SA21- Dementia Care Conversations

Saturday, March 24
4:00 PM- 5:30 PM

Session Description

People with dementia lose expressive and receptive language ability and become verbally disabled over time. Clinicians and caregivers rely heavily on language and open-ended questions to connect with patients, assess their needs, and intervene. Without intact language skills, people with dementia have difficulty connecting with others and making their needs known. This session will introduce curricula developed to teach learners from multiple disciplines how to connect, develop a relationship, and communicate with people who have dementia using both verbal and nonverbal skills. These skills are useful in the office, hospital, and PA/LTC setting. And they could potentially help clinicians (from physicians and therapists to CNAs) coach and counsel families about 1) what to expect, 2) how to avoid, and 3) how to respond to challenging situations in dementia care. The speakers will present a brief overview of our curricula and role play learner-coach interactions and skill assessment in this interactive session.

Learning Objectives

- Describe how to connect and develop a relationship with a cognitive-impaired older adult.
- Evaluate an individual’s ability to connect and develop a relationship with a cognitively-impaired older adult.
- Identify a need or opportunity to develop a dementia care conversations curriculum in their home institutions.

Presenter(s): Rollin Wright, MD, MPH, MS; Victoria Hornyak, DPT

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Dementia Care Conversations: Preparing Health Professions Trainees to Work with People and Families Living with Dementia
Rollin M. Wright, MD, MS  Victoria Hornyak, DPT, MS
School of Medicine  School of Health and Rehabilitation Sciences
University of Pittsburgh

Poll Everywhere Audience Response

- Use your smart phone
- 3 ways to enter your response
  1. Type URL in web browser: Pollev.com/rollinwright615
  2. Text message:
     - Type message first: rollinwright615
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Speaker Disclosures
Drs. Wright and Hornyak have no relevant financial relationships or conflicts of interest to disclose.

Drs. Wright and Hornyak, with funding support from the Health Research and Services Administration (HRSA), independently and without the influence of a commercial entity developed and studied curricula to teach medical and physical therapy trainees how to work with people with dementia.

Drs. Wright and Hornyak paid for training through the HRSA grant and received permission from Teepa Snow, MS, OTR/L, FAOTA, to adapt and codify several elements of her (now-commercial) dementia care training program and philosophy, the Positive Approach to Care©, into teachable, measurable communication skills taught in our curricula.

Learning Objectives
By the end of the session, participants will be able to:
- Teach a learner how to connect and develop a relationship with a cognitively impaired older adult
- Evaluate a learner's ability to connect and develop a relationship with a cognitively impaired older adult
- Identify an opportunity to develop a dementia care conversations curriculum

Overview
- Tutorial on Brain Change and Communication skills (15 minutes)
- Practice, coaching 4 communication skills (10 minutes)
- 3 Dementia communication skills curricula
  - Physical therapy students (15 minutes)
  - Internal medicine residents (10 minutes)
  - Geriatric medicine and psychiatry fellows (10 minutes)
- 1 fellow's perspective on dementia communication training (10 minutes)
- Closing comments and questions (15 minutes)

Grab a Partner!
- Everyone look at the person next to you.
- That is your new partner!
- Partners:
  - Discuss questions
  - Agree on answers
  - Submit 1 answer together for multiple choice questions
  - Practice skills, role play together
  - Have twice the fun!
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Quiz Question #2

You are a physical therapist in a skilled rehab setting seeing Mrs. Moore, an 84 yo retired teacher in the middle stages of dementia, who was admitted for rehab after surgery to repair a hip fracture. She is full weight-bearing status for rehab. She is seated in a wheelchair with a bewildered look on her face.

You are trying to get her to stand up and take a step toward the walker ("scoot forward to the edge, put your hands on the arm rests, and, on the count of 3, push off and step forward"). You are getting a little frustrated, knowing your morning caseload is full, because you have repeatedly explained to her what to do, and she will not go with you.

What did you notice in the icebreaker exercise?

- Which questions were easier? Why?
- What type of question was the third question?
- How did you remember your teacher’s name?
- Why is that type of question more difficult for a person with brain change?
- And what types of questions are we taught in training to ask?
- Practice Skill #1: Flip to close-ended questions to get better data.

Which of the following is the LEAST LIKELY explanation for why Mrs. Moore is not following your directions?

This is an example of "hidden functioning" a common challenge for physical and occupational therapists working with dementia.

This client may have difficulty processing and understanding your clear, step-by-step instructions.

This client may have trouble separating the step-by-step instruction you just delivered from her tasks.

This client may feel threatened because you approached and spoke to her too quickly even though you smiled and greeted her cordially.

Mrs. Moore had trouble hearing you in the loud therapy room.
Neuropathology Of Communication Compromise


How Providers Typically Communicate

- Rely heavily on language
- Little training on communication skills
- Inability to recognize, accommodate language and cognition loss
- Challenges development of therapeutic relationship
- Leads to potentially inadequate interventions and inappropriate prescribing

Neuropsychiatric Symptoms:

Interactions between psychological, environmental, and biological factors

- Psychotic symptoms:
  - delusions
  - hallucinations
  - paranoia
  - delusions
  - hallucinations
  - paranoia
  - delusions
  - hallucinations
  - paranoia

- Affective symptoms:
  - depressed mood
  - anxiety
  - sleep disturbances
  - eating changes (too much, too little)
  - apathy
  - euphoria

- Hyperactivity symptoms:
  - irritability/lability
  - disinhibition
  - agitation/restlessness
  - wandering
  - aggression
  - aberrant motor activity

- Incidence:
  - peaks in middle stages of dementia; may occur in any stage

- Prevalence:
  - 61-96%

- Most Distressful to Caregivers/Care Partners:
  - sleep disturbance
  - agitation/restlessness
  - aggression
  - depression

Amygdala and Survival Response

- Fear: a hardwired response based in amygdala
- Intense fear and anger "hijack" higher cortex
- Anxiety + dementia = non-verbal response
  - Fight
  - Flight
  - Fright
  - Freeze


Brain Change Alters Communication Skills

Image credit: https://www.flickr.com/photos/institutedouglas/2677257668/

*Original source not located, found on many websites without credited original source;
Reframe: Challenging Behaviors = Unmet Needs

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Unmet Need/Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacing</td>
<td>Hunger</td>
</tr>
<tr>
<td>Wandering</td>
<td>Uncomfortable position</td>
</tr>
<tr>
<td>Picking</td>
<td>Pain</td>
</tr>
<tr>
<td>Delusions</td>
<td>Need to void</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Depression, loneliness</td>
</tr>
<tr>
<td>Yelling, calling out, screaming</td>
<td>Peace and quiet</td>
</tr>
<tr>
<td>Perseveration</td>
<td>Difficulty breathing</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Sense of loss or being lost, anxiety,</td>
</tr>
<tr>
<td>Restlessness</td>
<td>Fear</td>
</tr>
<tr>
<td>Sleeping too much</td>
<td>Boredom</td>
</tr>
<tr>
<td></td>
<td>Expending energy</td>
</tr>
<tr>
<td></td>
<td>toxic/metabolic anomaly</td>
</tr>
</tbody>
</table>

Unmet Needs Theory of Behavior in Dementia

**PHYSICAL**
- Hunger, thirst
- Over-tired, too much energy
- Need to void, have BM
- Discomfort (too hot)
- Pain

**EMOTIONAL**
- Boredom
- Feeling sad, down
- Loneliness
- Fear, anxiousness
- Anger, frustration, loss of control

Brain Change and Communication

- Brain change alters communication skills
- Theory: dementia behaviors communicate about unmet needs
- Caregivers and providers decode meaning of dementia behaviors
- Use our knowledge (because they may not tell us) about brain change to:
  - Communicate with people living with dementia
  - Address discomfort of people living with dementia
  - Provide comfort for people living with dementia

Quiz Question #3: Mrs. Moore

You are trying to get her to stand up and take a step toward the walker. You instruct her: “Ok now, scoot forward to the edge. Remember to put your hands on the arm rests. On the count of 3, push off and step forward to the walker.” You are getting a little frustrated, knowing your morning caseload is full, because you have repeatedly explained to her what to do, and she will not go with you. She is becoming restless.

17 Communication Skills to Forge Therapeutic Relationships

**BASIC**
- Respect Space
- Use Positive Physical Approach™
- Establish connection, relationship
- Slow down
- Avoid verbal diarrhea
- Ease off
- Go with the flow
- Ask closed-ended questions
- Visual-verbal-touch™ cueing
- Thank them for their time, for working with you

**ADVANCED**
- Avoid leading with an agenda
- Hand-under-hand™
- Use “I’m sorry” with angry client
- Assess for retained abilities
- Dynamic (meta-cognitive) assessment (TANGO)
- Decode behaviors, unmet needs
- Offer anticipatory guidance

*codified from the teaching of Teepa Snow.*
Skills that Might Help You Work with Mrs. Moore (use more than 1)
1. Respect space
2. Positive Physical Approach™
3. *Put your agenda in your pocket
4. Take 30 seconds to make a connection, establish a relationship
5. Slow down
6. Visual-Verbal-Touch™ cueing
7. Dynamic assessment
8. Decode unmet need (pain)
9. Avoid verbal diarrhea (too many words, too many steps)
10. Ease off

Practice 4 Dementia Communication Skills
1. Use the Positive Physical Approach™
2. Use Visual-Verbal-Touch cues™
3. Ask closed-ended questions
4. Connect and build a relationship

Closed- v. Open-Ended Questions
Both of you, find out about your partner. Ask:
1. Are you an Introvert or Extrovert? (closed)
2. Do you lead with Head first or heart first? (closed)
3. What is your Fifth grade teacher’s name? (open)

Education Research Project
• Geriatric Workforce Education Program (GWEP) grant
• HRSA U1QHP28736-01-00
• PI: Richard Schulz, PhD, Associate Director of the Aging Institute, University of Pittsburgh
• Project #3: Advancing Dementia-Care Competency and Preparedness Across Disciplines
• GWEP focus areas 2 and 4:
  1. Develop providers with skills to assess/address needs of older adults
  2. Provide dementia education to health professions students, providers

3 Dementia Communication Skills Curricula
Victoria Hornyak, DPT, MS (PHYSICAL THERAPY STUDENTS)
Rollin M. Wright, MD, MS (INTERNAL MEDICINE AND GERIATRICS FELLOWS)
Woody Chang, MD, PGY4 (GERIATRIC MEDICINE FELLOWS)
Background
- Physical therapist education at Pitt
- 3 year graduate program
- Students graduate with a clinical doctorate (DPT)
- Before initiating this curriculum, students learned about dementia in a two-hour lecture housed in a required 2-credit course on geriatrics
- There was no hands-on training

Background
- Physical Therapists who work in geriatrics settings (hospitals, SNFs) often struggle when working with patients who have dementia.
- With limited time and resources, and the expectation of continued improvement, therapists need skills to facilitate movement by accounting for the language losses associated with cognitive impairment.

Background
In a scenario like Mrs. Moore’s, people who have dementia are more likely to be removed from the caseload due to:
- “lack of progress”
- “refusal to participate”
- “poor carryover of tasks from day to day”
...when the therapist is untrained in dementia communication skills.

Study Purpose
- To implement curricula and programming that teach physical therapy, internal medicine, and geriatric medicine trainees how to communicate with and counsel people living with moderate-to-advanced dementia

Methodology: PT Student Curriculum

Learning Objectives:
1. Describe how brain change impacts communication between patients, families, providers living with dementia.
2. Name 1 skill you can use to communicate with someone with dementia.

Learners: PT geriatrics students/residents

Content: intro to brain change and PAC skills; use PAC skills in dementia encounters in a semi-structured setting

Learning activity: interactive classroom instruction; apply in patient encounters, self-reflect, assess competency

Evaluation tools: pre/post K/A/S questionnaire; observed skills assessment

Methodology:
1. Adapt Teepa Snow’s Positive Approach to Care© (PAC) training to health professions learners
2. Develop curricula (assess need, identify outcomes, write learning objectives, design implementation plan, identify evaluation tools) that uses PAC to teach dementia communication skills to health professions learners
3. Conduct Rapid Cycle Improvement assessment
4. IRB approval for exempt study
### Methodology: PT Student Curriculum

#### First Year:
- Introduction to brain change, the Positive Physical Approach™ and communication skills using interactive lecture, videos, demonstration, and role play.
- Evaluation: Pre- and post-test of Knowledge, Attitudes, Skills

#### Second Year
- Review the Positive Approach to Care© concepts
- Learn new techniques: Hand under Hand™, easing off, going with the flow, avoiding verbal diarrhea.
- Small group visits to a dementia care unit:
  - 1.5 hours of practice with people who have dementia
  - Debrief of encounters with faculty

#### Evaluation/Outcomes:
- Pre- and post-test of Knowledge, Attitudes, Skills for classroom portion
- Self- and Peer evaluation of recorded interactions using checklists.

### Results
- 63 2nd year DPT students
- Pre-Post T-test analysis of comfort levels with dementia using 6 point Likert scale revealed:
  - Decreased likelihood of frustration when working with people with dementia (p = .004; 95% CI; 0.11, 0.54)
  - Increased likelihood of looking forward to caring for those with dementia (p < .0001; 95% CI; -0.67, -0.24)
  - Increased comfort when working with severe dementia (p = 0.005, 95% CI; 0.11, 0.58)

### Discussion
- Although the curriculum is relatively brief, physical therapy students had an increase in comfort and confidence when working with people who have dementia.
- Comfort and confidence generally improved from very low to moderate, indicating that the skills require additional practice.
- Anecdotally, many students described the training as a “lightbulb moment”. Since their own training was completed, at least 3 students have provided inservices to clinical staff in their subsequent internships.
Dementia Communication Skills for Internal Medicine Residents
Rollin M. Wright, MD, MS

Study Purpose
• To implement curricula and programming that teach physical therapy, internal medicine, and geriatric medicine trainees how to communicate with and counsel people living with moderate-to-advanced dementia

Methodology:
1. Adapt Teepa Snow’s Positive Approach to Care© (PAC) training to health professions learners
2. Develop curricula (assess need, identify outcomes, write learning objectives, design implementation plan, identify evaluation tools) that uses PAC to teach dementia communication skills to health professions learners
3. Conduct Rapid Cycle Improvement assessment
4. IRB approval for exempt study

PCPs Miss the Diagnosis of Dementia
• Document diagnosis in 1 out of 3 people with the disease
• PCPs recognize dementia later in disease (MMSE 18.8 ± 6.6)

Study Purpose
• To implement curricula and programming that teach physical therapy, internal medicine, and geriatric medicine trainees how to communicate with and counsel people living with moderate-to-advanced dementia
Methodology: IM Resident Curriculum

Learning Objectives:
1. Describe how brain change impacts communication between those living with dementia.
2. Demonstrate basic proficiency with 2 skills used to communicate with someone with dementia.

Learners: IM residents

Content: intro to brain change and PAC© skills; use PAC© skills in dementia encounters in multiple settings

Learning activity: geriatrics rotation; PAC© workshop; apply in patient encounters, self-reflect; assess competency

Evaluation tools: pre/post K/A/S questionnaire; log of dementia encounters; observed skills assessment

Resident’s Debriefing Session

- Last day of rotation
- Bring logbooks (most log 3-5 encounters)
1. Present 1 encounter
2. Name the skill attempted
3. Role play
4. Coaching by peers (what went well)
5. Coaching by preceptor(s) (skill mastery)
6. Preceptors’ assessment of skill achievement

Residents’ Debriefing Demo and Role Play

- The encounter
- The skill(s) to watch for
- Role-play
- Observers/audience coach skill development
- Observers/audience rate skill achievement
Observe and rate the resident on the skill he practices in a role play.

Outcomes and Measures

1. Improved knowledge about how brain change impacts communication skills
   - Pre/post curriculum case-based K/A/S questionnaire
2. Improved knowledge about how to communicate with people living with brain change
   - Pre/post curriculum case-based K/A/S questionnaire
3. Proficient use of dementia communication skills
   - Dementia patient encounter logs (# encounters, disease severity, skills used)
   - Learner observation evaluations
   - Debriefing meetings with Dr. Wright and PACD Coach Peg Chabala
   - (Satisfaction surveys (learners, patients/families))

Results

- 28 PGY1,2 from July 2016 to March 2017
- Average of 8 skills/resident practiced per block rotation
- Most practiced skills (rating of competency achieved)
  - Basic: "Establish a Connection" (Self Rating 2.9), (Faculty Rating 2.8)
  - Advanced: "Anticipatory Guidance" (Self Rating 2.0), (Faculty Rating 2.0)
- Pre-Post T-test analysis of comfort levels...
Limitations

• Scheduling issues
• Capturing residents
• Coordinating coaches
• Skills fade over the month
• Video recording limitations
• Last-minute logbooks
• Some residents believe they do this “naturally”
• Case-based knowledge assessment
• Measuring impact in the clinical setting

Discussion

• Communicating effectively in the setting of dementia requires a different approach and deliberate practice to master
• Surveys show that residents recognize the need for this and the numerous opportunities for use
• Stretch Goal:
  • Name the behavior challenge addressed by the skill
  • Identify clusters of skills matched to behavioral challenges
  • Assess learner, patient/family satisfaction with encounter

Dementia Communication Skills for Geriatric Medicine Fellows

Rollin M. Wright, MD, MS
Woody Chang, MD (PGY4)

Methodology: Geriatrics Fellows Curriculum

Learning Objectives:
1. Counsel families about how brain change impacts communication with people living with dementia.
2. Demonstrate PAC© communication and problem-solving competency (Levels 1, 2, 3, and 4) in direct patient care.

Learners: geriatrics fellows, year 1

Content: 6 months PAC© skills development; 6 months dementia problem-solving skills and practice

Learning activity: monthly sessions throughout the year, PAC© workshops, practice and direct observation, Wagonwheel or DICE problem-solving

Evaluation tools: pre/post K/A/S questionnaire; log of dementia encounters and skills used; observer assessments; team-based dementia-behavior problem-solving project

Fellows’ Dementia Communication Skills: Positive Approach to Care© Sessions

1. Neuropathology of communication change
2. PAC© and Communication Skills for the Dementia Care Provider
   - Connect and Get Something Done
   - Positive Physical Approach™ and Hand-Under-Hand™
3. Teepa’s GEMS™: Ability-based assessment

Fellows’ Dementia Communication Skills: Dementia Behavior Problem-Solving

4. Problem-solving strategies
   - DICE, 4-Ds
   - 6-pieces of the Puzzle, Wagonwheel (PAC© strategy)
5. Interprofessional Team-Based, Client-Centered Solutions
6. Fellow’s Dementia Behavior Projects
Methodology: Geriatrics Fellows Learning Activity

Fellows’ Debriefing Session
- Goal: Roughly every 6 weeks
- Bring logbooks
  1. Present 1 encounter
  2. Name the skill attempted
  3. Role play
  4. Coaching by peers (what went well)
  5. Coaching by preceptor(s) (skill mastery)
  6. Preceptors’ assessment of skill achievement

Fellows’ Debriefing Demo and Role Play
- The encounter
- The skill(s) to watch for: the connection
- Role-play
- Observers/audience coach skill development
- Observers/audience rate skill achievement

Rate the learner on the 5 steps of "Connect and Establish a Relationship"
Outcomes and Measures

1. Improved knowledge about how brain change impacts communication skills
   - Pre/post curriculum case-based K/A/S questionnaire
2. Improved knowledge about how to communicate with people living with brain change
   - Pre/post curriculum case-based K/A/S questionnaire
3. Proficient use of dementia communication skills
   - Dementia patient encounter logs for each session topic (# encounters, disease severity, skills used, practicing connection, using Teepa’s GEMS™)
   - Debriefing meetings with PAC coaches
   - (Satisfaction surveys (learners, patients/families))

Results

- (in process)
- One fellow’s experience

Please Share

- Identify an opportunity at your program to implement a curriculum like this...

Summary: Name 1-3 Take-Home Points

1.
2.
3.

Acknowledgements

- Teepa Snow: for inspiring a positive approach to dementia care for providers, for teaching us and allowing us to adapt the Positive Approach to Care©
- Peg Chabala, Dementia Educator and PAC© Coach, consultant to this project, mentor to us
- Rich Schulz, Judy Matthews, Julie Klinger, Scott Beach for their enthusiasm and analytic data support for the Mid-Atlantic GWEP projects
- HRSA for funding, supporting this GWEP project