Section 2

Key Training Elements for Direct Care Workers

This section discusses strategies identified through the peer-reviewed literature that have helped long-term care organizations successfully support their direct care workers (DCWs) to improve care quality and enhance the skills needed to work with a variety of clients.

Research has shown that quality training curricula are useful in improving the skills of DCWs but it should be paired with strategies that support the application of training. The curriculum should also consider the variations in organizational size, evaluation practices of training, DCW integration, and DCW's input in developing care planning (Kemeny & Mabry, 2015; Williams et al., 2016).

The Center for Medicare and Medicaid Services (CMS, 2014a), created a list of core competencies and skills as a guideline for the DCW training, but it does not address the method of transfer of skills to practice (Kemeny & Mabry, 2015). Most of the literature focuses on the content of training, but there are very few studies that identify the interactive methods of training, such as demonstration, role play, intervention delivery in the DCW's workplace, self-reflection, and hands-on activities (Kemeny & Mabry, 2015; Williams et al., 2016).

Evidence indicates that active learning among DCWs can be improved when supported through ongoing supervision, evaluation, and motivational systems (Kemeny & Mabry, 2015; Williams et al., 2016; Morgan, Haviland, Woodside, & Konrad, 2007; Surr et al 2017). Also, learning about the work and educational experiences, age, challenges, strengths and values of the DCW trainees can be helpful in motivating and supporting the DCWs in active learning (Williams et al., 2016).

This section will provide an overview of key strategies that focus on delivering the content of the curriculum, as well as supporting and motivating active learning and application to practice for DCWs.

Active Learning Strategies

Does the training selected employ active learning strategies?

Active Learning Strategies: Learning that is long-lasting for trainees takes place when the learners are involved in a meaningful learning experience. It is essential to consider basic questions:

- Where does learning take place?
- What are the learners doing when learning?
- How are learners going to receive the experience?
- What do learners need to know?
- How can learners be encouraged to change behaviors?

How to achieve active learning: Identifying strategies for supporting active learning and application to practice

1. Create an inclusive and safe learning environment by developing a learning culture in the organization and redesigning spaces that best suit different aspects of a learning experience.
2. Make the context real to the work of the DCWs by designing the interventions that are focused on the actual role and work of the DCWs. For example: Create brief videos of DCW/resident caregiving interactions that can be a useful tool in promoting the self-awareness of the person-centeredness of their caregiving.
3. Train DCWs in their workplace to link theory and practice with the daily routine of the organization.
4. Use a variety of methods and a change of environment can also be helpful in stimulating the learning process of DCWs who will have diverse learning styles.
5. Use role play, scenarios, discussion, and peer learning strategies to get content across that can help them to figure out their own answers through practicing behaviors.
6. Encourage DCWs to use sensory skills such as active listening, observing, self-awareness, and self-management. Sensory intelligence is very important in the active learning process.
7. Help DCWs practice and extend their emotional intelligence through self-management strategies. Emotions often can act as the gatekeeper in any learning experience.

8. Use minimal lecture-only or reading-only strategies for content delivery.
9. Understand the DCW's personal starting points such as background, experiences, challenges, strength, values, personal feelings, etc. to increase the level of engagement in their learning process.
10. Help DCWs understand their own learning styles and promote engaged learning.
11. Administer the training content in a cohort approach, which can help DCWs learn together and help each other, facilitating a team approach.
12. Provide multiple "booster sessions" to help DCWs review scenarios and solve any existing problems.
13. Create tools and curriculum that are written at the appropriate reading level.
14. Deliver shorter (90 minutes is recommended) and more frequent sessions. A combined total of eight hours of training on a specific dimension appears to be most effective.

Does the training selected motivate DCWs to achieve and practice active learning?

1. Does the selected training provide opportunities to use new skills?
2. Do instructors provide real-time feedback upon implementation of new skills?
3. Are there strategies for rewarding/incentivizing DCWs upon successful implementation of the skills?
 - Incentives can help to ensure attendance and completion of the training, and effective use of the skills learned into practice. It can also help DCWs feel valued and promote better engagement in the learning process.
4. Is learning scheduled so it is convenient to workers and does not make them rush their regular work?
 - Teaching modules before, after or between the DCW's shifts (or times when care is lighter) is often a useful strategy. Provide adequate "backfill" so workers can truly be off regular duties while learning.
5. Are employers encouraged to pay their hourly rate during the training and provide stipends if possible?

Does your long-term care organization provide support to DCWs in active learning?

To encourage the DCWs to get involved in the learning process, the organization needs to build a support system for them. The training and role of supervisors are valuable in helping the DCWs to learn the skills. However, leadership and management support is the most important factor affecting the transfer of learning into practice. The employers can support DCWs by creating time and space for learning at work and by identifying and developing the appropriate curriculum or course according to the needs of the DCWs.

1. Providing flexible work schedules for helping DCWs to attend training
2. Encouraging and celebrating the successes of DCWs
3. Supporting DCWs through management buy-in is crucial in accessing effective training
4. Involving DCWs in developing the training program of other interdisciplinary teams such as physicians, nurse practitioners, palliative care staffs, social workers, etc.
 - The contribution of DCWs enhances the training program by making it more relevant to practice, and honoring their important roles in the organization.

The implementation of educational programs among DCWs can be challenging because of socioeconomic conditions and low job quality. Often it is organizational culture, lack of buy-in from the management, and inaccessibility of resources to DCWs that can be barriers to learning, causing low-quality care to the residents. However, overcoming these barriers can have a large impact on learning and motivation of the DCWs, which can result in improved care and increased quality of life. When the leadership and management have gone through the same educational experiences, when they “walk the talk” and model what has been taught, and recognize and celebrate person-centered dementia care in action, an organizational learning culture comes to life that can truly benefit everyone in the organization and increase well-being for all.

Conclusion

The Georgia Alzheimer’s and Related Dementias Collaborative, specifically the Direct Care Worker Competencies subcommittee of the Workforce Development work group, compiled this guide to provide information and support to help employers of direct care workers choose dementia care training that is high-quality, infused with active learning, competency-based and person-centered. This guide also emphasizes that training without support from leadership and the workplace is largely unsuccessful in improving application of knowledge to practice. We are asking employers who use this guide to begin to think about the wraparound supports that workers and organizations need to successfully apply their learning to practice and sustain strategies to empower people in their care to live more fully. At the heart of workforce development and person-centered care are the meaningful relationships among care partners needed for successful communication, collaboration, care and support. Sustaining these relationships is vital to developing a dementia-capable workforce in Georgia and beyond.

GARD Ongoing Resources & Activities

As a collaborative, we continue to collect resources and promote activities to support a dementia-capable workforce. Please see the website below for additional information and resources to support your efforts toward improving the lives of those living with dementia and those who care for them: aging.ga.gov/dementia-resources

References

- Alzheimer's Association Campaign for Quality Residential Care (2009), Retrieved from https://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf
- Alzheimer's Association (2018). Facts and Figures, Retrieved from https://www.alz.org/documents_custom/2018-facts-and-figures.pdf
- Alzheimer's Association. (2017). Reducing potentially preventable hospitalizations for people living with Alzheimer's and other dementias. Retrieved from <http://www.alz.org/publichealth/downloads/policy-brief-preventable.pdf>
- Alzheimer's Association. (n.d.). What is dementia? Retrieved from <https://www.alz.org/what-is-dementia.asp>
- Brummel-Smith, K., Butler, D., Frieder, M., Gibbs, N., Henry, M., Koons, E., ... & Scanlon, W. J. (2016). Person-centered care: a definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15-18.
- CMS DSW- Set of core competencies for the Direct Service Workforce. (2013). Retrieved from <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competency.pdf>
- CMS Hand in Hand with person-centered dementia care. (2013). Retrieved from <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/NPC-Dementia-11-25-13-Transcript.pdf>
- CMS Hand in Hand: A Training Series for Nursing Homes. (n.d.). Retrieved from http://www.fdhc.state.fl.us/MCHQ/Field_Ops/Training/Other_Training/CMS_Hand_in_Hand_Toolkit.pdf
- Dementia Action Alliance. (2017). Embracing person-centered dementia values: The dementia action alliance. Retrieved from <http://daanow.org/embracing-person-centered-dementia-values-the-dementia-action-alliance/>
- Embracing Person-Centered Dementia Values: The Dementia Action Alliance (2017). Retrieved from <http://daanow.org/embracing-person-centered-dementia-values-the-dementia-action-alliance/>
- Gilster, S. D., Boltz, M., & Dalessandro, J. L. (2018). Long-Term Care Workforce Issues: Practice Principles for Quality Dementia Care. *The Gerontologist*, 58(suppl_1), S103-S113.
- Hulko, W. (2016) LGBT* individuals and dementia: An intersectional approach. In E. Price & S. Westwood (Eds.) *Lesbian, gay, bisexual and trans* individuals living with dementia*. London: Routledge, Taylor & Francis Group
- Kemeny, M. E., & Mabry, J. B. (2016). Making meaningful improvements to direct care worker training through informed policy: Understanding how care setting structure and culture matter. *Gerontology & geriatrics education*, 1-22.
- Michigan Dementia Coalition: Dementia Competencies Workgroup, Knowledge and Skills Needed for Dementia Care: A Guide for Direct Care Workers in Everyday Language (2008). Retrieved from <https://phinational.org/sites/phinational.org/files/clearinghouse/DemCompGuide-EverydayLang.pdf>
- Morgan, J. C., Haviland, S. B., Woodside, M. A., & Konrad, T. R. (2007). Fostering supportive learning environments in long-term care: The case of WIN A STEP UP. *Gerontology & Geriatrics Education*, 28(2), 55-75.



References

National Direct Service Workforce Resource Center. (2014). Retrieved from <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-core-competencies-final-set-2014.pdf>

National Institute of Nursing Research, Palliative care: the relief you need when you're experiencing the symptoms of serious illness. (2011). Retrieved from <https://www.ninr.nih.gov/sites/www.ninr.nih.gov/files/palliative-care-brochure.pdf>

National Institute on Aging. (2017). Basics of Alzheimer's disease and dementia. Retrieved from <https://www.nia.nih.gov/health/what-dementia>

Stone, R., & Harahan, M. F. (2010). Improving the long-term care workforce serving older adults. *Health Affairs*, 29(1), 109-115.

Surr, C. A., Gates, C., Irving, D., Oyebode, J., Smith, S. J., Parveen, S., & Dennison, A. (2017). Effective dementia education and training for the health and social care workforce: a systematic review of the literature. *Review of educational research*, 87(5), 966-1002.

Tilly, J., & Fok, A. (2006). Quality end of life care for individuals with dementia in assisted living and nursing homes and public policy barriers to delivering this care. Chicago, IL: US Alzheimer's Association.

Tyler, D. A., Lepore, M., Shield, R. R., Looze, J., & Miller, S. C. (2014). Overcoming resistance to culture change: Nursing home administrators' use of education, training, and communication. *Gerontology & geriatrics education*, 35(4), 321-336.

Williams, L., Rycroft-Malone, J., Burton, C. R., Edwards, S., Fisher, D., Hall, B., ... & Williams, R. (2016). Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions. *BMJ open*, 6(8), e011964.



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Georgia Alzheimer's and Related Dementias
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Videos Featuring Dementia and Person-Centered Dementia Care



1/ [Dementia, It's Not Just Alzheimer's](#)



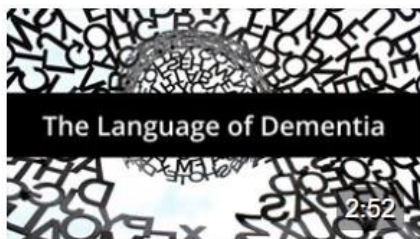
5/ [Person-Centered Dementia Care](#)



2/ [Dementia: Understand the Facts](#)



6/ [Words Matter: Dementia](#)



3/ [The Language of Dementia](#)



7/ [Changing the Conversation About Dementia with a panel including two people living with Frontotemporal Dementia \(FTD\) and their spouses](#)



4/ [The Stigma of Dementia](#)



8/ [Changing OUR Thinking About "Behaviors" and Dementia](#)



9/ [Dementia & Hospitals: Caution!](#)



Connect With The NETWORK!

Check Out Our Other Videos ~ There Is A Series On:

The Culture Change Movement

The Basics of Culture Change

Why "Do" Culture Change

Words Matter

Hospitals & Elders

Diversity & Inclusion

Becoming An Employer Of Choice/Direct Care Worker Job Quality

Series for Long-Term Care Residents & Families

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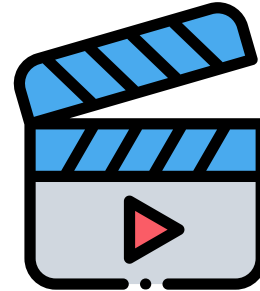
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"Building Resources for Delivering Person-Centered Care in Georgia Nursing Homes" is a three-year project made possible by a joint grant from the Centers for Medicare & Medicaid Services and the Georgia Department of Community Health to support training and development. Thank you to our partners: Georgia Health Care Association (GHCA), LeadingAge Georgia, Alliant Quality (QIO), and all the many organizations and individuals involved in the Culture Change Network of Georgia.



VIDEO RESOURCES FROM



Resources You Can Use To Inspire, Educate, Advocate, Advance Person-Centered Care and Accelerate Culture Change



Connect With The NETWORK!!

Website: www.CultureChangeGA.org (sign up for newsletter)

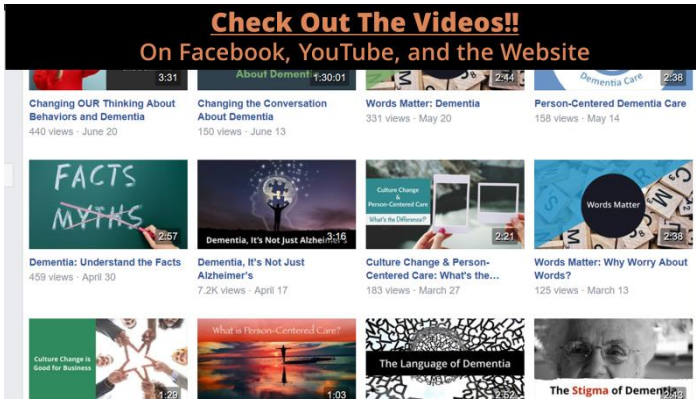
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YouTube: https://www.youtube.com/channel/UCAZ89fyLxS_VLXS6qxvozQg



SERIES ON THE CULTURE CHANGE MOVEMENT

- A Brief History of Person-Centered Care and Culture Change
- Who is Pioneer Network?
- Values & Principles of Pioneer Network
- State Culture Change Coalitions: Key to Advancing Change at the Local Level
- Who is Culture Change Network of Georgia?
- What is a Learning Circle?

SERIES ON WHY "DO" CULTURE CHANGE

- Why do Culture Change? IT'S THE LAW!
- CMS Endorses Person-Centered Care and Quality of Life
- Culture Change Is Good For Business
- Culture Change Is Good For Residents & Families
- Culture Changes When Elders Make Decisions About Their Daily Lives
- Nurses Can Be Champions For Person-Centered Care
- Home vs. Homelessness in Long-Term Care
- What Do YOU Want For Your Loved Ones And Yourself?

SERIES ON THE BASICS of CULTURE CHANGE

- What is Person-Centered Care?
- Person-Centered Care & The Medical/ Institutional Model
- Person-Centered Care & Person-Directed Care
- What is Culture Change?
- Culture Change and Person-Centered Care: What's the Difference?
- Culture Change & Person-Centered Care: If it's so right, why is it so hard?

SERIES ON WORDS MATTER

- Why Worry About Words: WORDS MATTER
- Patient vs Person
- Elderly vs Elder
- Caregiver, Care Receiver and Care Partner
- Dementia
- The Language of Dementia

SERIES ON HOSPITALS & ELDERS

- Hospitals Can Be Challenging Places For Elders
- Dementia & Hospitals: CAUTION

SERIES ON DEMENTIA, INCLUDING ALZHEIMER'S DISEASE

- Dementia, It's Not Just Alzheimer's
- Dementia: Understand the Facts
- The Language of Dementia
- The Stigma of Dementia
- Person-Centered Dementia Care
- Words Matter: Dementia
- Changing the Conversation About Dementia (FTD)
- Changing OUR Thinking About "Behaviors" and Dementia
- Dementia & Hospitals: CAUTION

SERIES ON DIVERSITY & INCLUSION

- Supporting Elders and Staff
- Age
- Sexual and Gender Identities
- Race and Ethnicity
- Sexism
- Intersectionality

SERIES ON BECOMING AN EMPLOYER OF CHOICE/ DIRECT CARE WORKER JOB QUALITY

- Becoming an Employer of Choice
- What is an Employer of Choice?
- Enhance Hiring Practices
- Increase Compensation
- Enhance Benefits
- Improve Orientation and Onboarding
- Increase Access to Education and Training
- Expand Career Opportunities

SERIES FOR RESIDENTS & FAMILIES

- Ageism, Ableism, and Stigma
- What are Residents' Rights?
- Person-Centered Care Supports Residents' Rights
- What is Consistent or Dedicated Assignment?
- What is a Person-Centered Care Plan?
- What is a Long-Term Care Ombudsman?
- What is a Quality Improvement Organization?

POTENTIAL AUDIENCES...

General Public
Surveyors
Residents/Resident Councils
Community Organizations
Architects
Legislators
Long-Term Care Ombudsmen
Researchers
Provide links in presentations,
reports and grants

Consumers
Providers
Family Members/Family Councils
Faith Communities
Advocates
Funders
Media
Educators

USING THE VIDEOS

- We encourage you to first review all of the videos.
- Go to the Culture Change Network of Georgia Facebook page or the [Culture Change Network of Georgia YouTube Page](#) and watch the videos in the order that they were released (links follow below).
- WHO is your audience? Consider the education you have already provided to your audience (staff, residents, families, legislators, your organization...). Think about where they are in their awareness and knowledge about Culture Change.
- Sharing the video series from the beginning may serve as a good review, or initial overview of Culture Change.
- You decide where to start to make sure you provide stimulating content while advancing awareness and knowledge.

A SUGGESTED FORMAT FOR IN-SERVICE

1. Show the video (remember they are only about 3 – 5 minutes).
2. Ask for feedback on what they think are the key points in the video.
3. Ask where they think the organization is relative to the concepts in the video.
4. Ask them to provide specific examples of what is going well or what could be improved

5. Have the group decide what actions they believe should be taken to improve outcomes in the future and get a consensus on next steps.
6. Tell the group to keep notes on progress or obstacles to discuss at the next meeting.
7. Begin the next meeting with a discussion of #6. Discussion should include specific actions, what worked or didn't work, and agreement on what should be the next steps to achieve the desired outcomes. This could be the entire meeting or you could go on to the next video and follow the same steps.

THESE RESOURCES CAN HELP YOU...

Assess WHERE YOU ARE

CELEBRATE what you are doing well!

Identify OPPORTUNITIES

Bring EVERYONE TOGETHER

CREATE a SHARED VISION

COMMUNICATE with EVERYONE!!!

All have to be able to "talk the talk" and "walk the walk"

Changing your language is FREE
EDUCATION is the antidote to fear

Culture Change MattersSM is made possible by a joint grant from the Centers for Medicare & Medicaid Services and the Georgia Department of Community Health to support a three-year training and development project, "Building Resources for Delivering Person-Centered Care in Georgia Nursing Homes."



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